

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment**

**Guidance for Applicants (GFA) No. TI 01- 008  
Part I - Programmatic Guidance**

**Cooperative Agreements for Addiction Technology Transfer Centers**

**(Includes ATTC Sites and the ATTC National Office)**

**Short Title: ATTCs**

Application Due Date:  
**June 19, 2001**

---

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM  
Director, Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services  
Administration

---

Joseph H. Autry, III, M.D.  
Acting Administrator  
Substance Abuse and Mental  
Health Services Administration

Date of Issuance: April 2001

Catalog of Federal Domestic Assistance (CFDA) No. 93.230  
Authority: Section 509 of the Public Health Service Act, as amended, and subject to the  
availability of funds



## Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

---

## Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of Fiscal Year 2001 funds for cooperative agreements to support the creation or continuation of **Addiction Technology Transfer Centers**. This program, hereinafter referred to as "**ATTCs**," solicits applications to:

- 1) develop and maintain an interdisciplinary consortium of health care and related professionals, educators, organizations, and State and local governments knowledgeable about research-based, effective, culturally appropriate approaches to substance abuse treatment and recovery;
- 2) shape systems of care by replicating and testing science and translating substance abuse treatment research into clinical practice;
- 3) develop a workforce of competent health care and related professionals reflective of the treatment population and who are prepared to function in managed care settings; and,
- (4) upgrade standards of professional practice for addictions workers in various

settings.

This is a modified reissuance of SAMHSA/CSAT's Fiscal Year 1998 GFA No. TI 98-009, entitled "Addiction Technology Transfer Centers (ATTCs). This announcement solicits applications for two types of awards: (1) ATTC sites and (2) an ATTC National Office.

Approximately \$7,000,000 will be available to fund 13 ATTCs and one National Office. The average award for an ATTC is expected to range from \$450,000 to \$550,000 per year in total costs (direct and indirect). The award for the ATTC National Office is expected to be approximately \$500,000 in total costs (direct and indirect).

Actual funding levels for each budget period may be augmented on a discretionary basis if current exploratory talks with other Federal agencies sharing CSAT's interest in competent substance abuse treatment result in interagency agreements transferring funds to CSAT for this program's use. There may be no such increases. Applicants should be aware of the need to demonstrate an infrastructure capable of timely response to an expansion of funding. Applicants should also be aware that any expansion based on increased funding will not be competed but will be limited to the applicants funded under this announcement.

Cooperative agreements will be awarded for a period of 5 years. Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

---

## Target Populations

- C preservice and practicing addictions counselors
- C students in related disciplines who are pursuing careers in generalist health care or other settings
- C students from minority cultural and ethnic groups
- C community-based and faith-based organizations, other addiction educators, the recovery community, consumers, and other public and private stakeholders
- C preservice and practicing clinicians in the areas of mental and developmental disabilities, other co-occurring disorders, HIV/AIDS and related infectious diseases

CSAT expects that the applicant will propose activities that target groups who have had difficulty in accessing the training and education necessary to prepare them to work in this field.

---

## Background

In FY 1993, CSAT created a network of 11 geographically dispersed Addiction Technology Transfer Centers covering 24 States and Puerto Rico to increase the number of multidisciplinary addiction practitioners reflective of the treatment population. In FY 1998, CSAT recompleted and expanded the network with a National Office and 13 ATTCs covering 39 States, the District of Columbia, Puerto Rico, and the US Virgin

Islands. The ATTCs have provided academic, continuing education, professional development, and practicum training to more than 120,000 individuals in a variety of disciplines.<sup>1</sup>

The need for current research-based addictions information by a wide variety of disciplines has been evidenced by the response to the knowledge dissemination activities of the ATTCs and by the requests from the field for additional activities and assistance with both discipline-specific and cross-discipline training. Members of the health care, social services, and criminal justice fields have come to recognize the significant impact of substance abuse behaviors among their clients and the necessity for dealing with these behaviors effectively.

A 1997 survey of substance abuse treatment facilities in 17 States, conducted by the ATTCs, found that a substantial discrepancy exists between actual and needed proficiency among entry level counselors. Treatment providers, professional groups, consumer groups, and academic and training programs need to continue to work together to ensure that preservice training and education meet the needs in the field. Areas of significant need include professional and ethical responsibilities, outcome assessment and research, working within a managed care environment, and reaching out to and leveraging community resources. A

---

<sup>1</sup>Additional information about the ATTCs may also be found at the following Internet address: <http://www.nattc.org>.

collaborative strategy is essential for planning for the future with diminishing resources.

The process evaluations of the current ATTCs have shown the difficulties inherent in developing the interdisciplinary and interorganizational collaboration that is critical to the ongoing success of any effort to move the field of addictions treatment and recovery forward. Significant amounts of time, effort, and resources are required to build, nurture, and sustain linkages and partnerships among diverse groups and individuals that may ultimately result in permanent systems change. Critical factors in bringing key stakeholders together and motivating them to continue participation include a shared vision, the strong commitment of individual members and their organizations, strong leadership, and meetings that foster interaction and productivity.

Over the past several years, a large body of substance abuse treatment research has been accumulated and SAMHSA's CSAT has worked to synthesize and apply this research to knowledge development activities for alcohol and other drug treatment practitioners and providers and provide clear direction to the field. Although many unanswered questions remain, we know that substance abuse treatment cuts drug use in half; reduces criminal activity; increases employment and decreases homelessness; improves physical and mental health; reduces medical costs; and reduces risky sexual behaviors.<sup>2</sup>

---

<sup>2</sup>NTIES, 1997.

However, much of the "information regarding the refinement of treatment and prevention strategies, obtained after years of costly study, is not finding its way to those responsible for developing and administering drug abuse treatment and prevention programs..."<sup>3</sup> "Treatment cannot improve without enhancing the workforce responsible for delivering treatment. ...To achieve these goals, the alcohol and drug abuse treatment workforce must be grounded in ... state-of-the-art clinical and information technology."<sup>4</sup>

In addition, as the American health care system evolves, a variety of forces are necessitating changes in the practice of addictions treatment. The movement toward managed care and the recognition of the far reaching impact of substance abuse requires the application of addictions knowledge by a variety of disciplines practicing in multiple settings. (See Appendix B for further information on the 1998 cohort of ATTC projects.)

With this announcement, CSAT seeks to continue to expand its support for the development of the substance abuse treatment workforce by supporting a national network of ATTCs.

SAMHSA/CSAT released *Changing the Conversation: Improving Substance Abuse Treatment: The National*

---

<sup>3</sup>Brown, in NIDA Research Monograph 155, p. 169.

<sup>4</sup>Changing the Conversation, 2000, p. 25.

*Treatment Plan Initiative (NTP)* on November 28, 2000.

This cooperative agreement program addresses several of the NTP strategies including “Commit to Quality” by helping to promote communication and collaboration between and among relevant disciplines, service providers, academic institutions, researchers, the recovery community and other relevant stakeholders in treatment systems. This ATTC program supports the strategy “Change Attitudes” by conducting educational initiatives about alcohol and drug problems and effective treatments. This program also addresses the NTP strategy “Build Partnerships” by encouraging the formation of consortia to include the relevant stakeholders who are responsible for various dimensions of alcohol and drug problems and solutions.

For additional information about the NTP and how to obtain a copy, see Appendix A.

---

## Who Can Apply

Applications may be submitted by public and domestic private nonprofit entities such as units of State or local government, recovery and other community-based organizations, faith-based organizations, and State or private, non-profit universities, colleges, and hospitals.

Current CSAT ATTC grantees with a project period that ends on or before September 30, 2001, excluding extensions in time without additional

funds, and who meet the above requirements, are also eligible to apply.

An organization may submit an application for an ATTC site and/or the ATTC National Office. A separate application is required for each function. **Although the ATTC National Office may be established by an organization which also has an ATTC site, it must be set up as a separate entity with dedicated staff, a separate and independent project director, a separate budget, audit, and specific responsibilities.**

---

## Applicant Characteristics

To successfully continue and strengthen the ATTC network, ATTC site applicants must, at the time of application, have in place a stable organizational infrastructure consisting, at a minimum, of academic institutions, State and local governments, the substance abuse/mental health/primary health care fields, counselor credentialing boards, professional, recovery, and community and faith-based organizations, managed care organizations, and criminal justice entities and have demonstrated experience in implementing comparable activities.

---

## Application Kit

**Application kits have several parts. This grant announcement (GFA) has two parts. Part I is individually tailored for each GFA. Part II contains**

important policies and procedures that apply to all SAMHSA applications for discretionary grants. Responding to both Parts I and II is necessary for a complete application.

To get a complete application kit, including Parts I and II, you can:

- C Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- C Download from the SAMHSA site at [www.SAMHSA.gov](http://www.SAMHSA.gov)

---

## Where to Send the Application

Send the original and 2 copies of your grant application to:

### SAMHSA Programs

Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

### Please note:

1. Use application form PHS 5161-1.
2. Be sure to type one of the following in Item No. 10 on the face page of the application form:

“TI 01 008 ATTC” or

“TI 01 008 ATTC National Office”

---

## Application Dates

Send your application in by June 19, 2001.

Applications received after June 19, 2001 will only be accepted if they have a proof-of-mailing date from the carrier not later than June 12, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Grant awards are expected to be made by September 30, 2001.

---

## How to Get Help

For questions on program issues, contact:

Susanne R. Rohrer, RN  
Office of Evaluation, Scientific Analysis,  
and Synthesis  
CSAT/SAMHSA  
Rockwall II, Suite 840  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-8521  
E-Mail: [srohrer@samhsa.gov](mailto:srohrer@samhsa.gov)

**For questions on grants management issues, contact:**

Kathleen Sample  
Division of Grants Management  
OPS/SAMHSA  
Rockwall II, 6th floor  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-9667  
E-Mail: [ksample@samhsa.gov](mailto:ksample@samhsa.gov)

---

## **Developing Your Grant Application**

Applicants for both an **ATTC** and **ATTC National Office** are required to demonstrate familiarity with the CSAT mission and state-of-the-art strategies and practices in all aspects of substance abuse treatment as well as technology transfer principles, strategies, and activities.

The ATTC program is comprised of 13 regions that together form a national network which, individually and collaboratively, will provide services to all 50 States and the U.S. Territories. Each ATTC applicant must focus its services on the region it proposes to serve. Each ATTC may work with other ATTCs and with other organizations within or outside of the region. The ATTC regions are listed in **Appendix B**. (**Note:** The establishment of 13 regions is a new feature of the ATTC program.)

The primary goal of this national program is to build upon and maintain a network of ATTCs and an ATTC National Office responsible for:

(1) building and maintaining collaborative consortia and facilitating systems change in academic institutions, State and local governments, the substance abuse/mental health/primary health care fields, counselor credentialing boards, professional, recovery, and community and faith-based organizations, managed care organizations, and criminal justice entities;

(2) creating active linkages with, and disseminating and exchanging current health services research from, the National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Mental Health (NIMH), Agency for Health Care Policy and Research (ACHPR), National Institute of Justice (NIJ) and other sources and applied knowledge development activities from SAMHSA using innovative technologies;

(3) developing and updating state-of-the-art research-based curricula, including curricula based on new and revised Treatment Improvement Protocols (TIPs) selected by the CSAT Director, and developing faculty and trainers;

(4) enhancing the clinical and cultural competencies of professionals in a variety of disciplines to address the clinical needs of individuals with substance abuse problems;

(5) upgrading standards of professional practice for addiction workers in a variety of settings;

(6) serving as a technical resource to community-based and faith-based organizations, consumers and recovery

organizations, and other public and private stakeholders; and

(7) providing feedback from the field to CSAT regarding the development of a comprehensive agenda for learning about and applying state-of-the-art treatment approaches.

Whether applying for an ATTC or the ATTC National Office, applicants are encouraged to demonstrate planning and coordination of services at the local level with the relevant Single State Authorities for Alcohol and Drug Services (SSAs).

ATTCs will function as public or public/private partnerships, wherein the collaborative consortia will: (1) identify knowledge gaps within the ATTC's region; and (2) devise and implement a strategy for meeting the technology transfer needs that exist within the ATTC region. ATTC activities should, where possible, build upon current structure and experience. It is anticipated that each ATTC will encompass one of the multi-State regions.

The need for technology transfer to bring about systems improvement within the various elements of the substance abuse treatment and recovery infrastructure is expected to vary widely between and within ATTC regions. ATTC activities must focus on technology transfer activities and strategies most critical to the effectiveness of addiction treatment and recovery services within the ATTC region. In particular, ATTCs are expected to focus significant effort toward meeting the needs of several special population groups, including: substance abusing women, their infants and children

(including victims of domestic violence); adolescents; racial and ethnic minorities (including African Americans, Latino/Hispanics, Native Americans and Alaska Natives, and Asian Americans/Pacific Islanders); culturally distinct residents of rural and remote communities; the recovery community; criminal justice populations; individuals with co-occurring disorders (including mental retardation, physical and developmental disabilities); and individuals in welfare-to-work environments.

In addition to the activities described above, an ATTC applicant may wish to establish a "Center of Excellence" around a particular special population (see above list) or topic area, such as managed care, cultural competence, HIV/AIDS and other infectious diseases, designer drugs, epidemiology of substance abuse and data management, etc. Another option may include developing and implementing a consortium of academic institutions serving specific populations, such as historically black colleges and universities (HBCUs), tribal colleges and universities (TCUs), Hispanic-serving institutions (HSIs), or those serving Asian-Americans and Pacific Islanders. The design for such a center should include evidence of expertise in the subject, synthesizing information, marketing, and disseminating information through a formal technology transfer plan.

Applications should include plans to disseminate information regarding best substance abuse treatment practices and emerging protocols to practitioners and community-based and managed care

organizations and to respond to requests for technical assistance from these organizations.

A physical ATTC presence within each State in an ATTC region is **not** required. Each ATTC will actively promote and market its technology transfer services in its region.

Priorities for technology transfer activities such as training and education of addiction treatment practitioners must be established through needs assessments within the ATTC region. SAMHSA's CSAT recognizes that continuing professional education for treatment practitioners currently working in the field is a primary need in many areas, whereas active recruitment of students is a primary need in other jurisdictions. ATTC proposals may include preservice and continuing professional substance abuse education programs for students or practitioners in addiction counseling, social work, criminal justice, nursing, medicine (with preference for primary care specialties), education, psychology, marriage and family therapy, pharmacy, clergy, consumers, and others, as appropriate, based on identified human resource requirements and utilizing innovative teaching methods (traditional and non-traditional).

Applicants requesting support under this GFA may also propose to provide technology transfer activities for health care and related practitioners who encounter individuals with alcohol and other drug problems in settings nonspecific to addiction treatment (emergency rooms, schools, dental offices, employment settings, welfare

offices, etc.). Training for individuals who practice in generalist settings should focus on competencies associated with identifying persons with drug and alcohol problems, initial assessment, provision of brief interventions, and appropriate referrals for specialized addiction services.

ATTCs will cooperate with cross-site ATTC activities and share resources and products. This includes, but is not limited to, participation in ATTC Steering Committee meetings and national studies, membership on national ATTC subcommittees, and submission of requested data for the cross-site evaluation. ATTCs must be flexible in response to CSAT modifications in program direction and priorities.

## **ATTCs**

**Approach:** ATTCs will involve formally coordinated efforts of academic institutions, State and local governments, the substance abuse/mental health/primary health care fields, counselor credentialing boards, professional, recovery, and community and faith-based organizations, managed care organizations, and criminal justice entities. Letters of support from the involved organizations must be included in Appendix 1 and include the proposed type and degree of involvement.

**Objectives:** ATTC applicants must address previous experience with and plans for addressing program-specific objectives. These objectives are:

c To forge a partnership between

- the organizations listed above in order to: (1) refine knowledge needs assessments, and (2) design technology transfer initiatives that are responsive to those needs;
- C To disseminate state-of-the-art clinical and health services research from relevant sources, and SAMHSA/CSAT knowledge development and application products to the field;
  - C To set educational standards and develop or revise innovative, research-based curricula and training materials;
  - C To enhance faculty, trainer, and consumer knowledge and expertise in addictions treatment and recovery;
  - C To encourage academic institutions to train and educate preservice students and practicing addictions counselors in a variety of settings (traditional and non-traditional);
  - C To encourage academic institutions to train and educate preservice students and practitioners in relevant disciplines (such as medicine, nursing, social work, criminal justice, etc.), who are pursuing careers in the substance abuse treatment field, in a variety of settings (traditional and non-traditional);
  - C To encourage academic institutions to train and educate students in related disciplines who are pursuing careers in generalist health care or other settings to identify, assess, intervene with, and refer individuals who experience alcohol and drug problems;
  - C To maintain an ATTC WEB site (see any of the ATTC regional websites accessible through *www.nattc.org* for suggested content);
  - C To facilitate systems change when necessary to carry out other technology transfer activities;
  - C To upgrade standards of professional practice for addictions workers in multiple settings;
  - C To provide technical assistance in professional and technical matters to community-based organizations, faith-based organizations, consumers and recovery organizations, and other public and private stakeholders;
  - C To conduct site-specific evaluations which will meet GPRA requirements and include lessons learned as well as the information required for inclusion in the cross-site evaluation.
  - C To cooperate and actively participate, with the ATTC National Office and the ATTC network, in the development and implementation of the cross-site evaluation, national ATTC committees, and other national ATTC activities.
  - C To assist SAMHSA's CSAT in developing and refining a strategic plan for technology transfer and engaging the field in a feedback loop to ensure that this plan evolves in a manner that assures the needs of the field are met;
  - C To work with other entities within CSAT to implement CSAT's

strategic plan for knowledge synthesis, dissemination, and application;

- C To participate in technology transfer activities related to CSAT's National Treatment Plan.

**Design:** Each ATTC must be innovative in the application and utilization of culturally appropriate exemplary practices, approaches, and methods; responsive to the knowledge application needs and opportunities within its region (with particular attention to changes in demographics within the region); and proactive in promoting its expertise to all stakeholders.

### National Office

**Approach:** A separate and independent ATTC National Office will be established to coordinate all cross-site and multi-site activities.

**Objectives:** ATTC National Office applicants should address previous experience with and plans for addressing program-specific objectives. These objectives are:

- C To provide logistical support for the ATTC Steering Committee and other committee meetings;
- C Maintain an inventory of ATTC products (curricula, training packages, etc.) in order to prevent duplication of effort;
- C To serve as a clearinghouse for ATTC products;
- C To identify and coordinate cross-site activities, including possible

- C cost-sharing activities;
- C To design and implement national and/or cross-site studies;
- C To implement the cross-site evaluation plan, collect and analyze evaluation data from individual ATTCs, and provide quarterly and annual cross-site program reports;
- C To coordinate technology transfer responses to issues of importance to the substance abuse field;
- C To maintain a national ATTC WEB site and intranet (see [www.nattc.org](http://www.nattc.org) for required content);
- C To promote and market CSAT's and the ATTC's knowledge synthesis, dissemination, and application services nationally;
- C To work with CSAT and SAMHSA in synthesizing and disseminating relevant information to the field and in developing technology transfer activities related to CSAT's National Treatment Plan;
- C To prepare publication clearance packages for review by SAMHSA for any ATTC products which CSAT deems relevant for national distribution;
- C To coordinate ATTC linkages with national professional organizations to present workshops, etc., and/or have an exhibit at membership meetings (exhibit activities will be coordinated with CSAT's Office of Communications and External Liaison);
- C To convene national task forces and/or focus groups as requested by CSAT or SAMHSA.

**Design:** The ATTC National Office must

be innovative in the application and utilization of culturally appropriate exemplary practices, approaches, and methods; responsive to national technology transfer needs and opportunities; and proactive in promoting its expertise to all stakeholders.

---

## **Cooperative Agreements**

The cooperative agreement mechanism is being used because the complexity of the program requires substantive programmatic involvement of Federal staff to facilitate coordination of a national network of geographically dispersed ATTCs collaboratively linked with academic institutions, State and local governments, the substance abuse/mental health/primary health care fields, counselor credentialing boards, professional, recovery, and community and faith-based organizations, managed care organizations, and criminal justice entities. Also, Federal staff will provide technical assistance to help ensure that necessary specialized expertise is available to assist projects and facilitate coordination of these projects with other CSAT and SAMHSA programs and resources.

### Role of ATTCs and ATTC National Office

Grantees, both ATTCs and ATTC National Office, are expected to participate in, and cooperate fully with, CSAT staff and one another in the implementation and evaluation of the project. Activities must include: (1) compliance with all aspects of the terms and conditions of the cooperative agreement; (2) cooperation with CSAT

staff in accepting guidance and responding to requests for data; (3) participation on policy steering or other working groups established to facilitate accomplishment of the project and cross-site goals; (4) authorship or co-authorship of publications to make results of the project available to the field.

Each ATTC will participate, with the ATTC National Office, in the development and activities of the cross-site evaluation to be conducted by the ATTC National Office, including provision of data to the ATTC National Office. All grantees must recognize that, in this multisite program, the cross-site evaluation design and instruments developed and approved by OMB under the current grant will be used during the future funding cycle. (NOTE: Information collection required by this cooperative agreement may require Office of Management and Budget (OMB) approval. It will be the responsibility of the ATTC National Office to work with the SAMHSA OMB clearance officer to obtain the necessary approval.) The grantees must agree to implement the cross-site evaluation design. In addition, each ATTC, in collaboration with CSAT staff and the ATTC National Office, will initiate site-specific evaluation activities.

### Role of Federal Staff

CSAT staff will be active participants in the cooperative agreement and will serve as collaborators with project directors from the ATTCs and the ATTC National Office. Staff involvement will include, but is not necessarily limited to: provision of extensive guidance to enhance the potential replication of results;

arrangement of meetings designed to support activities of the individual cooperative agreement awardees; membership on policy, steering or other working groups established to facilitate accomplishment of the project goals; periodic site visits; guidance regarding any CSAT modification in program direction and priorities; authorship or coauthorship of publications to make results of the project available to other programs.

### Role of the Steering Committee

The steering committee, hereafter known as the Project Directors Committee, will be composed of the project directors from each of the ATTCs, the project director of the ATTC National Office, and CSAT program and evaluation staff. The project director of the ATTC National Office will be the chair of the Project Directors Committee. CSAT staff will participate in, but may not chair the Project Directors Committee.

Collectively, CSAT will have only a single vote and will not have veto power. A CSAT staff member or designee may also participate as a full member of, but not chair, any subcommittee that is established by the Project Directors Committee.

The Project Directors Committee will have responsibility for finalizing the plans for cross-site activities; development/refinement of the cross-site evaluation measures; and the design of the multisite and subgroup analyses.

The Project Directors Committee will also develop policies, consistent with the

provisions of 45 CFR 74.36, on data sharing, access to data and materials, and publications. Publications will be written and authorship decided using procedures adopted by the Project Directors Committee. The quality of publications will be the responsibility of the authors, provided that a draft is provided to CSAT prior to publication. No additional SAMHSA/CSAT clearance will be required. (Note: Publications on which SAMHSA staff are included as authors or coauthors must receive internal agency clearance prior to publication.)

The first meeting of the ATTC Project Directors Committee will be convened at the request of the CSAT project officer.

---

## Definitions

**Technology Transfer:** The systematic process through which skills, techniques, models, and approaches emanating from research is delivered to and applied by practitioners. (Also known as **knowledge synthesis, dissemination, and application.**)

**Knowledge Development & Application:** Obtaining, developing, and implementing knowledge pertaining to the improvement of services and service delivery; answering important, practical questions which arise from consumers and their families, providers, State officials, constituency organizations, national advisory councils, and services researchers; and effectively transferring answers to those who need the information and assisting them in putting the discovered knowledge into practice.

**Region:** Area within which ATTC services will be provided. Must be one of the multi-State regions listed in **Appendix B**.

**Preservice:** Prior to entering the workforce for which training or education is being sought.

---

## Funding Restrictions

Grant funds may **not** be used for:

- ' Direct or grassroots lobbying (SAMHSA's Policy on Lobbying may be found in Part II.).
- ' Provision of treatment services.

---

## Funding Criteria

Decisions to fund both an ATTC and the ATTC National Office are based on:

1. The strengths and weaknesses of the application as judged by a peer review committee.
2. Concurrence of the CSAT National Advisory Council.
3. Availability of funds.
4. Evidence of non-supplantation of funds.

**Only one award will be made for a particular multi-State region. CSAT wishes to provide a minimum level of ATTC services to all 50 States and the**

**U. S. Territories.**

---

## Reporting/Evaluation Requirements

The Government Performance and Results Act (GPRA) mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on results or outcomes in evaluating effectiveness of Federal activities, and in measuring progress toward achieving national goals and objectives.

Grantees are expected to comply with GPRA by collecting the specified information, included in the current cross-site evaluation (see Appendix D), that will provide results-based data on ATTC efforts. Additional GPRA outcome measures for the ATTCs will be determined by CSAT.

Because the goal of the ATTC program is to improve substance abuse treatment and recovery systems of care through the education and training of health and human service professionals and the implementation of systems change activities, performance will be measured by the extent to which changes in policies and/or practices occur within the systems of care. Demographic information will be collected on students/trainees and other recipients of ATTC services and follow-up will be conducted to determine the impact of the technology transfer activities on employment status, certification status, and professional practice. The national cross-site evaluation plan, including data

collection instruments, established during the previous funding cycle and approved by OMB, will be used.

Participation in the ATTC cross-site evaluation activities is a requirement for award. Information collection required by this cooperative agreement may require additional OMB approval. It will be the responsibility of the ATTC National Office to work with the SAMHSA OMB clearance officer to obtain the necessary approval.

An applicant must state the procedures by which it will ensure compliance with the site-specific evaluation requirement which will meet GPRA requirements and include lessons learned as well as the information required for inclusion in the national cross-site evaluation plan which may be found in **Appendix D**. For a detailed description of CSAT's GPRA strategy, see **Appendix C**.

All grantees will be required to prepare **quarterly progress reports** in a format specified by CSAT. These reports will serve as the ATTC-specific evaluation.

---

## Post Award Requirements

It is estimated that three meetings will be needed in each year to develop cross-site activities. The Project Directors Committee will meet twice a year and the third meeting will be a Network meeting and include the Project Directors and additional ATTC staff. ATTC subcommittees (Curriculum, Practice, Evaluation, Technology, Criminal Justice,

and Cultural Competence Resource, and any others necessary to carry out national objectives), designated by the ATTC Project Directors Committee, will meet two to four times a year to conduct business.

Grantees will be required to attend the three meetings convened by CSAT in each year of the program. Grantees must also plan to participate on two or more subcommittees in addition to the Evaluation Subcommittee.

While it is probable that one or more meetings will be held elsewhere, for budget planning purposes applicants should consider that all meetings will be held in the Washington, DC, area. The National Office will be responsible for the logistics for Project Directors' Committee and Network meetings.

**ATTC** applicants should allocate funds to support travel-related costs for the Project Director (and Co-Director, if relevant) to attend two Project Directors' meetings, two to three additional staff to attend the annual Network meeting, and one individual to attend the requisite number of subcommittee meetings.

**The ATTC National Office** applicant may plan to bring more individuals to the Project Directors' and Network meetings, and one individual should attend each ATTC subcommittee meeting. The applicant should budget accordingly. In the application, provide a brief rationale for the numbers of individuals you propose to bring to the Directors' and Network meetings.

All Project Directors' and ATTC subcommittee meetings will be two days in duration, Network meetings will be three days in duration.

ATTC applicants may, at their own discretion, develop a system to provide equitable student/trainee stipends consistent with the policy in the PHS Grants Administration Manual, Chapter III - Training Grants.

---

## DETAILED INFORMATION ON WHAT TO INCLUDE IN YOUR APPLICATION

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' **1. FACE PAGE**

Use Standard Form 424. See Appendix A in **Part II** for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

Your total abstract may not be longer than 35 lines.

' **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

' **4. BUDGET FORM**

Standard Form 424A. See Appendix B in **Part II** for instructions. (Notes: (1) **Indirect costs will be reimbursed at 8% of total allowable direct costs or actual indirect costs, whichever is less**; (2) A replacement Example A, illustration of a detailed worksheet for completing SF 424, is included as Appendix E1 and E2 of this document.)

' **5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION**

The project narrative is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Section A may not be longer than 10 pages. Sections B-D may not be longer than 25 pages.

— **Section A - Project Narrative -**  
*Understanding of the proposed project.*

— **Section B - Project Narrative**  
*Project plan.*

— **Section C - Project Narrative:**  
*Project Evaluation*

— **Section D - Project Narrative:**  
*Project Management:  
Implementation Plan,  
Organization, Administrative and  
Fiscal Capability, Staff,  
Equipment/Facilities, and Other  
Support*

The supporting documentation for your application is made up of the following sections E through H. There are no page limits for the Supporting Documentation sections, except for Section G, the Biographical Sketches/Job Descriptions.

— **Section E- Supporting Documentation:**

*Literature citations*

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

— **Section F - Supporting Documentation:**

*Itemized description of expenditures, existing resources, other support.*

Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B, Part II.

— **Section G - Supporting Documentation:**

*Biographical sketches and job descriptions*

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with his/her sketch.
- Include job descriptions for key personnel. They should not be longer than **1 page**.

**[Note: Sample sketches and job**

**descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.]**

— **Section H - Supporting Documentation:**

*Confidentiality and SAMHSA Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

' **6. APPENDICES 1 THROUGH 5**

C Use only the appendices listed below.

C **Don't** use appendices to extend or replace any of the sections of the Program Narrative.

C **Don't** use more than **30 pages** (plus all instruments) for the appendices.

**Appendix 1:**

Letters of Coordination/Support (for ATTC applicants only.)

**Appendix 2:**

Non-supplantation of Funds Letter

**Appendix 3:**

Letters to Single State Agencies (SSAs)

**Appendix 4:**

Center-specific Data Collection Instruments/Interview Protocols

**Appendix 5:**

Sample Consent Forms

' **7. ASSURANCES**

Non- Construction Programs. Use

Standard form 424B found in PHS 5161-1.

- ' **8. CERTIFICATIONS**
- ' **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see **Part II** for lobbying prohibitions.

- ' **10. CHECKLIST**  
See Appendix C in **Part II** for instructions.

---

## **Project Narrative— Sections A Through D Highlighted**

Your application consists of sections A through H whether you are applying for an **ATTC** or the **ATTC National Office**. **However, since this GFA solicits applications for two types of related activities (i.e., ATTCs and an ATTC National Office), separate review criteria will apply to each.** Sections A through D, the project narrative parts of your application, describe your organization's capability and what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D.

- / Section A may not be longer than 10 pages.
- / Sections B through D may not be longer than 25 pages.
- / **A peer review committee will assign a point value to your**

### **application based on how well you address these sections.**

- / In the description below, the number of points after each section heading shows the maximum points a review committee may assign. For example, a perfect score for Section A will result in a rating of 25 points.
- / Reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. See Appendix D in Part II for guidelines for applicants and peer reviewers that will be used to assess cultural competence.

#### **Section A: Understanding of the Proposed Project (25 points)**

##### **ATTCs:**

- ' Document familiarity with the CSAT mission and state-of-the-art strategies and practices in all aspects of substance abuse treatment and technology transfer principles, strategies, and activities.
- ' Document the need for systems improvement within the academic education and training settings and the various other elements of the infrastructure in the proposed

region.

- ' Discuss the current state of knowledge regarding culturally competent services in the area of substance abuse treatment and recovery and describe how this knowledge will be disseminated and applied.
- ' Describe the particular substance abuse issues of regional significance.
- ' Define the target/involved population and provide justification for any exclusions under SAMHSA's Population Inclusion Requirement (**see Part II of this GFA**).
- ' Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will support meaningful and relevant results.
- ' Discuss the potential significance of the proposed program as a demonstration of a comprehensive, multidisciplinary, collaborative effort both regionally and nationally.
- ' Demonstrate an understanding of the role of your project as part of a national ATTC network.

**National Office:**

- ' Demonstrate familiarity with the CSAT mission and state-of-the-art strategies and practices in all

aspects of substance abuse treatment as well as technology transfer principles, strategies, and activities.

- ' Describe how you will meet the goals of the program as defined in this GFA and address each of the ATTC National Office objectives and how achievement of goals will support meaningful and relevant results.
- ' Describe the potential significance of the proposed activities as a comprehensive, multidisciplinary, multisite, cooperative effort.

**Section B:  
Project Plan (30 points)**

**ATTCs:**

- ' Define the region you propose to serve (see regions in **Appendix B**).
- ' Describe and justify the design chosen for the proposed project, including the adequacy, rationale, appropriateness, and feasibility of the proposed approach, activities, services, strategies.
- ' If you choose to establish a Center of Excellence, describe and justify your plan.
- ' Demonstrate how the proposed project will keep abreast and advance dissemination of the state-of-the-art of substance abuse treatment and recovery.

- ' Discuss how the project plan addresses age, race/ethnic, cultural, language, disability, and gender and sexual orientation issues in the proposed activities.
  - ' Discuss how your project will involve individuals reflective of the population in the preparation of the application and planned implementation and evaluation of the project.
  - ' Demonstrate creativity and innovation in proposed approaches related to knowledge dissemination including building a collaborative infrastructure and implementing and managing systems improvements.
  - ' Provide evidence that the proposed activities are appropriate for and responsive to the needs of the region.
  - ' Describe and give examples of products and materials that you expect to produce to support your project.
  - ' Describe how the ATTC will actively promote and market its technology transfer services in its region.
- National Office:**
- ' Discuss how the project plan addresses age, race/ethnic, cultural, language, disability, and sexual orientation and gender issues in the proposed activities/evaluations.
  - ' Discuss how representatives of these populations will be included in the conception and planned implementation and evaluation of the ATTC National Office.
  - ' Demonstrate how you will facilitate cooperation and collaboration between the ATTC National Office and the ATTCs, and prevent or ameliorate problems.
  - ' Indicate how you will work collaboratively with CSAT staff and incorporate programmatic and evaluation guidance.
  - ' Demonstrate how the proposed project will keep abreast and advance dissemination of the state-of-the-art of culturally competent substance abuse treatment and recovery knowledge and ATTC products.
  - ' Discuss how the proposed activities are appropriate, feasible, achievable, and realistic for meeting your stated objectives.
  - ' Demonstrate creativity and innovation in proposed approaches and activities related to technology transfer on a national level.
  - ' Discuss how the ATTC National Office will actively promote and market the ATTC Network.

**Section C:  
Project Evaluation (20 points)**

**ATTCs:**

- ' Describe your site-specific evaluation plan, including both process and outcome measures and lessons learned.
- ' If you plan to use an evaluation consultant, explain his/her role, including membership on and participation in the national ATTC Evaluation Subcommittee, and how the consultant will interact with project staff and the national cross-site evaluator.
- ' Describe how you will cooperate in providing the required evaluation and GPRA data, and other information to the National Office.

**National Office:**

- ' Discuss strategies for data collection, data processing and cleanup, quality control, and data retention (including data required by GPRA).
- ' Describe how you will gather the required GPRA data.
- ' If you propose to use an evaluation consultant, explain his/her role, including membership on and participation in the national ATTC Evaluation Subcommittee, and how the consultant will interact with ATTC staff and evaluators.

- ' Demonstrate an understanding of the potential evaluation concerns unique to a multisite study and proposed solutions to identified evaluation/analysis problems and issues.
- ' Describe how any modifications to the evaluation approach will be sensitive to age, sexual orientation and gender, disability, cultural, language, racial/ethnic characteristics.
- ' Discuss how rigor, thoroughness, and feasibility of the process and outcome evaluation methodologies will be maintained.

**Section D:  
Project Management: Implementation Plan, Organization, Administrative and Fiscal Capability, Staff, Equipment/Facilities, and Other Support (25 points)**

**ATTCs and National Office:**

- ' Describe your organizational structure with clearly defined relationships and roles for project staff.
- ' Provide a staffing plan, including the level of effort and qualifications of the Project Director, other key personnel, and support staff. The Project Director, evaluator, and other key personnel must have had extensive prior experience in projects of similar scope and complexity. (The Project Director

or Project Manager will be committed to 100% direct effort in the management of the ATTC or the National Office).

- ' Demonstrate the capability and experience of the applicant organization, proposed consultants and subcontractors with similar projects and populations, including specific examples, outcomes and accomplishments.
- ' Describe the resources available (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is conducive to the target/involved population.
- ' Demonstrate the feasibility of accomplishing the project in terms of (1) time frames; (2) adequacy and availability of resources (e.g., staffing, consultants, collaborating agencies, facilities, equipment); and (3) a management plan.
- ' Show evidence of the appropriateness of the proposed staff to the age, sexual orientation, gender, disability, cultural, language, and racial/ethnic characteristics of the population to be served.
- ' Demonstrate the adequacy of plans for project management.

- ' Describe your fiscal management capabilities.

**ATTCs:**

- ' Describe your organizational infrastructure consisting, at a minimum, of academic institutions, State and local governments, the substance abuse/mental health/primary health care fields, counselor credentialing boards, professional, recovery, and community and faith-based organizations, managed care organizations, and criminal justice entities.
- ' Provide evidence of academic institutional support and commitment to the program and adequacy of clinical and academic facilities/resources to meet programmatic needs, including availability of innovative and distance knowledge dissemination technologies.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

---

## **Confidentiality and SAMHSA Participant Protection (SPP)**

You must address 7 areas regarding confidentiality and participant protection

in your supporting documentation. **(Note: Part II provides additional information regarding confidentiality.)** There are no page limitations, and no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project. **(Attention: Some of the items below are clearly intended to protect participants in projects that will be implemented in clinical settings, which is not the case for ATTC or National Office projects. However, some of the stated risks are applicable to training initiatives, and they should be discussed in that context. If the risk does not apply, simply state so.)**

The following 7 issues must be discussed:

- Ø Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.
- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.
- U Fair Selection of Participants:
- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using

special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, persons with or at risk of HIV, etc.

- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.
- Ü Absence of Coercion:
- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.
- Ü Data Collection:
- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological

assessments, observation, questionnaires, or other sources?

- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in **Appendix No. 4**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.
- Ü Privacy and Confidentiality:
- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:  
How you will use data collection instruments;  
Where data will be stored;  
Who will or will not have access to information;  
How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.  
  
Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug

abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Y Adequate Consent Procedures:

C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

C State:  
If their participation is voluntary;  
Their right to leave the project at any time without problems;  
Risks from the project;  
Plans to protect clients from these risks.

C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they

understand the forms? Will you give them copies of what they sign?

C Include sample consent forms in your **Appendix 5**, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

---

## Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- C Population Inclusion Requirement
- C Government Performance Monitoring
- C Healthy People 2010: The Healthy People 2010 focus areas related to this program are: Chapter 26: Substance Abuse.
- C Consumer Bill of Rights
- C Promoting Nonuse of Tobacco
- C Supplantation of Existing Funds (include documentation in **Appendix 2**)
- C Letter of Intent
- C Single State Agency Coordination (include documentation in **Appendix 3**)
- C Intergovernmental Review
- C Confidentiality/SAMHSA Participant Protection

## **Appendix A: Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site—[www.samhsa.gov](http://www.samhsa.gov) (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

# Appendix B: ATTC Regions and Program Brochure

## ATTC Regions:

### **Region 1:**

Maine  
New Hampshire  
Vermont  
Massachusetts  
Connecticut  
Rhode Island

### **Region 2:**

New York  
New Jersey  
Pennsylvania

### **Region 3:**

Virginia  
Maryland (academic)  
North Carolina  
West Virginia

### **Region 4:**

District of Columbia  
Maryland (continuing education)  
Delaware  
Kentucky  
Tennessee

### **Region 5:**

South Carolina  
Georgia  
Florida  
Alabama

### **Region 6:**

Texas  
Louisiana  
Mississippi

### **Region 7:**

Puerto Rico

US Virgin Islands

### **Region 8:**

Missouri  
Kansas  
Oklahoma  
Arkansas

### **Region 9:**

Iowa  
Nebraska  
North Dakota  
South Dakota  
Minnesota

### **Region 10:**

Illinois  
Indiana  
Ohio  
Wisconsin  
Michigan

### **Region 11:**

Nevada  
Montana  
Wyoming  
Utah  
Colorado (Tribal Colleges)

### **Region 12:**

Alaska  
Washington  
Oregon  
Idaho  
Hawaii, Pacific Trust Territories, Guam,  
N. Mariana Islands, American Samoa

### **Region 13:**

California  
New Mexico

Arizona  
Colorado (criminal justice)

**ATTC Program Brochure:**

**Look.  
Listen.  
Learn.  
Lead.**

# **Unifying Research, Education, and Practice to Transform Lives**

## **Cultivating Systems Change**

Over the past 20 years, the field of substance abuse treatment has undergone dramatic evolution. Theories emerge, flourish into practice, then settle into system-wide acceptance only to be challenged by newer, more innovative approaches. One of the primary roles of the ATTC is to ensure that treatment systems best serve the needs and interests of persons with substance use disorders. This is accomplished in a number of ways such as promoting collaboration among various disciplines and influencing the education and credentialing requirements for treatment professionals.

## **Advancing Addiction Education**

Education is widely recognized as the basis for profound, long-lasting change. Treating addictions is no exception. Another fundamental role of the ATTC is to work within the educational system to raise the standards and awareness of substance abuse treatment. Many of these activities focus primarily on higher education: developing degree programs, creating or expanding coursework for areas of specialty expanding clinical placements and setting educational standards. Additionally, the ATTC helps facilitate cross-disciplinary and inter-disciplinary programs for virtually any professional group and continues to be involved with a broad range of continuing education activities.

## **Addressing Workforce Development**

The escalating commitment to treating addictions has created a corresponding shortage of well-trained substance abuse treatment professionals. The ATTC addresses this need through efforts to recruit new individuals into the field, and to reduce turnover and facilitate continuing education among existing practitioners. In addition, the Network works with treatment organizations to provide technical assistance as well as identify and communicate successful personnel development and retention strategies.

## **Communicating Recommended Approaches**

Helping treatment professionals learn - and adopt — the most innovative and effective treatment strategies is at the cornerstone of the ATTC mission. To accomplish this objective, the Network strives to keep pace with the latest field and academic research and translates these findings into understandable information practitioners can use. The insights are distributed through continuing education courses, specialized publications, curriculum enhancements and other learning opportunities by which the ATTC helps strengthen the capabilities and competencies of treatment professionals.

## **Fostering Culturally Competent Practice**

Because different populations of people with substance use disorders have different

needs, the ATTC has worked to establish treatment approaches tailored to specific groups. For persons within the criminal justice system, for example, the Network has developed collaborative programs among law enforcement and treatment communities. Additionally, specialized programs have been created to address the specific needs of pregnant women, adolescents and various cultural and racial groups. Throughout all ATTC efforts considerable emphasis is placed on promoting culturally-appropriate, gender-sensitive programs and practices.

### **Harnessing Technologies**

Technology has opened new opportunities to share knowledge in all fields, particularly substance abuse treatment. The ATTC has made providing quality—and most importantly—useful tools to both the academic and practicing communities a key priority. Toward that end the Network offers extensive resources such as websites and list serves both at regional and national levels. In addition, the ATTC offers a range of distance-learning opportunities including online courses.

### **Evaluating the Impact**

Measuring the efficacy and success of treatment is essential to continually improving the base of addictions knowledge, as well as providing insights into future areas of exploration. Recognizing this, a continuing goal of the ATTC is to identify and document successful treatment strategies.

The ATTC is interested in documenting and evaluating the effects of its efforts on producing systemic change related to the treatment and prevention of substance use disorders.

### **Addiction Technology Transfer Centers**

The Addiction Technology Transfer Centers (ATTC) are a nationwide, multi-disciplinary resource that draws upon the knowledge, experience and latest research of recognized experts in the field of addictions. Launched in 1993 by the Center for Substance Abuse Treatment (CSAT), under the guiding entity, Substance Abuse and Mental Health Services Administration (SAMHSA), the Network today is comprised of 13 independent regional Centers and a National Office. Although the number of states served and areas of emphasis of the individual Centers vary, each is charged - as is the Network collectively - with three key objectives:

- to increase the knowledge and skills of addiction treatment practitioners from multiple disciplines by facilitating access to state-of-the-art research and education;
- to heighten the awareness, knowledge and skills of all professionals who have the opportunity to intervene in the lives of people with substance use

disorders;

- to foster regional and national alliances among practitioners, policy makers, funders and consumers to support and implement best treatment practices

Broadly speaking, the ATTC works to accomplish these goals through the seven areas of emphasis described inside.

# APPENDIX C: CSAT's GPRA STRATEGY

## OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

## DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. <sup>5</sup>
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

## CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the

---

<sup>5</sup>GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from



analyzing the data.<sup>7</sup> In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

## **1. ASSURE SERVICES AVAILABILITY**

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)
- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.
- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

## **2. MEET UNMET OR EMERGING NEEDS**

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about

---

<sup>7</sup>Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
  - a) were currently employed or engaged in productive activities
  - b) had a permanent place to live in the community
  - c) had reduced involvement with the criminal justice system
  - d) had no past month use of illegal drugs or misuse of prescription drugs
  - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
  
- ! Percent of children/adolescents under age 18 receiving services who:
  - a) were attending school
  - b) were residing in a stable living environment
  - c) had no involvement in the juvenile justice system
  - d) had no past month use of alcohol or illegal drugs
  - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

### **3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE**

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Project Directors Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).<sup>8</sup> In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

### **3.1 PROMOTE THE ADOPTION OF BEST PRACTICES**

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.<sup>9</sup> Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

---

<sup>8</sup>The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

<sup>9</sup>Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see “Enhance Service System Performance,” below).

Activities in this program have the purpose of moving “best practices”, as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”<sup>10</sup> In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

#### **4. ENHANCE SERVICE SYSTEM PERFORMANCE**

As described earlier, this programmatic goal is distinguished from “Promote the adoption of best practices” primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on “systems” rather than more broadly on “services.” The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of “Promoting the adoption of best practices.”

#### **EVALUATIONS**

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to “real” management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

---

<sup>10</sup>Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

## **Appendix D: ATTC Cross-Site Evaluation Plan and Forms**

## Education and Training Event Description

Form Approved  
OMB NO. 0930-0216  
Exp. Date 09/30/2003

Please complete this form for each education and training event implemented or sponsored by your ATTC. This includes any session in which you ask or require participants to complete a participant information form.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ ATTC: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Code No \_\_\_\_\_

Co-sponsors: \_\_\_\_\_

Total # of trainees: \_\_\_\_\_ Total # of PIFs collected: \_\_\_\_\_

**A> TAP 21.** Check all the TAP 21 competency areas that apply to this event:

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Transdisciplinary Foundations | <input type="checkbox"/> 2.5 Counseling                                |
| <input type="checkbox"/> 2.1 Clinical Evaluation         | <input type="checkbox"/> 2.6 Client, Family & Community Education      |
| <input type="checkbox"/> 2.2 Treatment Planning          | <input type="checkbox"/> 2.7 Documentation                             |
| <input type="checkbox"/> 2.3 Referral                    | <input type="checkbox"/> 2.8 Professional and Ethical Responsibilities |
| <input type="checkbox"/> 2.4 Service Coordination        |  |

**B> Special Topics.** Is the event intended to focus on any of the following special topics:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> HIV/AIDS         | <input type="checkbox"/> Co-occurring Disorders   | <input type="checkbox"/> Mothers and Infants      |
| <input type="checkbox"/> Adolescents      | <input type="checkbox"/> Racial/Ethnic Minorities | <input type="checkbox"/> Rural/Remote Populations |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Welfare-to-Work          | <input type="checkbox"/> Pharmacology             |

**C> Contact Hours** How many contact hours is this event? \_\_\_\_\_

**NOTE:** For academic credit-hour courses, multiply the number of credit hours assigned by 15 to calculate contact hours (e.g. 3 credit hours x 15 = 45 contact hours)

**D> Is this a Training of Trainers (TOT) Event?** \_\_\_ Yes \_\_\_ No

**E> Event Format and Technology Characteristics**

9. Which of the following best describes the event?:  
 Workshop  Instit./Conf.  Univ. Course  Comm. Coll. Course  On-line Course

1. Does the event occur in:  
 a concentrated period (e.g. one or more consecutive days) or  
 spread out over a length of time (e.g. a semester course)

1. Technology Format: (Select one)  
 Traditional Classroom Format  
 Practicum/Internship Experience  
 Distance Learning Format (Please specify):  
 Ground Mail Format  
 E-mail Format  
 On-line/ Web-based Format  
 Tele-video Format  
 Other; Please indicate: \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0216); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project

↳TIPs and TAPs. Please record the number for the TIPs and TAPs you used in this event and indicate how each was used.

**For Use:** 1= Course Preparation 2 = Handout/reference for students 3 = Provided URL

The TIPs I used in this event were:

<b>TIP #</b>	<b>USE</b>	<b>TAP</b>	<b>USE</b>
1: NA		1: Approaches in Treat. of Adolescent	1 2 3
2: Pregnant, SA Women	1 2 3	2: Medicaid Financing	1 2 3
3: Screen and Assess Adolescents	1 2 3	3: Need, Demand, and Problem Asses.	1 2 3
4: Guidelines for Adolescents	1 2 3	4: Coordination of ADM Services	1 2 3
5: Drug Exposed Infants	1 2 3	5: Self-Run, Self-Supported Houses	1 2 3
6: Screening Infectious Diseases	1 2 3	6: Empowering Families	1 2 3
7: NA		7: NA	
8: NA		8: Relapse Prevention	1 2 3
9: Coexisting MI and SA	1 2 3	9: Funding Resource Guide	1 2 3
10: Cocaine and Methadone	1 2 3	10: Rural Issues	1 2 3
11: NA		11: NA	
12: Intermediate Sanctions	1 2 3	12: Narcotic Treatment Programs	1 2 3
13: Patient Placement Criteria	1 2 3	13: NA	
14: State Outcomes Monitoring	1 2 3	14: Siting D and A Treatment Prog.	1 2 3
15: HIV-Infected Abusers	1 2 3	15: Forecasting Cost in Managed Care	1 2 3
16: Trauma Patients	1 2 3	16:Purchasing Managed Care Serv.	1 2 3
17: Adults in Criminal Justice Sys	1 2 3	17: Rural and Frontier Treatment	1 2 3
18: Tuberculosis Epidemic	1 2 3	18: Confidentiality Compliance	1 2 3
19: Detoxification	1 2 3	19: NA	
20: Opioid Substitution Therapy	1 2 3	20: Excellence to Rural and Frontier	1 2 3
21: Diversion for Juveniles	1 2 3	21: Addiction Counseling Competenc	1 2 3
22: LAAM of Opiate Addictions	1 2 3	22: Contracting for Services	1 2 3
23: Drug Courts	1 2 3	23: Women Offenders	1 2 3
24: Primary Care Clinicians	1 2 3	24: Welfare Reform & Confidentiality	1 2 3
25: Domestic Violence	1 2 3		
26: Older Adults	1 2 3		
27: Comprehensive Case Manage	1 2 3		
28: Naltrexone	1 2 3		
29: Physical and Cognitive Disabil	1 2 3		
30: Continuity of Offender Treat	1 2 3		
31: Screening Adolescents	1 2 3		
32: Treatment of Adolescents	1 2 3		

<b>33: Tx for Stimulant Use Disorders</b>	1	2	3		
<b>34: Brief Interventions &amp; Therapies</b>	1	2	3		
<b>35: Enhancing Motivation</b>	1	2	3		
<b>36: Child Abuse &amp; Neglect Issues</b>	1	2	3		
<b>37: SA Tx and HIV/AIDS</b>	1	2	3		

**G> Other CSAT Publications**

Please list any other CSAT publications you used for this training either in preparation or as a handout/reference for students.

Date: \_\_\_\_\_ ATTC #: \_\_\_\_\_ Event Code #: \_\_\_\_\_ Title: \_\_\_\_\_

### ATTC PARTICIPANT INFORMATION FORM

#### Personal Code:

First Letter in mother's first name: \_\_\_\_\_ First letter in mother's last name: \_\_\_\_\_  
First digit in social security number: \_\_\_\_\_ Last digit in social security number: \_\_\_\_\_

**Gender:** \_\_\_ Male \_\_\_ Female \_\_\_ Other **Birth Year:** 19\_\_\_\_

**Previous ATTC Participant:** \_\_\_ Yes \_\_\_ No

**Are you Hispanic or Latino?** \_\_\_ Yes \_\_\_ No

#### Race: (Mark 1 or more)

\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian  
\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Alaska Native \_\_\_ White

#### Discipline/ Profession (check all that apply):

\_\_\_ Addictions Counseling \_\_\_\_\_ Other Counseling \_\_\_\_\_ Education  
\_\_\_ Vocational Rehabilitation \_\_\_\_\_ Criminal Justice \_\_\_\_\_ Psychology  
\_\_\_ Social Work/Human Services \_\_\_\_\_ Physician Assistant \_\_\_\_\_ Medicine: Primary Care  
\_\_\_ Medicine: Psychiatry \_\_\_\_\_ Medicine: Other \_\_\_\_\_ Nurse  
\_\_\_ Nurse Practitioner \_\_\_\_\_ Administration \_\_\_\_\_ None, unemployed  
\_\_\_ None, student \_\_\_\_\_ Other (specify): \_\_\_\_\_

#### Years of Experience in Addictions:

\_\_\_ I have worked in the addiction field for \_\_\_\_\_ years. \_\_\_ I am not employed in the addiction field.

#### Employment Status in Addictions Treatment:

The number of hours each week that my primary responsibility is addictions are \_\_\_\_\_  
(Please record a number from 0 to 40)

#### Certification Status in Addictions Field:

\_\_\_ Not certified or licensed in addictions  
\_\_\_ Previously certified or licensed, not now  
\_\_\_ Currently certified or licensed  
\_\_\_ Intern

#### Highest Degree Status:

\_\_\_ No high school diploma or equivalent \_\_\_\_\_ Bachelor's degree  
\_\_\_ High school diploma or equivalent \_\_\_\_\_ Master's degree  
\_\_\_ Some college, but no degree \_\_\_\_\_ Doctoral degree or equivalent  
\_\_\_ Associate's degree \_\_\_\_\_ Other (medical assistant, RN, post-doctorate)

#### Current Training Goals: (check all that apply)

\_\_\_ Professional development (no CEUs) \_\_\_\_\_ Continuing education (CEUs awarded)  
\_\_\_ Addictions certification (state or other) \_\_\_\_\_ Academic credit toward a BA  
\_\_\_ Academic credit toward a Master's \_\_\_\_\_ Academic credit toward licensure  
\_\_\_ Other (specify): \_\_\_\_\_  
\_\_\_ No current goals

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0216); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0216.

## ATTC National Pre-Training Evaluation

Form Approved  
OMB NO 0930-0216  
Exp. Date 09/30/2003

We will be using the event code and unique identification code below to link your answers to information about today's training, but we will not be able to identify your name or any other information about you. Please complete the following information to determine your Unique Identification Code:

Unique Identification Code: ATTC Code:       Event Code:                    
 First Letter in mother's first name:    First letter in mother's last name:     
 First digit in social security number:    Last digit in social security number   

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Please indicate your primary work setting (please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Criminal Justice        | <input type="checkbox"/> Private practice             |
| <input type="checkbox"/> Outpatient              | <input type="checkbox"/> Outreach                     |
| <input type="checkbox"/> Inpatient facility      | <input type="checkbox"/> Student (skip to question 4) |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Other (specify: _____)       |
| <input type="checkbox"/> Residential facility    |   |

2. What is your primary job responsibility (please check one)?

- |   |   |
|---|---|
| <input type="checkbox"/> Line staff (counselors, K-12 teachers, corrections officers, etc.) | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Supervision of case managers and/or counselors                     | <input type="checkbox"/> Training       |
| <input type="checkbox"/> Other (specify: _____)   |   |

3. If you provide direct services, please indicate the current size of your weekly caseload:       

**\* For questions 4 through 11, please circle a number from 1 (not at all) to 5 (very much), or circle 8 (don't know/not applicable)**

**Thinking of this training/technical assistance, to what extent...** (if you are a student, please respond in terms of your future job or career)

4. ...is knowledge of this topic relevant to your career?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
5. ...are skills in this topic area relevant to your career?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
6. ... do you have adequate knowledge in this topic area?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
7. ... do you possess the skills required in this topic area?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
8. ... do you consider trainings in this topic area to be a beneficial use of your time?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
9. ... do you expect to use the information gained from this training?	Not Very at all 1----2----3----4----5 much	Don't know/not applicable 8
10. ... are you currently effective when working in this topic area?	Not Very	Don't know/not applicable 8

	at all 1-----2-----3-----4-----5 much	
1. ... do you expect this training to benefit your clients?	Not Very at all 1-----2-----3-----4-----5 much	Don't know/not applicable 8

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0216); Room 16-105,

# ATTC National Post-Training Evaluation

Form Approved  
OMB NO. 0930-0216  
Exp. Date 09/30/2003

We will use the event and unique identification codes below to link your answers to information about this training, but we will be unable to identify your name or any other information about you. Please complete the information below to determine your Unique Identification Code:

Unique Identification Code:    ATTC Code:          Event Code:                    
 First Letter in mother's first name:       First letter in mother's last name:     
 First digit in social security number:       Last digit in social security number   

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**\*For items 4-7 and 9-12, please circle a number from 1 (not at all) to 5 (very much), or circle 8 (don't know/not applicable)**

(If you are a student, please respond to questions 5-11 and question 13 in terms of your future job or career.)

1. How would you rate the quality of this training?	Poor	Fair	Good	Very good	Excellent
2. How would you rate the quality of the instructor?	Poor	Fair	Good	Very good	Excellent
3. How would you rate the quality of the materials?	Poor	Fair	Good	Very good	Excellent
<b>Thinking of this training/technical assistance, to what extent...</b>					
4. ... did this training meet your needs for training in this topic area?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
5. ... do you expect this training to benefit your clients?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
6. ... did the information in this training directly relate to your current work?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
7. ... do you expect to use the information gained from this training?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
8. Please list up to three things you think you will use from this training. 1. 2. 3.					
9. ... did the training/technical assistance provide you with adequate knowledge in this topic area?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
10. ... did the training/technical assistance enhance your skills in this topic area?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
11. ... are you currently effective when working in this topic area?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
12. ... was the training/technical assistance a beneficial use of your time?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8
13. ... would you recommend this training/technical assistance to a colleague?	Not Very at all    1-----2-----3-----4-----5    much				Don't know/not applicable 8

14. Which of the following are potential barriers to applying the information/skills learned in this training to your current job (check all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Colleagues          | <input type="checkbox"/> Staff resources              |
| <input type="checkbox"/> Client needs        | <input type="checkbox"/> Policies and procedures      |
| <input type="checkbox"/> Time                | <input type="checkbox"/> Need for additional training |
| <input type="checkbox"/> Financial resources | <input type="checkbox"/> Other (specify: _____)       |
|  | <input type="checkbox"/> No barriers                  |

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0216); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond

# ATTC National Follow-up Evaluation

Form Approved OMB NO. <b>0930-0216</b> Exp. Date <b>09/30/2003</b>
--

Dear Colleague,

We are conducting a brief follow-up evaluation of the training titled \_\_\_\_\_ that you attended on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_(location). We would appreciate your honest responses to the questions below. Your responses are completely anonymous. We will use the event and unique identification codes below to link your answers to information about the training, but we will not be able to identify your name or any other information about you. Please complete the following information to determine your Unique Identification Code:

Unique Identification Code:    ATTC Code: \_\_ \_\_    Event Code: \_\_ \_\_ \_\_ \_\_ \_\_  
 First Letter in mother's first name:    \_\_    First letter in mother's last name:    \_\_  
 First digit in social security number:    \_\_    Last digit in social security number:    \_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS. For items 1-4 and 6-8, please circle a number from 1 (not at all) to 5 (very much), or circle 8 (don't know/not applicable):**

**Thinking of this training/technical assistance, to what extent...** (if you are a student, please respond in terms of your future job or career)

1. ... are your job responsibilities the same as when you took the training?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
2. ... do you have adequate knowledge in this topic area?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
3. ... do you possess the skills required in this topic area?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
4. ... are you currently effective when working in this topic area?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
5. Please list up to three things you have used from the training: 1. 2. 3.		
6. ... did you share any of the information from this training/technical assistance with others?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
7. ... did you share any of the materials from this training/technical assistance with others?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8
8. ... have you applied what you learned in the training/technical assistance in your work?	Not Very at all    1-----2-----3-----4-----5    much	Don't know/not applicable 8

9. How did you benefit from this training? (check all that apply)

- I acquired new knowledge
- I verified existing knowledge
- I gained a new perspective
- I acquired skills that will be useful in my work
- I did not benefit
- Other: \_\_\_\_\_

\_\_\_\_\_ Additional impacts of the training: \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0216); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0216.

**Systemic Change Catalog Record Title:** \_\_\_\_\_

Indicate if this is a new record or an update to a previous record.  **NEW**  **UPDATE**

1.2. Stage of Change (Choose one):

- Initiation (visioning, planning)
- Implementation (activities, intermediate outcomes)
- Impact (change occurs, re-vision)

2.3. Systemic Change Outcome: \*see note at bottom

4. 3. Category of Systemic Change (check all that apply):

- Collaboration/Linkages
- Quality of Service Delivery
- Management
- Implementation of Science-Based Treatment
- Education/Training
- Licensure/Certification
- Funding
- Policy/Legislation

5. 4. Professional Area(s) Influenced (check all that apply):

- Criminal Justice
- Drug and Alcohol Treatment
- Health care
- Other SAMHSA agencies
- Education
- Government
- Mental health care

5.6. Importance of Systemic Change:

7. 6. Impact of Systemic Change: \*see note at bottom

8. 7. Participating ATTC:

9. 8. Partner Organization(s)

10. 9. Level of Change (choose only one):

- National/Federal
- Substate Region
- Multi-State
- City/Municipality
- Single State
- Neighborhood/Community

11. 10. Benefit(s) for Treatment and Prevention Professionals (choose all that apply):

- Improved professional training
- Improved access to professional training
- Increased cross-disciplinary knowledge among professionals
- Increased skills and/or knowledge among professionals in other fields
- Improved Professionalism in the Workplace
- Other (please specify) \_\_\_\_\_
- Improved pre-professional training
- Access to Licensure/Certification

12. 11. Benefit(s) for Clients of Treatment Programs (choose all that apply):

- Improved detection and referral to treatment
- Reduced probability of relapse and/or recidivism
- Improved Access to Treatment
- Improved Treatment

12.13. Brief description of key role of the participating ATTC:

13.14. Brief description of key role of partnering organization(s)

15. 14. Brief Description of Parent Project (if applicable)

16. 15. Other comments

\* For Svstems Change Outcome and Impact questions, if the svstems change activity has not reached the impact stage, please indicate this. Feel free to write about the *expected* outcome and impact, but be clear that these are not *actual* outcomes/impacts because they haven't happened yet.

## Appendix E-1: Example for Completing SF 414A, Customized for ATTCs

**NOTE: This example is illustrative only. Actual figures proposed should be based on specific requirements related to the nature, scope, and location of the proposed project. Applicants should also carefully review the example in Part II of the GFA, which provides additional information.**

### I. NON-TRAINEE COSTS:

#### A. Personnel

Project Director	1 FTE	\$ 75,000	
Project Manager	1 FTE	\$ 60,000	
Administrative Assistant	1 FTE	\$ 28,000	
<b>Total Personnel</b>			<b>\$163,000</b>

**B. Fringe Benefits<sup>11</sup> @24% \$ 39,120**  
**(Total Salaries & Fringe Benefits = \$202,120)**

#### C. Travel<sup>12</sup>

##### 1. *Travel to ATTC Meetings:*

(a) Directors' meeting for 1 attendee for 2 meetings			
airfare @ \$500 x 2		\$1,000	
lodging @ \$120/day x 3 nights x 2		\$ 720	
per diem @ \$46/day x 2.5 days x 2	\$ 230		
ground transportation x 2 (\$15/ea)	\$ 30		
Subtotal			<b>\$1,980</b>
(b) Network meeting for 4 attendees			
airfare @ \$500 x 4	\$2,000		
lodging @ 120/day x 4 nights x 4 attendees	\$1,920		
per diem @ \$46/day x 3.5 days x 4 attendees	\$ 644		
ground transportation x 4 attendees (\$15/ea)	\$ 60		
Subtotal			<b>\$4,624</b>
(C) National committee meeting for 2 attendees for 3 meetings each <sup>13</sup>			
airfare @ \$500 x 2 x 3	\$3,000		
lodging @ 120/day x 3 nights x 2 x 3	\$2,160		

<sup>11</sup>Includes items such as FICA/Medicare, Workers Compensation, Unemployment Insurance, Health Insurance, Liability Insurance (including Directors and Officers Insurance), and Retirement.

<sup>12</sup> Example assumes grantee must travel significant distance to DC area. Actual airfare from your area may be greater or less, depending on your location.

<sup>13</sup>Assumes travel for evaluator will be included in that person's contract.

per diem @ \$46/day x 3.5 days x 2 x 3	\$ 966
ground transportation x 2 x 3 (\$15/ea)	<u>\$ 90</u>
Subtotal	<b>\$6,216</b>

**2. Local & Regional Travel (Project Staff)**

a. by car: 5,000 miles @ \$0.31	\$ 1,550
b. distance travel:	<u>\$ 3,000</u>
Subtotal	<b>\$ 4,550</b>

**Total Travel Costs** **\$ 17,370**

**D. Equipment** <sup>14</sup> (list individually) **\$ 5,000**

**E. Supplies** **\$ 10,000**

**F. Contractual**

1. Evaluation Consultant - \$300/day x 100 days	\$ 30,000	
2. Faculty/Trainers	\$ 40,000	
3. Other Consultants	\$ 40,000	
4. Curriculum Development	\$ 40,000	
<b>Total Contractual</b>		<b>\$150,000</b>

**G. Construction** **- 0 -**

**H. Other**

1. Program promotion (mugs, t-shirts, bookmarks, etc.)	\$ 1,000
2. Meeting/conference costs	\$ 10,000
3. Graphics and reproduction	\$ 8,000
4. Fiscal Audit	\$ 2,500
5. Duplication	\$ 8,000
6. Postage	\$ 8,000
7. Telephone	\$ 5,000
8. Space Rental	\$ 15,000
9. Dues/Memberships	\$ 1,000
10. Books/Periodicals	\$ 1,000
11. Computer Software	\$ 2,000
12. Conferences	\$ 10,000
13. National ATTC Newsletter	<u>\$ 7,000</u>

---

<sup>14</sup> "Equipment" means an article of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost that equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5,000. Includes office equipment and furnishings, such as computers, work stations, fax machines, telephones, and other items necessary to appoint a staff/organizational office.

	<b>Total Other</b>	<b>\$ 76,500</b>
<b>I.</b>	<b>Total Direct Changes</b>	<b>\$460,990</b>
<b>J.</b>	<b>Indirect Charges<sup>15</sup> (S&amp;W+TADC)</b>	<b>\$ 36,879</b>
<b>K.</b>	<b>TOTAL REQUEST (sum of direct and indirect costs)</b>	<b>\$497,869</b>

---

<sup>15</sup>Indirect costs will be reimbursed at 8% of total allowable direct costs or actual indirect costs, whichever is less.

## Appendix E-2: Example for Completing SF 414A, Customized for ATTC National Office

**NOTE: This example is illustrative only. Actual figures proposed should be based on specific requirements related to the nature, scope, and location of the proposed project. Applicants should also carefully review the example in Part II of the GFA, which provides additional information.**

<b>A. Personnel</b>			
Project Director	1 FTE	\$ 75,000	
Project Manager	1 FTE	\$ 60,000	
Graphic Designer	.25 FTE	\$ 10,000	
Coordinator	.5FTE	\$ 20,000	
Web Master	.25 FTE	\$ 12,500	
Administrative Assistant	1 FTE	\$ 28,000	
<b>Total Personnel</b>			<b>\$205,500</b>
<b>B. Fringe Benefits<sup>16</sup></b>	@24%		<b>\$ 49,320</b>

**(Total Salaries & Fringe Benefits = \$307,520)**

<b>C. Travel<sup>17</sup></b>		
<b>1. Travel to ATTC Meetings:</b>		
(a) Directors' meeting for 3 attendees for 3 meetings		
airfare @ \$500 x 3 x 3		\$ 4,500
lodging @ \$120/day x 4 nights x 3 x 3	\$ 4,320	
per diem @ \$46/day x 3.5 days x 3 x 3		\$ 1,449
ground transportation x 4 x 3 (\$15/ea)		\$ 180
Subtotal		<b>\$10,449</b>
(b) Committee meetings for 1 attendee for 18 meetings		
airfare @ \$500 x 18	\$ 9,000	
lodging @ 120/day x 36 nights		\$ 4,320
per diem @ \$46/day x 2.5 days x 18 meetings		\$ 2,070
ground transportation x 36 days (\$15/ea)		\$ 540
Subtotal		<b>\$15,930</b>

---

<sup>16</sup>Includes items such as FICA/Medicare, Workers Compensation, Unemployment Insurance, Health Insurance, Liability Insurance (including Directors and Officers Insurance), and Retirement.

<sup>17</sup> Example assumes grantee must travel significant distance to DC area. Actual airfare from your area may be greater or less, depending on your location.

(C)	Director Travel for 2 trips to DC		
	airfare @ \$500 x 2		\$1,000
	lodging @ 120/day x 3 nights x 2		\$ 720
	per diem @ \$46/day x 3.5 days x 2		\$ 322
	ground transportation x 3 x 2 (\$15/ea)		<u>\$ 90</u>
	Subtotal		<b>\$2,132</b>
(D)	Staff travel for conferences		
	2 staff x 5 3-day conferences	<b>\$5,330</b>	
<b>2.</b>	<b>Local Travel (Project Staff)</b>		
	5,000 miles @ \$0.31		<b>\$1,550</b>
	<b>Total Travel Costs</b>		<b>\$ 33,259</b>
<b>D.</b>	<b>Equipment</b> <sup>18</sup> (list individually)		<b>\$ 5,000</b>
<b>E.</b>	<b>Supplies</b>		<b>\$ 8,000</b>
<b>F.</b>	<b>Contractual</b>		
	1. Cross-Site Evaluation Consultant		
	\$300/day x 150 days	\$ 45,000	
	2. Marketing Consultant		
	\$90/hr x 80 hrs	\$ 7,200	
	3. Database consultant		
	\$200/day x 45 days	\$ 9,000	
	<b>Total Contractual</b>		<b>\$ 61,100</b>
<b>G.</b>	<b>Construction</b>		<b>- 0 -</b>
<b>H.</b>	<b>Other</b>		
	1. Program promotion (mugs, exhibit booth, etc.)	\$ 3,000	
	2. Shipping exhibit booth	\$ 2,000	
	3. Directors Committee Meeting logistics costs	\$25,000	
	4. National Committee Meeting logistics costs		
	\$6,000/committee x 6 committees	\$36,000	
	5. Graphics and reproduction	\$10,000	
	6. Printing	\$10,000	

---

<sup>18</sup> "Equipment" means an article of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost that equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5,000. Includes office equipment and furnishings, such as computers, work stations, fax machines, telephones, and other items necessary to appoint a staff/organizational office.

7. Postage	\$ 5,000	
8. Telephone	\$ 8,000	
9. Office lease	\$15,000	
10. Dues/Memberships	\$ 500	
11. Books/Periodicals	\$ 500	
12. Computer software	\$ 2,500	
13. Fiscal Audit	<u>\$ 2,500</u>	
<b>Total Other</b>		<b>\$100,020</b>
<b>I. Total Direct Charges</b>		<b>\$462,199</b>
<b>J. Indirect Charges<sup>19</sup></b>		<b>\$ 36,976</b>
<b>K. TOTAL REQUEST (sum of direct and indirect costs)</b>		<b>\$499,175</b>

---

<sup>19</sup>**Indirect costs will be reimbursed at 8% of total allowable direct costs or actual indirect costs, whichever is less.**