

SM-18-009: Mental Health Awareness Training FOA Frequently Asked Questions

Do you have to have non-profit status prior to applying?

Yes. Please refer to Section III.1 Eligible Applicants of the FOA. Also, please review Part D of the HHS Checklist which states “A private non-profit corporation must include evidence of its nonprofit status with the application”.

Where can I find the standardized data collection instruments/interview protocol?

Please refer to Appendix F: Developing Your Plan for Data Collection, Performance Assessment, and Quality Improvement (pages 50-52) of the FOA. It is up to you to develop the protocol for data collection for the three required performance measures and any additional process and outcome performance measures you select.

Does SAMHSA have information about evidence-based social marketing and awareness campaigns?

Please refer to <https://www.samhsa.gov/capt/tools-learning-resources/developing-social-marketing-campaign>

Does substance abuse need to be a focus of the proposal?

The focus of the application narrative response should be on mental health awareness - substance use is not a focus of this grant.

Can the evaluation/performance assessment be conducted by a team?

Yes - the evaluation can be conducted by a team or by an individual. Be mindful that no more than 10 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, including any incentives for participating in the required data collection follow-up.

One allowable activity is to develop an interagency advisory team to support the Project Director with management of the project but no more than 5 percent of the grant award can be used for this purpose. Can the five percent be used, for example, as a stipend for regional directors to oversee training in their geographic areas?

Yes.

How should the budget reflect the grantee meetings?

You should budget for travel and related costs for a grantee meeting in the Year 1 and Year 3 budgets. Each meeting shall be for up to three days and these meetings are usually held in the Washington DC area.

Do we have to pick one geographic region in which we will conduct mental health awareness trainings or can multiple regions be selected? Can one grant seek trainings in multiple cities throughout the U.S., especially if focusing on the same population (i.e., law students)?

Please refer to Section V.1.-A Population of Focus and Statement of Need. In response to review criteria 1 you must “Describe the extent of the problem in the geographic catchment area “ Therefore, selecting multiple regions throughout the U.S would not be responsive to the criteria.

Under Section III.3 Evidence of Experience, it states that each recipient organization must identify at least one experienced and licensed mental health provider. Should I presume that I would need to list a mental health provider for each region that is identified in the application?

You must identify at least one mental health service provider. It is up to you to determine if you would need to identify additional mental health providers because you have selected more than one geographic catchment area.

Veterans are referenced as a key population. We have veterans as law students. I assume we should thus reference them as perhaps a subpopulation of the target cohort?

Section V.1-A Population of Focus and Statement of Need states that applicants who choose to train veterans, armed services members, and their families will receive up to five additional points.

Appendix E: Developing Goals and Measureable Objectives references developing goals and measurable objectives but is not properly cross-referenced with Section B (page 20) which lists the goals as being in Appendix F.

Section B (page 20) should be referencing Appendix E.

Is it appropriate to submit the one Statement of Assurance and no actual proof of credentials for mental health service providers as part of Attachment 1?

You must submit as Attachment 1 a Statement of Assurance, signed by the applicant’s Authorized Representative, assuring SAMHSA that the selected mental health provider organization(s) has/have met the experience and credential requirements outlined in Section III.3 of the FOA. Actual proof of service provider(s) credentials will be requested by the Government Project Officer (GPO) following application review. If the documentation is not submitted in the requested time, your application will not be considered for an award.

Who is eligible to apply?

Domestic public and private not-for-profit entities.

Is there a template for the letters of commitment? Is there a name and address to whom the Letter of Commitments (LOC) should be addressed to?

There is no LOC template. Please refer to Section IV.1 Required Application Components for the LOC required content.

We are in a large metropolitan area and there are numerous referral sources but varying criteria for eligibility. Is it acceptable to only obtain one to two commitment letters for the grant but provide trainees with a wide variety of referral sources during training? We fear that limiting the referral sources might not be in the best interest of a client.

Please refer to Section IV.1 Required Application Components. You are required to submit Letters of Commitment from the relevant community agencies and programs that have agreed to assist with responding to mental health issues and improve the coordination of services to the population of focus.

In reference to Section I.2 Other Expectations, the FOA states that “Recipients are also expected to facilitate the health insurance application and enrollment process for potential uninsured clients”. Does this mean the grantee will need to track the insurance status of all training participants if they utilize the referral sources we provide? What about if they find services on their own? Is the grantee responsible in all cases to know if the claim was fully paid? Will SAMHSA provide technical assistance in this area to non-health care organizations?

The intent of this is for recipients to be aware that they should utilize third party and other revenue from provision of services, **to the extent possible**, and use SAMHSA grant funds only for individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual’s health insurance plan. This would not be applicable if your organization is one that does not provide medical and/or health services.

As we progress throughout the year, if we realize we may be short funds in one budget category but over in another category, are we allowed to move funds to different categories before the end of the budget year?

SAMSHA has grants management policies regarding budget modifications and revisions. Information and guidance will be provided upon award by SAMHSA’s Division of Grants Management.

Can you clarify the formatting requirements for the grant application?

The application formatting requirements can be found in Appendix B, Section 1 of the FOA.

Does the Project Director (key personnel) need to be approved prior to submitting the application and does the person need to be named in the application? Can we support the time/effort of others, in the budget, but not list them as key personnel? Does the Project Director need to be a licensed clinician?

The Project Director does not need to be approved by SAMHSA prior to submitting your application. Approval will occur post award. The Project Director does not need to be identified in the application. However, if you do identify a Project Director, you must submit a job description and resume with the application. The FOA does not required the Project Director to be a licensed clinician. Lastly, the budget should include all positons to be funded under this grant, even if they are not Key Personnel.

eRA Commons requires that a Project Director's user-id be specified on the form SF-424, Item #4: Applicant Identifier in order for the application to process through Commons. If we don't have the Project Director named at the time of the application, who do we list as the Project Director in eRA Commons?

Use the name of the person submitting the grant or the name of your Authorized Representative.

The RFA says that training grants are subject to an 8% indirect rate. Is it true for this grant?

If the FOA is for a training grant or cooperative agreement, the indirect cost rate is limited to 8 percent. Please refer to 45 CFR §75.414 at https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_12, for more information about indirect costs and facilities and administrative costs. (Page 78, Section J- Indirect Cost Rate)

I have a question about calculation of indirect costs. On page 78 of the FOA, it says that the Modified Total Direct Costs indirect cost rate may be applied to...the first \$425,000 of each subcontract."

The indirect cost rate can only be applied against the first \$25,000 of each sub-contract, not \$425,000.

For the quarterly reporting of performance measures data, can you clarify the difference between "the number of people trained in mental health and related workforce trained in mental health-related practices/activities" and "the number of individuals trained prevention or mental health promotion"?

Mental health workforce is defined as those adults who work in one of the following fields: mental health clinician, mental health counselor, psychologist, social worker, caseworker, care coordinator, and emergency/crisis worker.

How do we determine if we have to submit a Letter to the SSA? We are applying through a University and I am not quite sure if we have to submit for other reviews (SSA or SPOC).

Please refer to Appendix J Intergovernmental Review Requirements. For a list of states that have Single State Points of contact, please refer <https://www.whitehouse.gov/wp-content/uploads/2017/11/SPOC-Feb.-2018.pdf>

Does SAMHSA have a preference for community organizations to serve as the grant recipient?

SAMHSA does not have a preference for community organizations to be the grant recipient. Please refer to Section III.1 Eligible Applicants.

The area that we have no experience in is crisis intervention team training. Would including 20-30 minutes of de-escalation techniques be seen as adequate to meet the requirements of the funding?

SAMHSA cannot advise you if this is adequate. Your application will be reviewed and scored in response to the evaluation criteria.

The Budget Example in the application is for five years but the project period for this FOA is only three years. Could you please clarify?

The budget template in the FOA is sample. You should submit a budget for full project period which is three years.

Would a school psychologist who is already hired by a local K-12 district be acceptable as the licensed mental health provider to whom we will refer our selected population of focus?

Please refer to Section III.3 Evidence of Experience and Credentials which states “Each experienced and licensed mental health provider must have at least two years of experience providing relevant services to the selected population of focus. Official documents must establish that **the organization** has provided relevant services for the last two years.” Accordingly, an individual school psychologist would not meet this requirement since they are not an organization.

One of the mental health provider organizations we will partner with is a community agency that has programs (e.g., housing, job readiness and placement) for people with mental health issues. They also operate several clinics that provide therapy, medication

etc. Can one LOC from this agency indicate they are serving in a dual capacity or should I obtain multiple LOCs from each clinic in the catchment area we will propose supporting?

Please refer to Section IV.1 Required Application Components. You are required to submit Letters of Commitment from the relevant community agencies and programs that have agreed to assist with responding to mental health issues and improve the coordination of services to the population of focus. You will need to determine if one or multiple LOCs would be needed.

I have a question about 2.2, Data Collection and Performance Measurement (the third bullet point on page 12) to collect data on “The number of individuals referred to mental health or related services.” If we are proposing to conduct training for a specific type of group, how are the number of referrals documented if that group is making the referrals to another organization/service provider?

Please refer to Section I.2.2 Data Collection and Performance Measurement which states “you must document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement. It is expected that you will create/describe a referral tracking mechanism.

Mental health or related services is defined as pertaining to mental health or the population of people with or at risk of mental illness, including those with co-occurring disorders. Below are examples of the types of mental health or related services and resources an Instructor or trainee could make. This list is not exhaustive and you should consult with your project officer about other types of referrals that could be considered: school guidance counselor; school- community-based psychologist; school- or community-based mental health counselor; school- or community-based social worker; school- community-based nurse; school- community-based group counselor; a crisis hotline telephone number; a local hospital; clergy and pastoral counselors; local support groups; work supported EAP; peer support specialist

The FOA puts a significant amount of emphasis on “serious mental illness (SMI) and serious emotional disturbance (SED). How is SAMHSA defining serious?

SAMHSA has clarified the definitions of SMI and SED. SED refers to persons from birth to age 18 and SMI refers to persons age 18 and older who meet the following criteria:

- At any time during past year has met the criteria for a mental disorder, including within developmental and cultural contexts, as specified within a recognized diagnostic classification system (e.g., DSM-V); and
- Displays a functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.

Would all individuals utilizing the program have to fall into SMI/SED category or could some be identified as needing assistance and would most likely fall into one of these

categories, but haven't been formally diagnosed? Or if someone has substance abuse issues would this also be something that could fall into the serious column?

The purpose of this program is to increase mental health awareness so individuals can recognize the signs and symptoms of mental illness and safely and appropriately respond. This would include but not be limited to individuals with SMI or SED. This grant is not intended to focus on individuals with substance use issues, but there may be individuals with a co-occurring disorder, which refers to the presence of both a mental and substance use disorder.

How do I register for the MHAT grant?

Please refer to Appendix A: Application and Submission Requirements of the FOA. Be mindful that the 4th step in registering for submission of your application can take up to six weeks to complete. All four registration steps need to be completed before submitting your application by the due date of June 8, 2018.

The evidence-based model we are proposing to use is not listed on SAMHSA's NREPP registry but I think we can demonstrate its evidenced based status and make a compelling case of why it's a good fit for this award. Can we use a curriculum that is not listed on NREPP?

We recognize that not all evidence-based/informed practices are represented on NREPP. There are various sites that can provide information on best practice curricula. Section C of your application project narrative is where you identify the EBP you have selected and discuss how it is appropriate for the individuals being trained and for the population of focus.

Could you please provide information regarding the expected data collection instrument to be submitted with the proposal?

Recipients will need to develop or identify an instrument that will be used to collect data. If an instrument already exists, you should include it with the application.

Can you explain the need for consent and the elements that should be collected on a consent form for a training session?

All SAMHSA recipients must address seven elements of Confidentiality and Participant Protection when they submit their application. Please refer to Appendix D- Confidentiality and Participant Protection/Human Subjects Guidelines. Section 6 Adequate Consent Procedures provides information on what should be addressed in the consent form.

One of the pieces that must be reported quarterly is, "the number of individuals referred to mental health or related services." Is there a specific definition as to what a referral must consist of i.e. should it be documented on paper or could an oral referral count toward this number? On the webinar, it was stated that no PHI is required for this piece (name of individual referred, date of referral), but could you please confirm this?

Referred is defined as linking an individual to a mental health or related service, resource, or support. This includes but is not limited to directing a person for screening, assessment, consultation, review, or treatment. NOTE: This definition of “referred” is very broad, unlike the traditional definition of a mental health services referral. It will need to be reported quarterly in SPARS, via a number. You are expected to establish your own referral tracking system (pgs.11-12). There is no PII/PHI personal identifying information required/needed for this project/reporting.

Can you please tell me if it is required that our evaluator have a PhD?

It is not a requirement of the FOA for the evaluator to have a PhD

Are we supposed to partner with a licensed mental health provider organization for the referrals but those training lay individuals can be certified social workers? Or is it required that all collaborative work must be solely with licensed mental health provider organizations?

Please refer to Section III.2 of the FOA: Evidence of Experience and Credentials. Every applicant must identify at least one experienced and licensed mental health provider organization to which the population of focus can be referred UNLESS the applicant themselves is an experienced and licensed mental health provider.

Can we use multiple populations of focus: i.e. transit workers, veterans, and First Responders as the lay people to be trained in handling a mental health crisis or do you recommend sticking with a single point of focus?

You can develop your populations of focus based on the needs of your geographic region. Single and multiple populations are both allowable.

For clarification, the program flow is essentially training lay personnel in order to be able to refer a person in crisis to a mental health provider or resource and to track the referrals generated by the trained lay person. Is that correct?

Yes.

For the MHAT grant, should citations be placed within the narrative or are footnotes or endnotes preferable?

Citations can be a separate attachment to the application.

Can you please provide samples of the measurement tools and data collection forms that are guides to use?

Please visit <https://spars.samhsa.gov/>

Can a hotline number be used as a mechanism to track referrals?

You are free to establish a referral tracking mechanism that best fits your needs.

Can veterans be a subset of the participants who receive the training and we still be awarded some or all of the 5 points? In other words can we submit a training plan that has multiple populations of focus?

Yes - you can propose multiple populations of focus.

"The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant." As the purpose of the MHAT grant is to train others who are not mental health professionals, could you provide some guidance on how to address that measure?

The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant" is a GPRA measure and will have to be collected and reported on quarterly though SPARS. Mental health professionals are not excluded from being trained.

How many awards can be granted to an institution if multiple applications are submitted and are within the funding range?

Applicants are not prohibited from submitting more than one application. However, decisions to fund a grant are based on, among other things, "equitable distribution of awards in terms of geography, and balance among populations of focus and program size. There is not an established criteria or set number for the number of grantees per institution. If you are submitting more than one application, the Project Title in field 15 of the SF-424 must be unique for each.

Can there be a research component to this grant? We are thinking of randomly assigning half the trainees to a training plus booster support condition while the other half receives the training without the booster support sessions. The research questions might be: (1) to what extent are mental health referrals increased by adding the booster support; (2) To what extent is there a difference in self-reported learning under the two types of training. All of the grant funds would go for training, but this might change how we look at evaluation.

Please refer to Appendix D: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines.

If we trained people in Mental Health First Aid under the Project AWARE-SEA grant program, are we able to provide mental health awareness training under this FOA at the same time?

You would need to identify a different population of focus, a different geographic catchment area, and a different group to individuals to receive mental health awareness training under this FOA.

People will receive free training but can we offer a supplemental opportunity to earn license renewal credits which may cost the trainee money. This would be a voluntary opportunity for those who need the license renewal credits.

Yes – as long as this is a voluntary and supplemental opportunity.

If a learning event was a full-day event (to deliver the appropriate curriculum), is it allowed to apply grant funds towards reasonable meal purchases?

Meals are not an allowable expense under this FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person.

Can you confirm if the maximum limit for incentives used by grantees?

Please refer to Appendix I Standard Funding Restrictions.