Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

The National Center for Mental Health: Dissemination, Implementation, and Sustainment

(Short Title: MHDIS)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-010

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by June 10, 2024.**
NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I of the Application Guide*.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes:** 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A of the Application Guide*:** Application and Submission Requirements to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for the fiscal year (FY) 2024 National Center for Mental Health: Dissemination, Implementation, and Sustainment (Short Title: MHDIS) program. The purpose of this program is to build the expertise of CMHS service, capacity building, and technical assistance recipients and organizations that oversee or directly provide mental health services to use science-based methods to implement, disseminate, and sustain services. The MHDIS recipient will be expected to provide: (1) training and technical assistance (TTA) on the planning implementation, adaptation, and sustainment of a new/existing service and (2) localized, targeted, and intensive technical assistance (TA) to CMHS recipients and other mental health providers to improve the process of implementation, dissemination, and sustainment of services.

Funding Opportunity Title:	The National Center for Mental Health: Dissemination, Implementation, and Sustainment (Short Title: MHDIS)
Funding Opportunity Number:	SM-24-010
Due Date for Applications:	June 10, 2024
Estimated Total Available Funding:	$7,467,006
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $7,467,006 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 5 years.
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024

Eligible Applicants:	Eligible applicants are States and Territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 520A of the Public Health Service Act, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to create a National Center that provides guidance to Center for Mental Health Services (CMHS) recipients and organizations that oversee or directly provide mental health services to build the capacity to select and implement evidence-supported practices and programs that have the best fit with the populations they serve. The National Center for Mental Health: Dissemination, Implementation, and Sustainment (Short Title: MHDIS) program will draw upon implementation science to improve the practice and uptake of new interventions and promote strategies for sustainability. The guidance provided will be supportive of implementing a spectrum of interventions inclusive of evidence-based practices (EBPs), adaptations to EBPs, and community-defined evidence practices (CDEPs) paired with evaluation.

The MHDIS will provide training and technical assistance (TTA) as follows:

1. Build a National Center that provides TTA on the science-based methods for the implementation, adaptation, and sustainment of changes necessary to advance behavioral health care. This Center will have expertise in implementation science methods, supporting adaption to evidence-based programs and practices, and change management.

2. Develop and maintain five bi-regional Mental Health Technical Assistance Centers (MHTACs) that provide localized, targeted, and intensive technical assistance (TA) to CMHS recipients and other mental health providers to improve implementation, adaptation, and sustainment of evidence-based services.

SAMHSA has long supported the incorporation of EBPs into prevention, treatment, and recovery support services. For a variety of reasons, many organizations are unable to provide evidence-based services, and in some cases, the evidence itself may be based on a limited population and may require a variety of adaptations to work best with them. Use of change management strategies is now considered essential in order to address the rapidly changing needs of the nation's health care systems.[1] The health care sector, recognizing that health care is a complex adaptive system, with the whole of the system being more than the sum of its parts, has begun emphasizing change management as a core competency for health care leaders and managers (Figueroa et al., 2019, as cited in Harrison et al., 2022). This emphasis has led to growing interest in use of methodologies that promote the adoption of changes in health service delivery through repeated planning and practice cycles and subsequent widespread replication where considered successful (Crowl et al., 2015, as cited in Harrison et al., 2022).

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[1] Harrison, R., Fischer, S., Walpola R. L., Chauhan, A., Babalola, T., Mears, S., & Le-Dao, H. (2021). Where do models for change management, improvement and implementation meet? A Systematic review of the applications of change management models in healthcare. *Journal of Healthcare Leadership, 13*, 85–108. https://doi.org/10.2147/JHL.S289176

Evidence-based/evidence-informed treatments exist for many mental health disorders and populations. However, many practices and clinics are unable to implement them. Failure to implement these treatments results from various barriers, including lack of information, access, training, cost, or change resistant organizational cultures.

SAMHSA recipients and most community-based clinics are required to collect data on both the TTA and/or services they deliver. However, many of these entities do not receive consistent guidance on how to use this data to improve their services or how to collect data that measures the impact of their services. The need for additional implementation support of EBPs, including when adaptations are needed, becomes increasingly important, namely via support from implementation science frameworks and research. Implementation science is defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services."[2] In settings where an EBP or adapted EBP is not a good fit, and providers are utilizing community-defined evidence practices (CDEPs),[3] it is important to provide support around how to evaluate and obtain the type of data that can demonstrate positive outcomes for the CDEP.

Implementation science is a fundamental, foundational methodology that can be used to ensure that services are applicable, up-to-date, and effective. This Center would bridge the science to service gap for CMHS and SAMHSA recipients, as well as other community providers.

SAMHSA encourages recipients to address the diverse behavioral health needs of underserved communities as defined by Executive Order 13985. Recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

The MHDIS program is authorized by Section 520A of the Public Health Service Act, as amended.

KEY PERSONNEL

Key personnel are staff members who must be part of the project, even if they do not receive a salary from the project and make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

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[2] Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC Psychology, 3*(1):32. https://doi.org/10.1186/s40359-015-0089-9

[3] Locally accepted practices that specific communities have shown to yield positive results by **group consensus** over time and may not have been measured empirically (Green, 2006; 2008); Ammerman et al. (2014).

Key Personnel for this program are the Project Director and the Evaluator. The Project Director is responsible for oversight of the project. **The level of effort for the Project Director should be 1.0 FTE.** The Evaluator is responsible for data collection, performance management, and evaluation of the project. **The level of effort for the Evaluator should be at least .25 FTE.**

If you receive an award, you will be notified if the individuals designated for these positions have been approved. If you need to replace a Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You must provide a description in B.2. of the Project Narrative of how you plan to implement all the required activities listed below.

You are required to carry out each of these activities.

1. **<u>Establish and Maintain Two Guidance Committees</u>:**
   When: Within four months of award and maintained in all subsequent years

   - Establish and maintain two guidance committees:
     - A **Consultative Monitoring Board** to provide guidance on the MHDIS priorities and work plan. This Board will develop strategic priorities, set direction and policy, and review progress in meeting goals and objectives. Membership must include representation from:
       - State and tribal government mental health authorities,
       - National behavioral health associations, foundations, and related entities,
       - Nationally known entities/individuals with community mental health services research expertise,
       - Community-based organizations providing mental health services in underserved communities,
       - Individuals with lived experience from diverse backgrounds with mental illness who provide peer mental health services and supports,
       - Family members of individuals with lived experience from diverse backgrounds with mental illness.
     - A **Technical Expert Panel,** comprised of knowledge experts, to inform the identification and/or development of core resources (see Required Activity #2) and ensure alignment with key emerging research findings. Membership must include representation from national experts in:

- Change management,
- Systematic adaptation of EBPs,
- Conducting needs assessments,
- Community engagement,
- EBPs related to mental health intervention, treatment, and recovery services and supports,
- Mental health equity/disparities in mental health care and outcomes,
- Measurement-based care,
- Continuous quality improvement,
- Program evaluation, to include evaluation in adaptation of EBPs and CDEPs, as well as community-based participatory evaluation,
- Marketing and communications strategies,
- Mental health program financial sustainability.

2. **<u>Identify, develop, and coordinate dissemination of resources related to 8 (eight) core topic areas</u>:**
   When: Beginning within four months of award

   - For the audience of CMHS service, capacity building, and technical assistance recipients, and organizations that oversee or directly provide mental health services, develop guidance around the selection, design, adoption, and implementation of the following 8 (eight) change management and sustainment core topic areas:
     - **Needs assessment and community engagement strategies**
       - Guidance on such areas as how to design and conduct a needs assessment that is relevant for the respective community, including variations for diverse racial and ethnic backgrounds, under-resourced, or rural populations and identifying disparity-vulnerable populations.
       - Guidance on community engagement strategies, including culturally relevant strategies for engaging various communities in services, problem solving when engagement does not work, and addressing various barriers and enhancing facilitators to engagement.
     - **Contextual determinants** (e.g., settings, populations, social determinants of health including disparities, co-occurring diagnoses) for EBP selection and adaptation.
       - Guidance on contextual determinants around EBP selection and applications to various settings.
       - Guidance on the implementation strategies to use to promote adoption and sustained use/fidelity.

- Evidence-based, evidence-informed, and culturally appropriate **implementation strategies,** techniques, and frameworks, including guidance related to:
  - Methods to promote adoption, fit, and integration of EBPs into service delivery, how to enhance facilitators and overcome barriers to implementing EBPs.
  - Implementation science frameworks that assist with adoption and evaluation of EBPs, such as Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM), Practical Implementation Sustainability Model (PRISM), and/or Exploration, Preparation, Implementation, Sustainment (EPIS).
  - Measures and proposed methods around implementation fidelity, quality, and outcomes of EBPs/evidence-based guidelines.
- Best practices for adaptation of EBPs, such as Community-Based Participatory Practice (CBPP), Human Centered Design and User Experience Research methods (HDC/UXR), and cultural adaptation frameworks and methods, which may include those referenced in Adapting Evidence-Based Practices for Under-Resourced Populations.
- **Measurement-Based Care (MBC)**
  - Establish and maintain a national repository of Patient-Reported Outcome Measures (PROMs) appropriate for use in MBC that is vetted by experts. Provide guidance on how to implement and use MBC to enhance patient-centered care and improve patient outcomes (e.g., organizational and provider buy in, resources, funding, personnel, training). For more information about MBC, see ismicc-measurement-based-care-report.pdf.
- **Continuous Quality Improvement (CQI) processes**
  - Guidance on which data to collect, how often, how to collect it, and how to use it to assess and improve outcomes.
- **Program evaluation**
  - Evaluation strategies relevant for various types of services in diverse settings, including strategies for evaluation of CDEPs.
  - Expansion on the use of implementation science frameworks used for evaluation purposes.
  - Collection of implementation challenges, EBPs implemented, results and impact of TA provided.

- **Marketing and communications strategies**
  - Include such issues as principles of effective marketing, guidance on methods to reach populations of focus, and resource allocation to execute these strategies.
  - Help recipients understand marketing and communications strategies and how to develop and implement them to increase awareness and reach of their work.
  - In Year One, develop a process to identify a name for the Center and the bi-regional MHTACs to ensure that the Center/MHTACs are identifiable to recipients and community providers. Feedback from stakeholders (e.g., physical and behavioral health professionals, states, communities, provider organizations, other CMHS-funded TA centers) should be considered. The revised Center and MHTAC names must be submitted to the Government Project Officer (GPO) for approval.
- **Strategies for sustaining service delivery after the end of the project period**
  - Guidance on how to create a program sustainability plan that includes strategies related to funding, partnerships, resource allocation, etc.
  - Relevant implementation science frameworks that address sustainability and maintenance of EBP adoption and implementation.
  - Resources profiling successful and innovative strategies that organizations have used to maintain similar services.
  - Collection of opportunity and financial costs associated with sustainment (e.g., staff turnover, need for and cost of continued re-education/skill drift).

- Maintain an **inventory of and serve as a clearinghouse** for MHDIS products (e.g., curricula, trainings, distance learning programs). This includes resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products to stakeholders in the field. All products must be shared with SAMHSA on a monthly basis for archiving in a SAMHSA-designated repository.

3. **<u>Establish and Manage Five Bi-regional MHTACs</u>:**

   When: Within four months of award

   - **Sub-award five bi-regional MHTACs** geographically located in one of the two HHS-SAMHSA regions that they cover. Note: Each of the five MHTACs should cover two unique regions, ensuring that all 10 regions are served by MHTACs.

- Provide leadership and support for the five bi-regional MHTACs so that TA is consistent and of high quality. This should include establishing a feedback loop from the MHTACs regarding lessons learned that can be integrated into the MHDIS core resource guidance.
- Develop and implement a coordinated and integrated MHDIS approach for the delivery of TA by the five bi-regional MHTACs that is provided in close collaboration with SAMHSA's network of TA Centers and contractors.
- Collaborate with SAMHSA-supported TA programs to identify opportunities for fostering regional and national alliances among behavioral health entities and promote a coordinated approach to delivering TA.

NOTE: In Section C of the Project Narrative, you must identify the five organizations that you propose to receive a sub-award. You must include a Letter of Commitment (LOC) from these organizations in **Attachment 1.** Applications that do not include all required LOCs will be screened out and not reviewed.

4. **MHTACs Provide Targeted[4] and Intensive TA[5] to CMHS Recipients and Behavioral Health Entities**

When: Within six months of award

- **Provide targeted and intensive** TA that leverages the eight core resource areas through the MHTACs to CMHS service, capacity building, and TA recipients and other organizations that oversee or directly provide mental health services in their regions. Each bi-regional MHTAC should facilitate TA to promote the adoption of MHDIS practices for implementing, disseminating, and sustaining evidence-based practices, recovery-oriented systems of care, and other topics of importance to mental health promotion and mental illness prevention, treatment, and recovery support.
- Build and maintain collaborative relationships with key stakeholders in the regions to identify needs and inform TA delivery, including but not limited to, state and local governments, tribal communities and tribal-serving organizations, organizations serving culturally diverse and under-resourced populations, mental health providers, individuals living with mental illness, and family members.

[4] The goal of targeted TA is skill development. Examples are online courses, short-term training/workshops for targeted audience but not tailored to individual needs, webinar series for specialized groups, communities of practice, and replication guides. (https://attcnetwork.org/centers/southeast-attc/training-and-technical-assistance)

[5] The goal of intensive TA is change in practice, implementation – examples are ongoing coaching/consultation in specific communities/states/systems, supervision, performance feedback, learning collaboratives, Project ECHO (source is the 2021 Cross-TTC Workgroup on Virtual Learning)

4. ALLOWABLE ACTIVITIES

There are no allowable activities for this program.

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

You must collect and report data for SAMHSA to 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 Section D of the Project Narrative.

The following data will be entered in SAMHSA's Performance Accountability and Reporting System (SPARS) using the Training and Technical Assistance (TTA) Program Monitoring tool:

1. Event Description data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered into SPARS within seven days after each event using the event description form.
2. Voluntary survey data from participants after each event using the TTA Post Event form. Anonymous voluntary survey responses must be entered in SPARS within seven days after the event.
3. Follow-up survey data for events that are longer than three hours. For participants who agree to be contacted, the TTA Follow-Up form will be used 60 days after the end of the event. The data must be entered into SPARS 120 days after the event.

Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

You must periodically review your performance data to assess progress and use this information to improve the management of the project. The project performance assessment allows you to determine if your goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements.)

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. After submitting your Disparity Impact Statement (DIS) 60 days after you receive funding, you will be expected to collect data to evaluate whether the disparities you identified are being effectively addressed.

For more information, see the *Application Guide, Section D - Developing Goals and Measurable Objectives and Section E - Developing the Plan for Data Collection and Performance Measurement.*

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects you to use funds to implement high-quality programs, practices, and policies that are recovery oriented, trauma informed, and equity based to of improve behavioral health.[6] These are part of SAMHSA's core principles as documented in our strategic plan.

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. 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 well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having 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 community strengths and responsibility;
- supported by addressing trauma; and
- based on respect.

[6] "Behavioral health" means the promotion of mental health, resilience and well-being; 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.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration 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.

It is critical for recipients to promote the linkage to recovery and resilience for those individuals and families affected 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 practices, 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 mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health DIS no later than 60 days after award. See *Section G of the Application Guide.* **P**rogress and evaluation of DIS activities must be reported in the annual progress reports (see Section VI.3, Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

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 to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide, Section J - Administrative and National Policy Requirements.*)

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs. You should consider prioritizing this population for services, where appropriate.

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

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 faces, you are encouraged to address the behavioral health needs of this population in designing and implementing your programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the 988 Suicide & Crisis Lifeline, the SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

7. RECIPIENT MEETINGS

SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$7,467,006
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $7,467,006 per year, inclusive of indirect costs
Length of Project Period:	Up to 5 years
Anticipated Start Date:	September 30, 2024

Proposed budgets cannot exceed $7,467,006 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

2. COOPERATIVE AGREEMENT REQUIREMENTS

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of you and SAMHSA staff are:

Role of Recipient:

The Recipient must:

- Comply with terms and conditions of the cooperative agreement award, and
- Collaborate with SAMHSA staff in project implementation and monitoring.

Role of SAMHSA Staff:

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS) and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPO will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

- Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
- Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- Recommend outside consultants for training, site-specific evaluation, and data collection.
- Maintain regular communication with the recipient through routine conference calls and the provision of TA and consultation.
- Review and approve all key personnel.
- Review and approve performance data and progress reports.

The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure that the project is in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are States and Territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

For general information on eligibility for federal awards, see https://www.grants.gov/applicants/applicant-eligibility.html.

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

There are no other requirements for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS

You must submit the standard and supporting documents outlined below and in *Section A 2.2 of the Application Guide (Required Application Components)*. All files uploaded as part of the application must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration the waiver of this requirement must be approved in advance. See *Section A 3.2 of the Application Guide (Waiver of Electronic Submission)*.

- **SF-424** – Fill out all Sections of the SF-424.
    - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
    - In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons Username).
    - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.
    - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
    - **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

    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 the 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, 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: enter 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 funds are being requested 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 *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- Sample SF-424A (No Match Required)

It is highly recommended that you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V.2 – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**
  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). (See *Section A – 2.2 of the Application Guide - Required Application Components.*)

- **ATTACHMENTS 1 THROUGH 8**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the attachments, use the:
  - Other Attachment Form if applying with Grants.gov Workspace.
  - Other Narrative Attachments if applying with eRA ASSIST

  - ***Attachment 1: Letters of Commitment***
    Include Letters of Commitment from: (1) the five organizations that you propose to receive a sub-award; (2) any other organization(s) partnering in the project. Applications that do not include all required LOCs will be screened out and not reviewed. (**Do not include any letters of support. Reviewers will not consider them.**)
  - ***Attachment 2: Data Collection Instruments/Interview Protocols***
    You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

  - ***Attachment 3: Sample Consent Forms***
    Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in the training and (2) informed consent for participation in the data collection component of the project.

  - ***Attachment 4: Project Timeline***
    Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide - Biographical Sketches and Position* Descriptions 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 State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide - Intergovernmental Review* for detailed information on E.O. 12372 requirements to determine if this applies to you.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide* and reviewers will assess the response.

- ***Attachment 8: Documentation of Non-profit Status***
  Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid IRS 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 applicant organization's certificate of incorporation or similar document that 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.

3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT

Section A of the Application Guide has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your applications no later than 11:59 PM (Eastern Time) on June 10, 2024.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.** The process could take up to six weeks. (See *Section A of the Application Guide* for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: THE FOLLOWING TASKS MUST BE COMPLETED BY THE DEADLINE 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.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute, may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your proposed budget for the following:

- Food is an unallowable expense.

- The indirect cost rate may not exceed **8 percent** of the proposed budget. Even if an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for

equipment, and sub-awards and contracts in excess of $25,000. (45 CFR Part 75.414)

- The MHTAC funding shall not be less than $1,000,000 annually for each for the five Bi-Regional MHTACs during each of the five budget periods.

Recipients must also comply with SAMHSA's standard funding restrictions in *Section H of the Application Guide*.

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 the *Application Guide, Section I (Intergovernmental Review)* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting your application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A–D below. Your application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A–D) may be no longer than **10 pages.**
- You must use the four sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number**, **i.e., "A.1", "A.2", etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria 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. **Reviewers will only consider information included in the appropriate numbered criterion.**

- Your application will be scored based on how well you address the criteria in each section.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining 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
(25 points – approximately 1 page)

1. Describe the national gaps, barriers, and other problems faced by CMHS recipients and the mental health field related to the eight core topic areas listed in the required activities. Describe how the training, targeted and intensive technical assistance, and workforce development activities of this project will impact these identified needs.

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

1. Describe the goals and measurable objectives) of your project and align them with the Statement of Need described in A.1 (*see the Application Guide, Section D - Developing Goals and Measurable Objectives*) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Provide the following table:

Number of Unduplicated Organizations Receiving Targeted and/or Intensive Technical Assistance with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement the Required Activities in Section I.

3. In **Attachment 4,** provide no more than a two-page chart or graph depicting a realistic timeline for the entire five years of the project period showing dates,

key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Program Narrative.]**

SECTION C: Staff and Organizational Experience (30 points – approximately 3 pages)

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing training/TA to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. For each staff member describe their:
   - Role;
   - Level of effort; and
   - Qualifications, including their experience providing services to the population(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under-resourced populations.

3. Identify the five organizations who you plan to sub-award to implement the MHTACs to provide targeted[7] and intensive TA[8] to CMHS recipients. Describe their experience providing the **targeted and intensive** TA in the identified regions that leverages the 8 core resource areas through the MHTACs to CMHS recipients and other behavioral health entities in their regions. In **Attachment 1,** include Letters of Commitment from each proposed sub-award recipient.

4. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships. Include Letters of Commitment from each partner in **Attachment 1.**

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[7] The goal of targeted TA is skill development. Examples are online courses, short-term training/workshops for targeted audience but not tailored to individual needs, webinar series for specialized groups, communities of practice, and replication guides. (https://attcnetwork.org/centers/southeast-attc/training-and-technical-assistance)

[8] The goal of intensive TA is change in practice, implementation - examples are ongoing coaching/consultation in specific communities/states/systems, supervision, performance feedback, learning collaboratives, Project ECHO (source is the 2021 Cross-TTC Workgroup on Virtual Learning)

SECTION D: Data Collection and Performance Measurement (10 points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program. (See the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

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 budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the 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., sporting events, entertainment.

See the *Application Guide, Section K – Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. I**dentify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

Applications are peer-reviewed according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following:

- Approval by the Center for Mental Health Services National Advisory Council (NAC).
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award, including Attachment 1. Applications that do not include all required LOCs in Attachment 1 will be screened out and not reviewed.

- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. 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). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, 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 eRA Commons that will describe how you can access the 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 Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the *Application Guide, Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR § 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

Recipients are required to submit the following:

In Year 1, a Programmatic Progress Report (PPR) must be submitted at 6 months and 12 months after award. The 6-month PPR is due within 30 days of the end of the second quarter. An annual PPR report is due in Years 2–5, and a final PPR in Year 5. Annual PPRs are due within 90 days of the end of each budget period. The final PPR is due within 120 days after the end of the project period. This final PPR must be cumulative and report on all activities during the entire project period.

All PPRs must be submitted in eRA Common using a standardized template (OMB Control Number 0930-0395).

PPRs must include:

- Updates on key personnel, budget, or project changes (as applicable)
- Progress achieving goals and objectives and implementing evaluation activities
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
- The impact of the TTA on the provider community, including practice improvement, improved capacity, and knowledge transfer. This should ideally be done using a dissemination and implementation science framework, such as RE-AIM or PRISM, etc.
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

Management of Award: Recipients must also comply with standard award management reporting requirements unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Kimberly Reynolds, MPA, MEd
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-2825
Kimberly.Reynolds@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1940
FOACMHS@samhsa.hhs.gov

For grant review process and application status questions, contact:

Fredris Wiley
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1813
Fredris.Wiley@samhsa.hhs.gov