

documented and evaluated. However, these grants are not intended to support development of entirely new practices. The practices must be in place and operational prior to application, and you must have at least anecdotal evidence that the practice is effective.

You may apply for a combination of Phases I and II in a single grant application if you have identified a priority gap for which a fully developed and documented practice currently does not exist.

- During Phase I, you will further develop and document the practice.
- During Phase II, you will evaluate the practice.

At the conclusion of Phase I, SAMHSA staff will review your progress to determine whether Phase II is warranted. This decision will be based on review of the documentation required by the end of Phase I, as described under the Performance Expectations section below. You must provide compelling evidence that the practice has been sufficiently developed and documented to be evaluated and has produced positive results.

For practices that are already fully developed, implemented, stabilized, and documented but that have not yet been formally evaluated, you may apply for Phase II only. Applications for Phase I alone will not be accepted.

Depending on your readiness, you may receive a combination of Phases I and II for a period of up to, but not more than, 5 years. You may apply for a shorter grant period than the maximum, and SAMHSA may award a grant for a shorter time period than you request.

2. Establishing Need

Service-to-Science grants are intended to develop solutions to widespread needs. This grant program is not intended to address a local community's need for funds to solve a local problem. Therefore, you must demonstrate that the broader substance abuse and/or mental health field—not just your local community—has a need for the practice. You must also show that no well-documented solution to the problem exists, and that your local community can support an evaluation that will increase the knowledge base of the field.

3. Allowable Activities

Phase I: Practice Development and Documentation

In Phase I, you will further develop and document the practice. The types of activities that may be needed and that are allowable include, but are not limited to, the following:

- Strategic planning
- Convening stakeholder meetings

- Training of practitioners
- Efforts to overcome policy and funding barriers to practice stability
- Development of an action plan for systematizing and stabilizing the practice
- Development of a practice support system
- Developing needed partnerships for ongoing implementation
- Logic model development
- Documentation of core elements of the practice
- Practice manual development
- Measurement instrument development/selection
- Participant recruitment
- Development of quality assurance and accountability mechanisms
- Implementation and refinement of the practice
- Implementation process evaluation
- Management information system development

Collection of pilot outcome data

Phase II: Practice Evaluation

During Phase II, SAMHSA will (if necessary) continue to fund implementation of the practice being evaluated. Other types of allowable activities include, but are not limited to, the following:

- Convening relevant stakeholder meetings
- Alignment of management information systems with data collection needs
- Training evaluators
- Measurement instrument development/selection
- Data collection
- Database management
- Data and cost analysis
- Dissemination of results
- Refinement of logic model and practice manual based on evaluation results

4. Performance Expectations

All grantees will be expected to meet the following performance requirements by the end of their grant projects.

Phase I

By the end of Phase I, documentation for the practice must include:

- A logic model depicting the theory underlying the practice.
- A manual describing the practice in detail that would allow others to replicate the practice.
- Documentation of how critical stakeholders were included in the development of the practice.
- A detailed description of the population that the practice is designed to serve, and demographic characteristics of the people served by the practice over the past year.

• Documentation that the number of people being served by the practice has been stabilized.

• Documentation of the number and percentage of staff trained in the practice, and a mechanism for ongoing training for any new staff.

• A process evaluation demonstrating that the practice is in full operation and that a routine service delivery process is in place.

• Pilot outcome results. (Note: Collection of these data need not include an extensive set of outcomes systematically collected on all participants, but quantitative project data should provide some indication that key outcomes are being achieved.)

Phase II

By the end of Phase II, the evaluation of the practice must have demonstrated that:

- Key outcome measures have been clearly identified and defined.
- Participant data collection systems are in place that include:
 - Demographic characteristics;
 - Practice outcomes;
 - Service utilization;
 - Service delivery costs; and
 - Satisfaction with services.
- Demographic characteristics of participants, as well as the types of services that participants have received, are consistent with expectations based on the logic model for the practice.
- Service delivery patterns are stable.
- A fidelity scale has been developed for assessing the integrity of the practice, and the practice has been implemented with fidelity according to the scale.
- Systematically collected short-term outcome measures indicate meaningful results.
- Consumers, family members, and other critical stakeholders are satisfied with the practice.

In addition, at the end of Phase II, grantees must:

- Demonstrate how consumers, family members, and other critical stakeholders participated in the evaluation of the practice.
- Demonstrate how the practice will be sustained over the 5 years following the end of the grant period.
- As appropriate, submit the practice to the SAMHSA National Registry of Effective Programs (NREP).
- Demonstrate the willingness of those who initiated the practice to participate in rigorous research over the next 5 years (e.g., through submission of grant applications to the National Institutes of Health, private foundations, or other research funding sources;