

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Request for Applications (RFA) No. TI 03-012

**Services Grant Program for Residential Treatment for Pregnant and Postpartum
Women**

Short Title: *Pregnant and Postpartum Women (PPW)*

Part I- Programmatic Guidance

Application Due Date: July 23, 2003

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Table of Contents

[Note to Applicants: To prepare a complete application, “Part II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements,” must be used in conjunction with this document, “Part I - Programmatic Guidance.”]

Agency.....	Page 4
Purpose of this Announcement.....	Page 4
Non-Federal Matching Funds.....	Page 4
Who Can Apply.....	Page 4
Minimum Qualifications	
Reimbursement for Services	Page 5
Status as a Medicaid Provider	
Imposition of Charges	
RFA Application Kit.....	Page 6
How to Get an Application Kit.....	Page 6
Where to Send the Application.....	Page 6
Application Due Date.....	Page 7
How to Get Help.....	Page 7
Award Criteria.....	Page 7
Government Performance and Results Act (GPRA) and Evaluation Requirements.	Page 7
GPRA	
Local Evaluation	
Other Award Requirements.....	Page 9
Funding Restrictions.....	Page 10
Target Population.....	Page 11
Program Overview.....	Page 11
Background	
Goals	
General Agreements for Providing Services	
Required Supplemental Services	
Residential Treatment Phase and Length of Stay	
Phase-in Plan	
Use of Grant Funds for Incentives	
What to Include in Your Application.....	Page 14
Face Page	
Abstract	
Table of Contents	
Budget Form	
Project Narrative and Supporting Documentation	
Appendices 1-10	
Assurances	
Certifications	
Disclosure of Lobbying Activities	
Checklist	
Project Narrative – Sections A through D	Page 17
Section A: Understanding the Problem, Justification of Need, and Project Description	

Section B: Project Plan	
Section C: Evaluation/GPRA	
Section D: Project Management Plan, Organizational and Fiscal Capability	
SAMHSA’s Participant Protection Requirements	Page 22
Special Considerations and Requirements.....	Page 25
Appendices	
Appendix A: CSAT’s GPRA Strategy.....	Page 26
Appendix B: CSAT’s Core Client Outcomes.....	Page 31

Agency

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

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2003 grants to expand the availability of comprehensive, high quality residential treatment services for pregnant and postpartum women (postpartum refers to the period after childbirth-up to 12 months) who suffer from alcohol and other drug use problems, and for their infants and children impacted by the perinatal and environmental effects of maternal substance use and abuse.

It is expected that approximately \$3 million will be available for 6 to 9 awards in FY 2003. The average annual award will range from \$350,000 to \$500,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

Applications with budget requests that exceed \$500,000 will not be reviewed and will be returned.

Awards may be requested for up to 3 years. Annual continuation awards will depend on the availability of funds and progress achieved.

Non-Federal Matching Funds

Non-Federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than \$1 for each \$9 of Federal funds provided in years one and two, and not less than \$1 for each \$3 of Federal funds in any subsequent year. Matching funds must meet the same test of allowability as costs charged to Federal grants. Sources of matching funds are State and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Appendix 1** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from Federal sources.

Applications that do not contain documentation (in Appendix 1) that non-Federal matching funds are available **will not be reviewed.**

Who Can Apply?

Domestic public and non-profit private entities, including tribal governments/organizations, community- and faith-based organizations, may apply.

Minimum Qualifications

In accordance with Section 508 of the Public Health Service Act, the Single State Agency (SSA) for substance abuse must send a letter certifying that:

1. The applicant has the capacity to carry out the program described in this Request for Application (RFA);
2. The plans of the applicant for such a program (i.e., the application) are consistent with the policies of the SSA regarding the treatment of substance abuse; and
3. The applicant, or any entity through which the applicant will provide required services, meets all applicable local, city, county and State licensure or certification requirements regarding the provision of the services involved. (**NOTE:** If the applicant provides services in a State or community where licensure, accreditation, or certification is not required, the SSA must attest to this.)

The letter of certification, signed by the SSA, attesting to these three requirements must be included in **Appendix 2** of the application.

In addition, SAMHSA/CSAT requires that the applicant, if a provider, and all service providers involved in the project, have been providing substance abuse treatment services to the target population for a minimum of 2 years prior to the date of this application. Proof of 2 years experience must also be provided in **Appendix 2** of the application.

Applications that do not contain the required certification from the SSA and proof of 2 years of providing substance abuse treatment services in **Appendix 2 will not be reviewed.**

Reimbursement for Services

In **Appendix 3**, you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted below under **Status as a Medicaid Provider and Imposition of Charges**.

Status as a Medicaid Provider: Except for institutions for mental diseases as defined in section 1905(i) of the Social Security Act, applicants must show, in the case of any authorized treatment service available pursuant to the State plan approved under title XIX of the Social Security Act, that:

- The services will be provided directly, the applicant has entered into a participation agreement under the State plan, and the applicant is qualified to receive payments under this plan; or
- The applicant has or will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, the entity has entered into a participation agreement under the State plan and the entity is qualified to receive payments under the plan. This participation agreement shall be waived if the entity does not, in providing health care services, impose a charge or accept reimbursement from any third-party payor, including reimbursement under an insurance policy or under

any Federal or State health benefits plan. For further details see P.L. 102-321, Section 508(e)(2) (A), (B), and (C).

Imposition of Charges. If a charge is imposed for the provision of authorized services to an eligible woman, such charge—

- Will be made according to a schedule of charges that is made available to the public;
- Will be adjusted to reflect the income of the woman involved; and
- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of Management and Budget (OMB) and revised by the Secretary in accordance with section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

RFA Application Kit

SAMHSA application kits include the following:

- 1. PHS 5161-1 - (revised July 2000)** Face Page, Budget forms, Assurances, Certifications and Checklist.
- 2. PART I** - Instructions for the specific grant or cooperative agreement application.
- 3. PART II** - General guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this RFA are listed in this document under “Special Considerations and Requirements.”

You must use all three documents (PHS 5161-1, Part I and II) in completing your application.

How to Get an Application Kit:

- Call: *National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686* or
- Download **Part I, Part II and the PHS 5161-1** of the application kit from the SAMHSA web site at www.samhsa.gov. Click on “Grant Opportunities” and then “Current Grant Funding Opportunities.”

Where to Send the Application

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

Mr. Ray Lucero
Program Management Review Branch
OPS/SAMHSA
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, Maryland 20857

All applications MUST be sent via a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or e-mailed applications will not be accepted. CSAT will notify you by letter that your application has been received.

Be sure to type "TI 03-012" Pregnant and Postpartum Women" in Item Number 10 on the face page of the application form.

If you require a phone number for delivery, you may use (301) 443-9917.

Application Due Date

Your application must be received by July 23, 2003.

Applications received after this date must have a proof-of-mailing date from the carrier before July 16, 2003.

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

How to Get Help

For questions on program issues, contact:

Linda White Young
CSAT/SAMHSA
5600 Fishers Lane/Rockwall II, 7th Floor
Rockville, Maryland 20857
(301) 443-8392
E-Mail: lwhite1@samhsa.gov

For questions on grants management issues, contact:

Stephan Hudak
Division of Grants Management
OPS/SAMHSA
5600 Fishers Lane/ Rockwall II, 6th floor
Rockville, Maryland 20857
(301) 443-9666
E-Mail : shudak@samhsa.gov

Award Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as identified by a Peer Review Committee and approved by the CSAT National Advisory Council;
2. Availability of funds;
3. Evidence of the applicant's readiness and ability to provide or sub-contract needed services within the 60 day phase-in period, strength of the Memoranda of Understanding with key partners, availability of the facility and key staff, and access to the targeted population; and
4. Equitable geographic distribution of awards throughout the United States, subject to the availability of qualified applicants for the awards.

Government Performance and Results Act (GPRA) and Evaluation Requirements

GPRA

The U.S. Congress, through GPRA, mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating the effectiveness of Federal

activities and on measuring progress toward achieving national goals and objectives.

Grantees must comply with GPRA data collection and reporting requirements, including the collection of CSAT Core Client Outcomes as described in **Appendix B** of this document.

Also, grantees must collect baseline/intake GPRA data on all women served through the grant, and 6- and 12-month data on a minimum of 80 percent of all women in the intake sample. CSAT's GPRA strategy is described in **Appendix A** of this document.

CSAT's GPRA Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse, have no or reduced alcohol or illegal drug consequences, are permanently housed in the community, are employed, have no or reduced involvement with the criminal justice system, and have good or improved health and mental health status.

Grantees will enter GPRA information into the CSAT GPRA website at www.csat-gpra.org. CSAT will provide grantees with user names and passwords, and train grantees on data collection and data entry.

Local Evaluation

Grantees must conduct a local evaluation to determine the effectiveness of their project in meeting its goals and objectives, and those of the RFA. The evaluation should provide feedback on the effectiveness of specific treatment services for the women,

infants, and children being served, and inform areas of needed improvements.

Further, the applicant's local evaluation plan should include process and outcome components:

Process evaluation asks questions such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What impact did the deviations have on the planned intervention and evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) at what cost (facilities, personnel, dollars)?

Outcome evaluation asks questions such as:

- What was the effect of treatment on service participants?
- What program/contextual factors were associated with positive/negative outcomes?
- What client factors were associated with positive/negative outcomes?
- How durable were the effects?

Applicants should take into account their evaluation plan and GPRA data requirements when preparing the project budget.

Other Award Requirements

Technical Assistance: SAMHSA/CSAT will provide post award support to grantees through technical assistance on administrative, programmatic, and evaluation issues; data collection, analysis and interpretation; and development of reports, products, and publications.

Meetings: Grantees must attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. Grantees should budget for the following four project staff to attend the meetings: Program Director, Evaluator, Women’s Program Coordinator and Infants and Children’s Program Coordinator. These meetings will last up to three days and will likely be held in the Washington, D.C., Metropolitan area.

Facility Alterations and Renovations (A&R): If a residential facility is not adequate for the activities of the project, grantees may request up to \$75,000 for A&R. **New construction is not permitted.** A&R activities may be used to change the interior physical characteristics and install equipment in an existing facility to more effectively meet the programmatic requirements of the target population.

Facility Licensing: The residential treatment facility must meet all State and local building, housing, health, safety and fire code regulations, as well as other

applicable State and local child-care and residential facility licensing requirements.

Residential facility licensure requirements differ from those of treatment provider licensure, discussed in the Who Can Apply section. Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent, and may extend to staffing patterns with implications for the number and characteristics of the project staff.

In identifying a facility, the applicant must be particularly sensitive to the public health needs of this population, including vulnerability for TB, hepatitis, asthma, and environmental issues related to lead, asbestos, and mold.

Documentation of compliance with residential facility licensure requirements must be provided in the application in **Appendix 4.**

Notification: Within 30 days of receipt of an award, the grantee must notify the Single State Agency (SSA) and local governmental unit responsible for administering substance abuse treatment services. This notification assists State and local authorities in coordinating substance abuse treatment activities within their communities.

Collaboration: Accessing housing suitable for project activities may be facilitated by advance collaborations, memoranda of understanding (MOUs)/agreements (MOAs) with local Public Housing Authorities (PHAs). The Housing and Urban Development (HUD) Handbook 7465.1 REV 2, dated August 1987 (CH. 6) permits a PHA to designate select units for occupancy by members of a specific target

population, and/or contract with a social service provider to manage certain dwelling units, if it so chooses. A PHA may also submit a request for authorization from HUD to lease/modify dwelling space for non-dwelling purposes such as a substance abuse treatment center. PHAs and providers considering such approaches should discuss their proposals with the local HUD Field Office prior to the development of an application, and obtain any relevant assurances.

Reporting Requirements: Grantees must submit a summary of findings from project evaluations. The summary should include the number of women, infants and children served, and a description of the type, use and costs of services provided. This information is to be submitted in quarterly progress and evaluation reports, and in the final report (due 90 days after the project closes).

In addition, an annual non-competitive continuation application, which describes progress, accomplishments, process and outcome evaluation findings, and planned next steps, is required for continued funding. A financial status report, summarizing grant related expenditures is due annually.

CSAT will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting.

Continued Funding Considerations: SAMHSA/CSAT expects grantees to be accountable for the information provided in the application as it relates to the scope of services, goals and objectives, and the proposed number of women, infants, and children to be served by the project. In determining approval of requests for annual

continuation awards and “no cost” extensions (the use of unobligated funds beyond the end date of the grant), program officials will take into consideration a grantee’s progress, e.g., serving the number of clients proposed, and meeting reporting requirements.

Grantees will be responsible for ensuring that all direct providers of services involved in the proposed continuum of care are in compliance with local, city, county, and State licensing, certification and accreditation requirements, and that all MOUs/MOAs and subcontracts within the system of care remain current and active.

Publications: Grantees must inform the SAMHSA/CSAT Project Officer of any publications based on the grant project, and include a copy with the quarterly or final report. Also, grantees must inform SAMHSA/CSAT of publications occurring after the grant ends, and submit a copy of the publication.

Funding Restrictions

- Grant funds may not be used to provide services to incarcerated populations (defined as those persons in jail, detention facilities or in custody where they are not free to move about in the community).
- Grant funds may not be used to carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Grant funds may not be used to pay for pharmacologies for HIV

antiretroviral therapy, STDs, TB, or Hepatitis B and C.

Target Population

Low-income (as defined by federal poverty definitions) women, age 18 and over, who are pregnant and postpartum (the period after childbirth up to 12 months) their infants and children who have limited access to quality health services. SAMHSA/CSAT has identified traditionally underserved populations, especially racial and ethnic minority women, as an important subpopulation. SAMHSA/CSAT is especially concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans.

Program Overview

Background

In 1992, in accordance with the statutory authority, section 508 of the Public Health Service Act, SAMHSA developed a gender and culturally specific residential treatment program for pregnant and postpartum women. At that time, approximately 4 million women gave birth in the United States. In 1992, according to the National Household Survey of Drug Abuse (NHSDA) data, an estimated 221,000 of these women (5.5 percent) used an illicit drug at sometime during pregnancy.

Between 1993 and 1995, SAMHSA awarded a series of 5-year grants, including 24 PPW projects. An important objective of the program was to provide comprehensive services including prenatal care and other

services reducing the high prevalence of premature deliveries and related birth complications that occur among drug-abusing women.

A CSAT cross-site evaluation study of these programs found strikingly positive outcomes on low birth weight (LBW) deliveries, premature deliveries, and infant death. These outcomes were compared to outcomes for women in the general population and to the best available estimates of the rates of adverse outcomes that would have been likely had women continued abusing drugs throughout their pregnancies. The rate of LBW delivery among women in treatment was 5.8% compared to 7.5% for a national sample, and 34% for a comparison of women testing positive for cocaine at delivery. The rate of premature delivery among women in treatment was 7.3% compared to the national sample of 11.4% and a cocaine-using sample of 27%. The rate of infant death for women in treatment was 0.4% compared to the national sample of 0.7% and the cocaine-using sample of 1.2%.

At the conclusion of the first group of PPW awards, according to the NHSDA data, there was a significant decrease in the percentage of women reporting drug use in the month prior to interview: from 5.5 percent in 1992 to 2.5 percent in 1996/97. Recent NHSDA data show an increase from 2.5 to 3.7 percent amongst the same population, based on the 2000 and 2001 combined sample.

Also a recent NIDA study shows that children exposed to alcohol and illicit drugs are at-risk for birth defects, mental retardation, and later behavioral and learning difficulties. Other studies reveal that children who are raised by drug abusing

adults tend to exhibit a wide range of developmental, mental health and behavioral problems, and are themselves at higher risk for using alcohol and other drugs.

Providing comprehensive services to women during pregnancy significantly improves the lives of women and infants. Such services are also important after birth, since the effects of alcohol and drug use continue to have negative consequences for women, their children, and the entire family.

Goals

The PPW program is intended to provide cost effective, comprehensive residential substance abuse treatment services for women, infants, and children that can be sustained over time. The service system should address the individual needs of the target population, and preserve and support the family unit, while creating a safe and healthy environment for family members. This PPW program is designed to:

- Decrease the use and/or abuse of prescription, alcohol, tobacco, illicit, and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies; improve birth outcomes; and reduce related effects of maternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;

- Improve family functioning, economic stability, and quality of life; and
- Decrease involvement in and exposure to crime, violence, sexual and physical abuse, and child abuse and neglect.

General Agreements for Providing Services

Section 508 of the Public Health Service Act mandates that the required services are available to each woman entering the program. Therefore, in the **Project Narrative, Section B: Project Plan**, applicants must provide a statement agreeing to meet the following requirements, and demonstrate their capacity to do so.

- Services will be provided in a residential setting, in the language and cultural context that is most appropriate, and the program will be operated at a location that is accessible to the population served;
- Infants and minor children will reside with the mother in such facilities, if the mother so requests; and
- The grantee will provide the services directly or through formal agreements with other public or non-profit private entities.

To accomplish a comprehensive service system, SAMHSA recommends memoranda of understanding or agreements with key agencies and organizations, such as local public housing authorities (for permanent

housing for families), child welfare, health, mental health, and child serving agencies, family court, criminal justice, employment and education programs.

In **Appendix 5**, provide Memoranda of Understanding or Agreements with key agencies and organizations in the network of providers.

The applicant is required, in consultation with the women, to develop a comprehensive individualized service plan to meet the needs of the entire family. The plan must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, and supplemental treatment services, as required.

Required Supplemental Services

This section on supplemental services includes requirements under Section 508 and services that SAMHSA believes are necessary for comprehensive substance abuse treatment services for women and their children.

The following supplemental services must be provided either through the grant or through MOUs/MOAs with providers in the network.

Women

- Outreach, screening, and assessment;
- Detoxification;
- Substance abuse education and treatment;
- Medical, dental, other physical health care services, including diabetes, hypertension, prenatal and

postpartum health care; and referrals for necessary hospital services;

- Training in parenting;
- Education, screening, counseling, and treatment of Hepatitis, HIV/AIDS, other STDs, and related issues;
- Mental health assessment and treatment;
- Trauma-informed services, including assessment and interventions for emotional, sexual, and physical abuse;
- Employment readiness, training, and placement;
- Education and tutoring assistance for obtaining a GED and higher education;
- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities; and
- Transportation and other wraparound services.

Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants and children;
- Therapeutic interventions, including counseling, occupational and physical therapies;
- Pediatric health care, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal effects of maternal substance abuse, e.g., HIV;
- Social services and financial supports; and
- Education and recreational services.

Family

- Individual and family counseling/therapy;
- Alcohol and drug education;
- Parenting training; and
- Referral services for substance abuse, social, psychological, and medical services.

Case Management

- Coordinate services;
- Assess and monitor the extent to which required services are appropriate for women and children;
- Assist with community reintegration, before and after discharge, including referrals to appropriate resources; and
- Assist in accessing resources from Federal, State, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education and training.

Residential Treatment Phase and Length of Stay

Within the comprehensive continuum of care (residential, intensive day treatment, outpatient treatment, infrequent ambulatory services, follow-up, etc.) designed to provide services for the target population, SAMHSA/CSAT recommends that the intensive residential treatment phase of the continuum not exceed 12 months.

While the project may propose a residential phase for a specific time frame, e.g., 3, 6, 9, or 12 months, the selected treatment phase

should be consistent with the grantee's experience with and knowledge of the target population and what is reflected in the literature for women who have previously used such services. Grantees should use information about length of stay for this target population to more accurately estimate the number of women to be served by the project.

Ultimately, the woman's length of stay in the residential treatment phase should be guided by her individual service plan.

Phase-in Plan

In Appendix 6, Grantees are required to include a detailed plan with timelines, and a reasonable budget for the phase-in period, not to exceed 60 days from Notice of Grant Award.

Use of Grant Funds for Incentives

Applicant experience may indicate that modest incentives will be necessary to achieve the required 80 percent follow-up rate. In such cases, the maximum allowable incentive is \$20.00 or equivalent value in coupons, bus tokens, and personal care items, per follow-up interview.

What to Include in Your Application

In order for your application to be complete, 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 (SF) 424, which is part of the PHS 5161-1. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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 (SF) 424A, which is part of the PHS 5161-1 is to be used for the budget. Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

The Project Narrative describes your project. It consists of Sections A through D. These sections may not be longer than 25 pages. More detailed information about Sections A through D follows #10 of this checklist.

- Section A** – Understanding the Problem, Justification of Need, and Project Description

- Section B** – Project Plan
- Section C** – Evaluation/GPRA
- Section D** – Project Management Plan, Organizational and Fiscal Capability

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

- Section E** - Literature Citations. This section must contain complete citations, including titles, dates, and all authors, for any literature you cite in your application.
- Section F** - Budget Justification, Existing Resources, Other Support. You must provide a detailed budget and narrative justification of the items included in your proposed budget. Include the matching requirement in the budget. Use two columns: a) Federal funds, b) non-Federal match (cash or in-kind description and source). Include these columns on the SF 424A form (BUDGET INFORMATION – Non-Construction Programs) of the PHS-5161-1, Section A – Budget Summary: (e) and (f) and Section B – Budget Categories: (1) and (2). Also include a description of other existing resources and support you

expect to receive for the proposed project outside of the match. See Part II of the RFA, Example A.

❑ **Section G - 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 the individual with a current biographical sketch.

- Include job descriptions for key personnel. They **should not be longer than 1 page**.

- **Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.**

- ❑ **Section H - SAMHSA's Participant Protection.** The elements you need to address in this section are outlined after the Project Narrative description in this document.

❑ **6. APPENDICES 1 - 10**

- Use only the appendices listed below.
- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this RFA (reviewers will not consider them if you do).

- **Do not use more than 35 pages** (plus all instruments) for the appendices.

Appendix 1: Letter from the funding source attesting that the matching funds are available and are not derived from Federal sources.

Appendix 2: A letter signed by the SSA, certifying that the three requirements stated under Who Can Apply, Minimum Qualifications section, have been met.

Documentation of proof that all providers of substance abuse treatment services have been providing these services for a minimum of 2 years prior to the date of the application.

Appendix 3: Certifications of the applicant's intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See Reimbursement for Services section.

Appendix 4: Facility. Provide documentation that the facility meets all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child care and residential facility licensing.

Appendix 5: Memoranda of Understanding or Agreements with key agencies and organizations in the network of providers.

Appendix 6: Phase-in Plan. Include a detailed phase-in plan with timelines, and a reasonable budget for the phase-in period. The phase-in time may not exceed 60 days from the Notice of Grant Award.

Appendix 7: List of the service providers and a statement of their experience.

Appendix 8: Organizational Chart

Appendix 9: Copies of all Data Collection Instruments/Interview Protocols that you propose to use.

Appendix 10: Copies of Consent Forms. Title the Appendix, Sample Consent Forms. If not in English, provide English translations.

7. ASSURANCES

Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1.

8. CERTIFICATIONS

Use the "Certifications" forms, which can be found in PHS 5161-1. See Part II of the RFA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to

indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures for all SAMHSA applications for additional details.)

10. CHECKLIST
(Found in the PHS 5161-1)

You must complete the Checklist. See Part II, Appendix C of the RFA for detailed instructions.

Project Narrative
Sections A through D

In developing your application, use the instructions below that have been tailored to this program. These are to be used in lieu of the "Program Narrative" instructions found in the PHS 5161 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D **may not be longer than 25 pages.**

- **Your application will be reviewed and scored against the requirements described below for sections A through D. These sections also function as review criteria.**
- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA’s guidelines for cultural competence are included in Part II of the RFA, Appendix D.

Section A: Understanding the Problem, Justification of Need, and Project Description - 15 points

- Describe the need for the proposed services, as evidenced by objective indicators of alcohol and drug abuse in the target population; e.g., infant mortality and morbidity, FAS/FAE, CDC’s incidence data on infectious diseases such as AIDS, TB, and STDs; DAWN (Drug Abuse Warning Network) and ADAM (Arrestee Drug Abuse Monitoring) statistics, and other available indicators of need such as child well-being and family functioning indicators, which may be readily available and which can be extrapolated to your targeted population in your geographic area to be served.

- Provide a profile of substance abusing women who are pregnant and postpartum by age, language, sexual orientation, culture, literacy, disability, health challenges such as diabetes and hypertension, infant morbidity and mortality, and racial/ethnic characteristics.
- Provide a profile of infants and children who are likely to be served by the project. Include age, gender, and special needs resulting from maternal use and abuse of alcohol, tobacco, and other drugs.
- Fully describe existing services, including the number and type of current treatment services/slots/beds available and the number of people currently being served in the target area and in the applicant organization. Include the number of people on a waiting list, if there is one.
- Document the extent to which pregnant and postpartum substance abusing women exceed existing capacity for treatment services in your community.

Section B: Project Plan - 40 points

- Identify your proposed project goals and describe the appropriateness of these goals to the RFA goals outlined in the Program Overview section.
- Describe your proposed treatment strategies and approaches and discuss to what extent they are

relevant and achievable for the target population of women and their infants and children.

- State your agreement to comply with Section 508 of the Public Health Service Act. Describe your capacity to provide the required services listed in the Program Overview section, under General Agreements for Providing Services sub-section of the RFA.
- Discuss your ability to accommodate infants and children in the residential facility with their mothers, if the mother so requests.
- Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network. **In Appendix 7**, include a list of the service providers and a statement of their experience.
- Discuss the appropriateness of the service approaches for women, infants and children.
- State your agreement to coordinate and integrate services. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include MOUs and Agreements in **Appendix 5**.

- Describe how consumers will be involved in the planning and implementation of the project.
- Describe strategies for identifying and engaging women early in their pregnancy for maximum benefit of the mother and the infant (e.g., the first trimester), and retaining them in treatment.
- Describe the plan to address stigma associated with substance abuse and health related issues such as HIV/AIDS to facilitate successful reintegration into the community.
- Describe the continuing care component, including relapse prevention and strategies to access meaningful employment and permanent, safe, drug-free and affordable housing. Address special issues related to women who have been involved with the criminal justice system. Identify services provided to infants, children, and other family members.
- Demonstrate your ability to implement a gender-specific and culturally appropriate treatment project for women, infants, and children that is age and language sensitive, and considers sexual orientation, literacy, disability, race and ethnicity, as evidenced by the selection of treatment strategies and approaches and assessment tools.
- Describe your plans to preserve and reunite families, including specific family interventions and approaches that will stabilize and strengthen family relationships. Discuss whether or not

you plan to encourage participation of the fathers with their children. If so, discuss your approach.

- Demonstrate how the proposed project will have a significant impact on the needs of the target population during the project period. Show how you arrived at the number of persons to be served, and how the anticipated outcomes represent an effective use of the requested funds.

Section C: Evaluation/GPRA - 15 points

- Describe the local evaluation plan, including plans to assess process and client outcomes. The plan should include quantitative goals and objectives for treatment services in terms of the number of women, infants, and children served, types and cost of services provided, and outcomes to be achieved.
- Describe plans for data collection, management, analysis, and interpretation. Discuss the extent to which project staff, consumers, and other key stakeholders are involved in designing, implementing, and analyzing the data.
- Discuss the cultural appropriateness of the evaluation design and the instruments to be used, including their reliability and validity.
- Document the appropriateness of the proposed approaches for collecting quantitative and qualitative data on the target population. Address not only traditional reliability and validity but also sensitivity to age, gender, language, sexual orientation, culture, literacy,

disability and racial/ethnic characteristics of the target population.

- Describe plans and procedures to meet GPRA requirements, and how the local evaluation will be integrated with GPRA data. Applicants should consider GPRA data collection requirements when preparing the evaluation and program budget.
- Discuss your experience in conducting follow-up client interviews, whether incentives were used, their effectiveness, and any other specific methods that you may use to achieve an 80 percent response rate for follow-up interviews.
- Describe plans and procedures for reporting and disseminating the evaluation findings to the network of providers and to State and local governmental units responsible for serving the target population.

Section D: Project Management Plan, Organizational and Fiscal Capability - 30 points

- **In Appendix 8**, include an organizational chart.
- Provide a logical and feasible management plan and evidence of the following:
 - Organizational capability and experience in providing substance abuse treatment and related services for women, and their infants and children;

- Plans to include consumers in the planning and implementation of the project, which may be achieved through a community advisory board, reflective of the target population. If an advisory board is proposed, identify the role and responsibilities of the board;

- Adequate plans for all phase-in and implementation activities and a reasonable timeline for completion not to exceed 60 days from the Notice of Grant Award. Phase-in activities may include A&R, hiring and training staff, purchasing equipment, cross-training the network of providers, and admission of first clients;

- Memoranda of understanding/agreements delineating services comprising the comprehensive service system; and

- The availability, accessibility and adequacy of the residential facility.

- Describe the qualification/experience of the proposed project director, evaluator, consultants and staff. Discuss their specific qualifications for assessing and providing gender specific and culturally relevant treatment for pregnant and postpartum women. Specify their qualifications to provide specialized child developmental services.
- Describe your job selection process that will attract qualified key staff reflective of the target population. Job descriptions that address the

competency needs of the project design must be included in Section G of the RFA.

- Include a plan for training staff and cross training providers in the network on issues specific to the needs of women, infants, children and their family members.
- Provide evidence that required resources, not included in this Federal budget request are available, accessible, and adequate.
- Provide a preliminary plan to secure resources to sustain the services in this RFA when Federal funds end.
- Describe facilities and equipment available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate for the proposed project activities; accessible to the target population; and in compliance with the American Disabilities Act.
- State your agreement to participate in all technical assistance and training activities designed to support the project, including GPRA and local evaluation.

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

SAMHSA's Participant Protection Requirements

Part II of the RFA provides a description of SAMHSA's Participant Protection Requirements and the Protection of Human Subjects Regulations.

The evaluation requirements as described in the "Project Narrative" section of this RFA are subject to the SAMHSA Participation Protection (SPP) provisions. However, applicants who propose to implement more in depth evaluation activities may be subject to the Federal provisions at 45 CFR Part 46 (Protection of Human Subjects). In accordance with these provisions, evaluation approaches designed to conduct the systematic collection of data on individual clients require review and approval by an Institutional Review Board (IRB). These requirements apply whether SAMSHA's funds or funds from other sources are used to carry out the evaluation activities.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

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

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed:

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.

- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- 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.

- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services even if they do not complete the study.

4. Data Collection

- Identify from whom you will collect data; for example, participants themselves, family members, teachers, others. Describe the data collection procedure and specify the sources for obtaining data; for example, school records, interviews, psychological assessments, questionnaires, observation, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- **In Appendix 9**, provide “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- 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.**

6. Adequate Consent Procedures:

- 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.
- State:
 - Whether or not their participation is voluntary,

- Their right to leave the project at any time without problems,

- Possible risks from participation in the project,

- Plans to protect clients from these risks.

- 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 **must** get written informed consent.

- 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?

- **In Appendix 10**, include a copy of all consent forms that you plan to use. Title the section, "Sample Consent Forms." If not in English, 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.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data.
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion:

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, special considerations and requirements related to grants and cooperative agreements are found in **Part II** of the RFA. The policies and special considerations that apply to this program are:

- Population Inclusion Requirement
- Government Performance and Results Act
- Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse
- Promoting Nonuse of Tobacco
- Letter of Intent
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements
- SAMHSA Participant Protection

Appendix A

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. ^a
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.

^aGPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the 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 works closely with 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 the system is able to provide data 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 CSAT can 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 2002 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 the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an

annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSAT's "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into three broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Identify and implement best practices

For each GPRA [program] goal, a standard set of output measures has been identified for CSAT activities to provide the basis for establishing targets and reporting performance.

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 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 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. IDENTIFY AND IMPLEMENT BEST PRACTICES

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.^b Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, the Practice Improvement Collaboratives, and the Conference Grants.

^bMost, 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 other federal agencies that conduct 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.”^c 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.

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. 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.

^cUltimately, 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.

Appendix B
CSAT GPRA Client/Participant Outcome
Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 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 control number for this project is 0930-0208.

For **12-month** follow-up interview: During the past 6 months, what service type did the client receive in your program? (Check all that apply and give the number of weeks in each service type, the number of weeks for any one category must not exceed 24 weeks [24 weeks equals 6 months].)

- | | | | |
|-------|-------------------------|-------|-------|
| _____ | 1. Case Management | _____ | weeks |
| _____ | 2. Day Treatment | _____ | weeks |
| _____ | 3. Inpatient | _____ | weeks |
| _____ | 4. Outpatient | _____ | weeks |
| _____ | 5. Outreach | _____ | weeks |
| _____ | 6. Intensive Outpatient | _____ | weeks |
| _____ | 7. Methadone | _____ | weeks |
| _____ | 8. Residential | _____ | weeks |
| _____ | 9. TBD | _____ | weeks |
| _____ | 10. Other _____ | _____ | weeks |
| _____ | 11. Other _____ | _____ | weeks |
| _____ | 12. Other _____ | _____ | weeks |

B. DRUG AND ALCOHOL USE

- | | | |
|-----------|---|---|
| 1. | During the past 30 days how many days have you used the following: | Number of Days |
| a. | Any alcohol | <input type="text"/> <input type="text"/> |
| b1. | Alcohol to intoxication (5+ drinks in one sitting) | <input type="text"/> <input type="text"/> |
| b2. | Alcohol to intoxication (4 or fewer drinks and felt high) | <input type="text"/> <input type="text"/> |
| c. | Illegal drugs | <input type="text"/> <input type="text"/> |
| 2. | During the past 30 days, how many days have you used any of the following: | Number of Days |
| a. | Cocaine/Crack | <input type="text"/> <input type="text"/> |
| b. | Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane) | <input type="text"/> <input type="text"/> |
| c. | Heroin (Smack, H, Junk, Skag), or other opiates: | |
| | 1. Heroin (Smack, H, Junk, Skag) | <input type="text"/> <input type="text"/> |
| | 2. Morphine | <input type="text"/> <input type="text"/> |
| | 3. Diluadid | <input type="text"/> <input type="text"/> |
| | 4. Demerol | <input type="text"/> <input type="text"/> |
| | 5. Percocet | <input type="text"/> <input type="text"/> |
| | 6. Darvon | <input type="text"/> <input type="text"/> |
| | 7. Codeine | <input type="text"/> <input type="text"/> |
| | 8. Tylenol 2,3,4 | <input type="text"/> <input type="text"/> |
| d. | Non-prescription methadone | <input type="text"/> <input type="text"/> |
| e. | Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline | <input type="text"/> <input type="text"/> |
| f. | Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank) | <input type="text"/> <input type="text"/> |

- g. 1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope) |_|_|_|
- 2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal) |_|_|_|
- 3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy) |_|_|_|
- 4. Ketamine (known as Special K or Vitamin K) |_|_|_|
- 5. Other tranquilizers, downers, sedatives or hypnotics |_|_|_|
- h. Inhalants (poppers, snappers, rush, whippets) |_|_|_|
- i. Other Illegal Drugs (specify) _____ |_|_|_|

3. In the past 30 days have you injected drugs? Yes No

4. In the past 30 days, how often did you use a syringe, cooker, cotton or water that someone else used?
- Always
 - Frequently
 - Half the time
 - Sometimes
 - Never

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility)
- Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital, nursing home, jail/prison)
- Housed:
 - Own/rent apartment, room, or house
 - Someone else’s apartment, room or house
 - Halfway house
 - Residential treatment
 - Other housed (specify)

2. **During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?**

- Not at all
- Somewhat
- Considerably
- Extremely

3. **During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?**

- Not at all
- Somewhat
- Considerably
- Extremely

4. **During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?**

- Not at all
- Somewhat
- Considerably
- Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. **Are you currently enrolled in school or a job training program? (IF ENROLLED: Is that full time or part time?)**

- Not enrolled
- Enrolled, full time
- Enrolled, part time
- Other (specify)_____

2. **What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)**

|__| |__| Level in years

2a. **If less than 12 years of education, do you have a GED (General Equivalency Diploma)?**

- Yes
- No

• **Are you currently employed?** (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work)

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, volunteer work
- Unemployed, retired

- Unemployed, not looking for work
- Other (specify) _____

Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

		INCOME								
a. Wages	\$,					.00
b. Public assistance	\$,					.00
c. Retirement	\$,					.00
d. Disability	\$,					.00
e. Non-legal income	\$,					.00
f. Other (specify) _____	\$,					.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? _____ times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? _____ times
3. In the past 30 days, how many nights have you spent in jail/prison? _____ times

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- Excellent
- Very good
- Good
- Fair
- Poor

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

- | | | | |
|--------------------------------------|-----------------------|-----------------------|---|
| | No | Yes ⇒ | If yes, altogether
for how many nights
(DK=98) |
| i. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |

b. Outpatient Treatment for:

- | | | | |
|--------------------------------------|-----------------------|-----------------------|--|
| | No | Yes ⇒ | If yes, altogether
how many times
(DK=98) |
| i. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |

c. Emergency Room Treatment for:

No Yes ⇒ **If yes, altogether**
for how many times
(DK=98)

- i. Physical complaint _____
- ii. Mental or emotional difficulties _____
- iii. Alcohol or substance abuse _____

3. During the past 30 days, did you engage in sexual activity?
(ASK ONLY OF CLIENTS 18 YEARS OF AGE OR OLDER) (CSAT ONLY)

- Yes No

If yes, altogether
how many times
(DK=98)

- a. Sexual contacts (vaginal, oral, or anal) did you have? | | |
- b. Unprotected sexual contacts did you have? | | |
- c. Unprotected sexual contacts were with an individual who is or was:
 - 1. HIV positive or has AIDS | | |
 - 2. An injection drug user | | |
 - 3. High on some substance | | |

4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: (CSAT ONLY)

- a. Experienced serious depression | | |
- b. Experienced serous anxiety or tension | | |
- c. Experienced hallucinations | | |
- d. Experienced trouble understanding, concentrating, or remembering | | |
- e. Experienced trouble controlling violent behavior | | |
- f. Attempted suicide | | |
- g. Been prescribed medication for psychological/emotional problem | | |

4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days? (If you did not report any days to the items in question 4, skip to the next question.) (CSAT ONLY)

- Not at all
- Slightly
- Moderately
- Considerable
- Extremely

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- Male
- Female
- Transgender
- Other (specify) _____

2. Are you Hispanic or Latino?

- Yes
- No

If yes, what ethnic group do you consider yourself? (CSAT ONLY)

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other, specify _____

3. What is your race? (Select one or more)

- Black or African American
- Asian
- American Indian
- Native Hawaiian or other Pacific Islander
- Alaska Native
- White
- Other (specify) _____

4. What is your date of birth?

|__| |__| / |__| |__| / |__| |__| |__| |__|
Month / Day / Year

I. FOLLOW-UP STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. What is the follow-up status of the client?

- 0 = Not due yet
- 01 = Deceased at time of due date
- 11 = Completed within specified window
- 21 = Located, but refused, unspecified
- 22 = Located, but unable to gain institutional access
- 23 = Located, but otherwise unable to gain access
- 24 = Located, but withdrawn from project
- 31 = Unable to locate, moved
- 32 = Unable to locate, other

