

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**FY 2023 Grants to Expand Substance Use Disorder
Treatment Capacity in Adult and Family Treatment
Drug Courts**

(Short Title: SAMHSA Treatment Drug Courts)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-23-007

Assistance Listing Number: 93.243

Key Dates:

Application Deadline	Applications are due by March 6, 2023.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days of the application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for the fiscal year (FY) 2023 Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts program (Short Title: SAMHSA Treatment Drug Courts). The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services. Award recipients will be expected to screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders, screen for infectious diseases for which those with SUDs are at high risk and provide evidence-based and population appropriate harm reduction, treatment, and recovery support services. With this program, SAMHSA aims to improve abstinence from substance use, housing stability, employment status, social connectedness, health/behavioral/social consequences, and reduce criminal justice involvement.

Funding Opportunity Title:	Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (Short Title: SAMHSA Treatment Drug Courts)
Funding Opportunity Number:	TI-23-007
Due Date for Applications:	March 6, 2023
Estimated Total Available Funding:	Up to \$32,400,000
Estimated Number of Awards:	81 (At least 5 awards will be made to tribes/tribal organizations and at least 16 awards will be made to FTDCs, pending sufficient application volume from these groups and the strengths and weaknesses of the application as identified by peer reviewers.)
Estimated Award Amount:	Up to \$400,000 per year per award
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2023
Anticipated Award Date:	August 31, 2023

Length of Project Period:	Up to 5 years
Eligible Applicants:	<p>Eligible applicants are States, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or non-profit private entities.</p> <p>[See Section III-1 for complete eligibility information.]</p>
Authorizing Statute:	Section 509 (42 USC 290bb-2) of the Public Health Service Act, as amended.

Be sure to check the SAMHSA website periodically for any updates on this program.

All applicants MUST register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**
- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see [Appendix A](#) of this NOFO for all registration requirements).

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services.

The population of focus is adults diagnosed with a substance use disorder as their primary condition that participate in the Adult Tribal Healing to Wellness Courts, Family Treatment Drug Courts (FTDC) and Adult Treatment Drug Court (ATDC) models. These can include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, and Municipal Courts using the problem-solving court model.

Recipients will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective SUD treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Family drug court applicants will be expected to do the same with an added focus on family preservation and promoting the wellness of the family.

SAMHSA Treatment Drug Courts awards are authorized under Section 509 (42 U.S.C 290bb-2) of Public Health Service Act, as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project and should reflect SAMHSA's expectation of diversity, equity, and inclusion in the selection of staff.

The key personnel for this program will be the Project Director with a minimum level of effort of 0.20 FTE.

The Project Director must have direct experience working with an adult or family treatment drug court or adult tribal healing to wellness court, with an in-depth understanding of its operations and of Adult or Family Drug Court Best Practice Standards or Tribal Court Model Key Components. They must also be able to demonstrate an understanding of evidence-based substance use disorder (SUD) treatment, the role and scope of long-term recovery supports, and the long-term nature of SUDs.

If awarded, recipients will be notified by SAMHSA about whether the individual designated for this position has been approved. If recipients need to replace a Key Personnel during the project period, the individual proposed for the vacant position requires prior approval by SAMHSA after review of credentials of the staff member and the job description.

3. REQUIRED ACTIVITIES

Required activities are the activities that every recipient must implement. They must be reflected in the Project Narrative of your application. This is in response to [Section V](#) of this NOFO.

Project implementation is expected to begin by the fourth month of the award. **In the Project Narrative (B.1), applicants must indicate the total number of unduplicated individuals that will be served each year of the award and over the total project period. Recipients are expected to achieve the numbers that are proposed.**

SAMHSA expects drug court recipients to serve a minimum of 40 clients per year (a minimum of 35 clients per year for FTDCs). Applicants proposing to serve fewer than the minimum number of clients per year:

- Must provide a justification in [Section B: Proposed Implementation Approach](#) that details why they cannot meet the minimum expectation.
- Should consider applying for less than the maximum award amount of up to \$400,000 per year. Applicants are encouraged to apply only for the award amount which they can reasonably expend based on the activities proposed in their application, including the number of clients they propose to serve annually.

Treatment that includes medication is an evidence-based SUD treatment approach for alcohol and opioid use disorders (AUD and OUD, respectively) and SAMHSA supports the right of individuals to have access to FDA-approved medications. Applicants must provide affirmation, in [Attachment 9](#), that the treatment drug court(s) will not deny access to the program to any eligible client for initiating or continuing FDA-approved medications for SUD treatment. Specifically, methadone treatment must be permitted when rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program (OTP) and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication for the treatment of the individual's opioid use disorder. Further, any providers of SUD services with appropriate prescriptive authority must certify their willingness to prescribe, when clinically indicated, FDA-approved medications on Drug Enforcement Administration (DEA) Schedule III, IV, or V to treat opioid use disorder. This includes buprenorphine and naltrexone.

Similarly, medications available by prescription must be permitted when the following conditions are present:

- The client is receiving FDA-approved medications as part of treatment for a diagnosed AUD, OUD, or co-occurring medical or mental health condition;
- A licensed practitioner, acting within their scope of practice and license, has examined the client, and determined that the medication is a medically appropriate treatment for their AUD, OUD, or co-occurring medical or mental health condition; and
- The medication was appropriately authorized or dispensed through prescription by a licensed practitioner and within the context of a patient-practitioner relationship.

In all cases that medications are utilized, including for OUD, these medications must be permitted to be continued for as long as the treating practitioner determines that the medication is medically beneficial. Recipients must assure that a drug court client will not be compelled to no longer take a medication as part of the conditions of the drug court, if such a mandate is inconsistent with a licensed practitioner's recommendation or valid prescription. Under no circumstances may a drug court judge, other judicial official, correctional supervision officer, or any other staff connected to the identified

drug court deny the use of these medications when made available to the client under the care of a properly authorized practitioner and pursuant to regulations within an OTP or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of misuse or diversion of these medications.

Funds must be used to expand access to treatment services for SUD and/or co-occurring substance use and mental disorders in existing ATDCs, FTDCs, and Adult Tribal Healing to Wellness Courts. This program is not intended to provide start-up funds to create new ATDCs, Adult Tribal Healing to Wellness Courts, or FTDCs. Eligible drug courts must be operational on or before April 1, 2023. Operational is defined as having a set of cases and seeing clients in the drug court. By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the treatment drug court(s) applying for funds or partnering, but not as the applicant, is operational, as defined above, on or before April 1, 2023.

Award recipients must use SAMHSA's funds to primarily support direct services. This includes the following activities:

- Screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate harm reduction, treatment, and/or recovery interventions and treatment plans. Ensure screening and assessments provide equitable access to drug courts for racial, ethnic, sexual and gender minority groups.
- Screen for infectious diseases for which those with SUDs are at high risk, including HIV and viral hepatitis (hepatitis A, B, and C), with appropriate referral and follow-up to assure treatment if screening tests indicate infection, and vaccination for those infectious diseases for which a vaccine is available.
- Provide evidence-based and population appropriate treatment services to meet the unique needs of diverse populations at risk. Treatment services must include the use of FDA-approved medications in the treatment of opioid use disorder and medication management, outpatient, day treatment (including outreach-based services), intensive outpatient, or residential programs.
- Provide recovery support services (e.g., recovery housing, peer support services, childcare, supported employment, skills training and development, and transportation services) that provide emotional and practical support to maintain client/participant remission. If peer support services are provided, they should be designed with, and, delivered by individuals who have experience with the criminal justice system, have experienced a SUD, or co-occurring substance use

and mental disorders, and are in recovery. (Note: Funds may be used to purchase such services from another provider.)

- FDTC recipients must provide specific services and supports related to the preservation of the family including, but not limited to, family counseling and family recovery support services.
- FDTC recipients must collaborate with community partners that are trained and can serve diverse populations to provide comprehensive services (e.g., child welfare agencies as referral sources and other agencies that can address the needs of children).
- Provide comprehensive case management plans that directly address risks for recidivism, as determined by validated risk assessments, and include delivery or facilitation of services to appropriate clients, including substance use and cognitive behavioral interventions, to address needs and reduce those risks.
- Implement the key components of the drug court model. These key components and standards can be found in [Appendix M](#), [Appendix N](#) and [Appendix O](#). In Section B of the Project Narrative, applicants must describe how they will meet the key components of the drug court model(s) for which they are proposing to expand treatment for SUDs, co-occurring substance use and mental disorders, harm reduction, and recovery support services. (If the applicant is not the drug court, see MOU guidance below.)
- Provide language access services (to include interpretation, translation, disability accommodations, and accessibility) to support required activities as applicable.

If an applicant is not a drug court, or the government entity applying on behalf of the drug court (e.g., state, county, or local government), you **must** submit in **Attachment 11** a Memorandum of Understanding (MOU) with the drug court(s), signed by the applicant and the Drug Court Administrator and judge(s) that:

- Describes how the applicant will coordinate directly with the drug court(s) for which funding is being sought and clearly delineate the authority, responsibility, and roles of court staff and recipient staff for implementing the program goals and objectives, especially related to delivery of SUD treatment, harm reduction, and recovery support services.
- Reflects an agreement that the applicant will serve as the fiscal agent.
- Describes how the applicant and the drug court(s) will partner to ensure the collecting of GPRA data requirements at the three (3) points of collection.
- Describes the roles and responsibilities of the Project Director, including:

- That the Project Director is an active member of drug court team. The minimum 0.20 FTE level of effort dedicated to the program may be paid by the court (in-kind) or through contract with the grant recipient.
 - Confirmation that the Project Director meets the requirements outlined under Key Personnel.
- Addresses the overall objectives of the drug court program and affirms commitment to the implementation of the evidence-based program principles included in the National Association of Drug Court Professionals (NADCP) key components and drug court best practice standards.
 - Demonstrates that the drug court(s) has/have sufficient referral sources for participants for the drug court(s) that meet the outlined client requirements so the applicant can meet the identified client target numbers.

Only one Project Director is required. If the recipient is not a drug court, or the government entity applying on behalf of the drug court (e.g., state, county, or local government), the Project Director can either be an employee of the recipient or the court.

NOTE: If the MOU is not responsive to each requirement, the application will be screened out and not be reviewed.

4. ALLOWABLE ACTIVITIES

Allowable activities are an allowable use of funds but are not required. Allowable activities may include:

- Develop and implement tobacco cessation programs, activities, and/or strategies.
- Provide recovery housing for program participants.
- Provide training on behavioral health implementation for the national CLAS standards to service providers to increase awareness and acknowledgment of differences in language, age, culture, racial and ethnic disparities, socio-economic status, religious beliefs, sexual orientation and gender identity, and life experiences in order to improve the inclusiveness of the service delivery environment and ultimately improve behavioral health outcomes.
- Provide activities that address behavioral health disparities and the social determinants of health.
- Implement efforts aligned to the award that may expand diversity equity, inclusion, and accessibility.

- Use data to understand who is served and disproportionately served (e.g., overserved or underserved).
- Develop and implement outreach and referral pathways that engage/target all demographic groups representative of the community.
- Assess for and respond to the needs of individuals and families served by the program who are at risk for or experiencing homelessness. This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless Coordinated Entry systems.

Infrastructure Development optional allowable activity (maximum 15 percent of the total award for the budget period)

Although awards for the provision of services must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15 percent of the total award for the types of infrastructure development listed below, if necessary, to support the direct service expansion of the project. You must describe in Section B of your Project Narrative the use of funds for infrastructure activities which may include:

- Developing partnerships with other providers for service delivery and stakeholders serving the population of focus.
- Training/workforce development to help project staff gain skills necessary to utilize new computer system/management information system/ EHRs, etc. funded through this service award.
 - Note: Computer systems/management information systems/ EHRs, health information technology (HIT), and other IT systems are considered administrative costs, which are not recoverable directly from grants, but rather must be allocated to all awards, projects, and cost centers over an entire cost accounting period through a federally negotiated indirect cost rate or an approved de minimis rate (if eligible). For more information on the requirements of implementing, acquiring, or upgrading HIT, see: (a) <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B>; (b) HITECH Act; (c) <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>; and (d) <https://www.healthit.gov/isa/>.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance use issues or provide effective culturally and linguistically competent services consistent with the purpose of the program.

5. USING EVIDENCE-BASED PRACTICES

SAMHSA's awards for the provision of services are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by documented research evidence. Applicants are encouraged to visit the SAMHSA Evidence-Based Practice Resource Center (www.samhsa.gov/ebp-resource-center) and SAMHSA's National Network to Eliminate Disparities in behavioral health (NNED) (<https://nned.net/>) to identify evidence-informed and culturally appropriate mental illness and substance use prevention and treatment practices that can be implemented in your project.

Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

In your Project Narrative, in response to Section C of [Section V](#) of this NOFO, you will need to identify the evidence-based practice(s) and/or interventions that are evidence-informed and/or culturally promising that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and address how you will monitor and ensure fidelity of EBPs and other appropriate interventions. In situations where an EBP is appropriate but requires additional culturally informed engagement practices, this should be discussed in the application.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in your Project Narrative in response to Section E: Data Collection and Performance Measurement in [Section V](#) of this NOFO.

Recipients are required to report performance on the following measures:

- number of individuals served
- diagnoses
- abstinence from substance use
- housing stability
- employment/education status
- social connectedness
- health/behavioral/social consequences
- access to treatment
- treatment(s) provided
- retention in treatment
- criminal justice involvement

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool (i.e., National Outcome Measures (NOMs) or NOMS client level services tool) can be found [here](#)). Data will be collected via an interview using this tool at three data collection points at baseline (i.e., the client's entry into the project), discharge, and six months post baseline. Recipients will be expected to do a GPRA interview on all clients for their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Data are to be submitted through the specific online data collection tool within seven days of data collection or as specified after award. GPRA training and technical assistance will be offered to recipients.

The collection of these data enables SAMHSA to report on key outcome measures relating to the program. In addition to these outcomes, performance measures collected by recipients will be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.

FTDC recipients will also be required to collect and report data on the children of parents and other family members participating in the FTDC, as well as family functioning outcomes such as:

- Number and type of services provided to children and additional family members.
- Number of children placed in out of home care.
- Re-entries to out of home care/foster care.
- Number of children reunited with parents after being removed from the home and placed in temporary placement.

This information will be included in the semi-annual progress report see Section VI.3.

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

In addition, recipients are required to report on their progress addressing the goals and objectives identified in your Project Narrative. Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project.

Performance assessments should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Recipients should also review the behavioral health Disparities Impact Statement (DIS) submitted within the first two months of the award. See [Section VI.3](#) for information on required progress reports.

Note: See [Appendix E](#) and [Appendix F](#) of this NOFO for more information on responding to this section.

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.¹

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery oriented recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster: *Health*—managing one’s illnesses or symptoms and making informed healthy choices that support physical and emotional wellbeing; *Home*—a stable and safe place to live; *Purpose*—meaningful daily activities such as a job or school; and *Community*—supportive relationships with families, friends and peers. Recovery oriented systems of care embrace recovery as: emerging from hope; person-driven; occurring via many pathways; holistic; supported by peers and allies; culturally-based and informed; supported through relationship and social networks; involving individual, family, and

¹ “**Behavioral health**” means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

community strengths and responsibility; supported by addressing trauma; and based on respect.

Trauma-informed Approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. SAMHSA defines a trauma-informed approach through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer support*: peer support and mutual self-help are key as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: Organizational decisions are conducted with the goal of building and maintaining trust with participants and staff;
- *Collaboration and Mutuality*: importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.²

It is critical recipients promote the linkage to recovery and resilience for those individuals and families impacted by trauma.

Behavioral health equity is the right to access high quality and affordable health care services and supports for all populations regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practice, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Language Access Provision. Per Title VI of the Civil Rights Act of 1964, recipients of Federal financial assistance must take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English Proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and,

² https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See [Appendix K](#))

Behavioral Health Disparities

If your application is funded, you will be expected to develop a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. (See [Appendix H](#)). Progress and evaluation of DIS activities will be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all, and to identify racial, ethnic, sexual and gender minority populations at highest risk for experiencing behavioral health disparities as part of their projects. The purpose of the DIS is for recipients to identify and address health disparities³ and to develop and implement an action plan with a disparity reduction, quality improvement process to close the identified gap(s). The aim is to achieve targeted behavioral health equity⁴ for disparate populations and improve systems.

The behavioral health disparity impact statement is in alignment with the expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their application. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.

Tobacco and Nicotine Free Policy

³ Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

⁴ Behavioral health equity the right to access high quality and affordable health care services and supports for all populations regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with quality services, this involves addressing social determinants of health, such as employment and housing stability, insurance status, proximity to services, and culturally responsive care – all of which have an impact on behavioral health outcomes.

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Reimbursements for the Provision of Services

Recipients must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are responsible for making the determination of affordability and insurance coverage and must have policies and procedures in place to address these areas. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Behavioral Health for Military Service Members and Veterans

SAMHSA encourages all recipients to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population face, SAMHSA encourages all recipients to address the behavioral health needs of the LGBTQI+ population in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

8. RECIPIENT MEETINGS

Recipient meetings will be held virtually, and recipients are expected to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	Up to \$32,400,000
Estimated Number of Awards:	81 (At least 5 awards will be made to tribes/tribal organizations and at least 16 awards will be made to FTDCs, pending sufficient application volume from these groups and the strengths and weaknesses of the application as identified by peer reviewers.)
Estimated Award Amount:	Up to \$400,000 per year per award
Length of Project Period:	Up to 5 years
Anticipated Start Date	9/30/2023

Proposed budgets cannot exceed \$400,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations
- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such

governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.

Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V awards/contracts) means a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25 U.S.C. § 1603. UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

Eligible Adult Treatment Drug Court (ATDC) models include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, and Municipal Courts using the problem-solving model. Adult Tribal Healing to Wellness Courts (ATHWC) and Family Treatment Drug Courts (FTDC) are eligible to apply.

Recipients who received funding in FY 2019 under Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts (TI-19-002), are not eligible to apply for this funding opportunity.

Recipients who received funding in FY 2019 under Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts (TI-19-001) are not eligible to apply for this funding opportunity.

Recipients who received funding in FY 2020, FY 2021, or FY 2022 under Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts (TI-20-003 and TI-22-010) are not eligible to apply for this funding opportunity.

It is allowable to apply on behalf of one or more drug courts (ATDC, Adult Tribal Healing to Wellness Courts or FTDC) either through a single application or several applications. When an eligible entity applies on behalf of multiple drug courts, the applicant is the award recipient and the entity responsible for satisfying the grant requirements. See Section III.3 Other Requirements for more information.

It is recommended that you review information on eligibility in [Appendix C](#) of this NOFO.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

- When the applicant is not the drug court, or multiple drug courts are included in a single application, Letters of Commitment from each ATDC, Adult Tribal Healing to Wellness Courts, or FTDC judge must be included in **Attachment 9** stating they intend to meet the award reporting requirements.
- An organization may submit more than one application; however, each application must focus on a different population of focus or a different geographic/catchment area(s).
- The Project Narrative must not exceed 10 pages. If the Project Narrative is over 10 pages, the application will not be considered for review.
- **Evidence of Experience and Credentials**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All Required Activities must be provided by applicants directly, by subrecipients, or through referrals to applicant partner agencies. Applicants must submit evidence under Attachment 1 of their application meeting three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client substance use disorder/mental health treatment services appropriate to the award must be involved in the proposed project. The provider may be the applicant, or another organization committed to the project. More than one provider organization may be involved.
- Each mental health/substance use disorder treatment provider organization must have at least two years of experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years).
- Each mental health/substance use disorder treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental

health/substance use disorder treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following application review, if your application's score is within the fundable range, the GPO may contact you to request that additional documentation be sent by email or uploaded through eRA Commons, or to verify that the documentation you submitted is complete. **If the GPO SAMHSA does not receive this documentation within the time specified, your application will not be considered for an award.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package specific to this funding opportunity can be accessed through [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to difficulties with internet access, SAMHSA understands that applicants may have a need to request paper copies of materials, including forms and required documents. See [Appendix A](#) for more information obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

The standard and supporting documents that must be submitted with the application are outlined below and in [Appendix A - 2.2](#) Required Application Components of this NOFO.

All files uploaded as part of the application must be in Adobe PDF file format. See [Appendix B](#) of this NOFO for formatting and validation requirements.

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance. See [Appendix A - 3.2](#) Waiver of Electronic Submission of this NOFO.

- **SF-424** – Fill out all Sections of the SF-424.
 - In **Line #4** (i.e., Applicant Identifier), input the Commons Username of the PD/PI.
 - In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 9/30/2023; b. End Date: 9/29/2028)

New applicants should review the sample of a [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using instructions below. **The totals in Sections A, B, and D must match.**
 - **Section A – Budget Summary:** If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
 - **Section B – Budget Categories:** If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, you must use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
 - **Section C** –If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.
 - **Section D – Forecasted Cash Needs:** Input the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - **Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:** Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if you are requesting funds for five years in total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years). - (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

See [Appendix B](#) of this NOFO to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

The following pdfs are samples of completed SF-424A forms:

- [Sample SF-424A \(No Match Required\)](#)

A link to a sample budget form and justification is provided in [Appendix L](#) of this NOFO. **It is highly recommended that you use this sample budget format. This will expedite review of your application.**

- **PROJECT NARRATIVE – (Maximum 10 pages total)**

The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V.1](#) – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**

The budget justification and narrative must be submitted as a file entitled “BNF” (Budget Narrative Form) when you submit your application into Grants.gov. (See [Appendix A](#) – 2.2 Required Application Components.)

- **ATTACHMENTS 1 THROUGH 11**

Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Label the attachments as: Attachment 1, Attachment 2, etc. (Use the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

- ***Attachment 1: Letters of Commitment***

1. Identification of at least one experienced, licensed mental health/substance use treatment provider organization.
2. A list of all direct service provider organizations that have agreed to partner in the proposed project, including the applicant agency, if it is a service provider organization.
3. Letters of Commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them if you do.)**
4. Statement of Certification - You must provide a written statement certifying that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***

If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3: Sample Consent Forms**
Forms to be submitted include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.
- **Attachment 4: Project Timeline**
This attachment is scored by reviewers. Maximum of 2 pages. See instructions in Section V, B.3 of this NOFO.
- **Attachment 5: Biographical Sketches and Position Descriptions**
See [Appendix G](#) of this NOFO for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.
- **Attachment 6: Letter to the Single State Agency (SSA)**
See [Appendix J](#) of this NOFO for Intergovernmental Review (E.O. 12372) Requirements, if applicable.
- **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**
This attachment is in response to [Appendix D](#) of this NOFO and is a **required attachment**.
- **Attachment 8: Documentation of Non-profit Status**
All non-profit entities must submit documentation of their non-profit status. Any of the following is acceptable documentation:
 - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code;
 - A copy of a currently valid Internal Revenue Service tax exemption certificate;
 - A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status;
 - A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status; or
 - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.
- **Attachment 9: Judicial Letter of Commitment/Certification.** Applicants must submit Letters of Commitment from each partnering/collaborating ATDC, Adult Tribal Healing to Wellness Courts, and/or FTDC judge(s) stating

they intend to meet the award requirements, including reporting requirements and the use of MAT. The letters must specify that the drug court judge(s) will not: 1) deny any appropriate and eligible client for the adult treatment drug court access to the program because of their use of FDA-approved medications to treat an SUD (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that was appropriately authorized through prescription by a licensed practitioner; and 2) mandate that a drug court client no longer take medications as part of the conditions of the drug court if such a mandate is inconsistent with a practitioner's recommendation or prescription.

- **Attachment 10: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.** You are required to complete Form SMA 170 if your project is offering substance use prevention or treatment services. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachment 11: Required MOU for Non-Drug Courts.** When the applicant is not a drug court, the applicant must submit a Memorandum of Understanding (MOU) with the drug court(s) that addresses the MOU requirements listed below. **If the MOU is not responsive to each requirement, the application will be screened out and not be reviewed.** The MOU with the drug court(s) is required to be signed by the applicant, the Drug Court Administrator, and judge(s) and:
 - Describes how the applicant will coordinate directly with the drug court(s) for which funding is being sought and clearly delineate the authority, responsibility, and roles of court staff and grant recipient staff for implementing the program goals and objectives, especially related to delivery of SUD treatment, harm reduction, and recovery support services.
 - Reflects an agreement that the applicant will serve as the fiscal agent.
 - Describes how the applicant and the drug court(s) will partner to ensure the collecting of GPRA data requirements at the three (3) points of collection.
 - Describes the roles and responsibilities of the Project Director, including:
 - That the Project Director is an active member of drug court team. The minimum 0.20 FTE level of effort dedicated to the grant program may be paid by the court (in-kind) or through contract with the grant recipient.
 - Confirmation that the Project Director meets the requirements outlined under Key Personnel.

- Addresses the overall objectives of the drug court program and affirms commitment to the implementation of the evidence-based program principles included in the National Association of Drug Court Professionals (NADCP) key components and drug court best practice standards.
- Demonstrates that the drug court(s) has/have sufficient referral sources for participants for the drug court(s) that meet the outlined client requirements so the applicant can meet the identified client target numbers.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

See [Appendix A](#) for information about the three registration processes that must be completed including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must continue to maintain an active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)).

4. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 6, 2023**. If an organization is submitting more than one application, the project title should be different for each application.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. See [Appendix A](#) of this NOFO for information on how to submit the application.

All applicants MUST register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**
- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

Applicants must also register with SAM and Grants.gov (see [Appendix A](#) for all registration requirements).

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project are below. Be sure to identify these expenses in your proposed budget.

- No more than 15 percent of the total award for the budget period may be used for developing the program infrastructure necessary for expansion of services.
- No more than 20 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix I](#) – Standard Funding Restrictions.

6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See

[Appendix J](#) for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See [Appendix A](#) for specific information about submitting your application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to your response to the requirements in Sections A-E.

In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-E) together may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You do not need to type the full criterion in each section. You only need to include the letter and number of the criterion. You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual questions, each question is assessed in deriving the overall Section score.
- Any cost sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need (10 points – approximately 1 page)

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered that aligns with the intended population of focus of this program. Provide a demographic profile of the population of focus in

terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps, disparities, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1 as it relates to the program. Identify the source of the data.

SECTION B: Proposed Implementation Approach (30 points – approximately 5 pages not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives (see [Appendix E](#) of the proposed project and align them with the Statement of Need described in A.2. Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement all of the Required Activities in Section I. If you plan to use funds for infrastructure development, describe how those funds will be used.
3. In **Attachment 4**, provide a chart or graph depicting a realistic timeline for the entire 5 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I [NOTE: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than **four months** after the award. **The timeline cannot be more than two pages and should be submitted in Attachment 4.**] The recommendation of pages for this section does not include the timeline.

SECTION C: Proposed Evidence-Based Service/Practice (25 points approximately 2 pages)

1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications (e.g., cultural) that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
2. Describe how you will monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices that will be implemented.

SECTION D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each partner must be included **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.
2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and) and other significant personnel. For each staff member describe their:
 - Role,
 - Level of Effort, and
 - Qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

SECTION E: Data Collection and Performance Measurement (20 points – approximately 1 page)

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program (See [Appendix F](#)). Describe your quality improvement efforts and explain how you will use the data to address your identified behavioral health disparity(ies) and close the gap(s).

**2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT
(Other federal and non-federal sources)**

You must provide a narrative justification of the items included in your proposed budget. You must also provide a narrative description of existing resources and other support you expect to receive for the proposed project as a result of cost matching. Other support is defined as funds or resources, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Although non-federal share may not be required, if an applicant proposes non-federal resources in their budget, they will be held to submission of the non-federal resources. These must be reported on the financial reports. If recipients fail to meet their proposed amount or percentage, that could be grounds for a cost disallowance.

An illustration of a budget and narrative justification is included in [Appendix L](#) – Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your proposed budget must reflect the funding limitations/restrictions specified in [Section IV-5](#). **Specifically identify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

The Project Narratives of SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund an award are based on:

The strengths and weaknesses of the application as identified by peer reviewers. The results of the peer review are advisory in nature.

The program office and approving official make the final determination for funding based on the following;

- When the Individual award is over \$250,000, approval by the Center for Substance Abuse Treatment National Advisory.
- At least 5 awards to tribes/tribal organizations pending sufficient application volume from these groups and the strengths and weaknesses of the application as identified by peer reviewers;
- At least 16 awards will be made to FTDC pending sufficient application volume from these groups and the strengths and weaknesses of the application as identified by peer reviewers;
- Availability of funds;
- Equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus, program size, and program type;
- SAMHSA may select awards for funding that best reach underserved communities and/or populations;
- Submission of any required documentation that must be submitted prior to making an award; and
- SAMHSA is required to review and consider any information about your organization that is in the Federal Award Performance and Integrity Information System (FAPIS). In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum

qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application in accordance with 45 CFR 75.205(a)(2), SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently, FAPIIS]. You may review and comment on any information about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the BO's email address identified in the Authorized Representative section email field on page 3 of the SF-424; and 2) the email associated with the Commons account for the Project Director (section 8 Item f on page 1 of the SF-424). Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the project. Information about what is included in the NoA can be found at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa>.

If your application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website - . <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. See [Appendix K](#) for specific information about administrative and national policy requirements.

3. REPORTING REQUIREMENTS

Recipients will be required to submit semi-annual progress reports at 6 months and 12 months. The six-month report is due no later than 30 days after the end of the second quarter. The annual report is due within 90 days of the end of each budget period. The reports must discuss:

- Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving populations of focus;
- Efforts to overcome these barriers;
- Evaluation activities for tracking DIS efforts; and
- A revised quality improvement plan if the DIS does not meet quality of care requirements as stated in the DIS.

A final performance report must be submitted within 120 days after the end of the project period. The final performance report must be cumulative and report on all activities during the entire project period.

Management of Award:

Successful applicants must also comply with the following standard award management reporting requirements at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>, unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program related and eligibility questions contact:

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(240) 276-1609
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For fiscal/budget related questions contact:

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For review process and application status questions contact:

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