

**FAQ for FY 2023 Mental Health Awareness Training Grants (MHAT)
Notice of Funding Opportunity (NOFO) No. SM-23-002
Pre-Application Webinar April 6, 2023**

- Q. Is there a more expansive list of evidence-based training / curriculum options beyond those named in the embedded MHAT guide? We are interested in using MindUp, but it is not listed in the MHAT guide.
- A. Refer to the SAMHSA MHAT Advisory for examples of evidence-based programs.
<https://store.samhsa.gov/sites/default/files/pep22-06-04-004.pdf>
- Q. Does my organization have to have sent a letter to get permission to apply for this MHAT grant?
- A. Refer to Appendix J in the NOFO which outlines 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 (DHHS) 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). Information on the SPOC for participating states can be found at: [Intergovernmental Review \(SPOC List\) \(whitehouse.gov\)](https://www.whitehouse.gov/intergovernmental-review-spoc-list/) This requirement does not apply to American Indian/Alaska Native tribes or tribal organizations. If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process. For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- Q. Will this webinar be available later?
- A. No, the webinar will not be available. Only the Questions & Answers from the Pre-Application Webinar will be available. The PowerPoint slides used during the Pre-Application Webinar were applied directly from the NOFO.
- Q. Are public higher ed institutions eligible to apply
- A. Eligible applicants are States and Territories, 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), and non-profit private entities. See Section III-1 for complete eligibility information on page 17 of the NOFO.
- Q. What compensation/ incentives are allowed to people or organization who report referral data after being trained?
- A. Refer to Appendix I on page 66 of the NOFO. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. In Subpart E, cost principles are described and allowable/unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions.

- Q. How many individual grants do you anticipate funding?
- A. Refer to Page 5 of the NOFO under Executive Summary. SAMHSA Estimates 22 awards up to 2 awards may be made to tribes or tribal organizations pending adequate application volume.
- Q. Would staff at public housing organizations fit in the category of people to be trained as communities coming into contact with individuals with mental health needs?
- A. Yes, refer to Program Description on pages 7-9, Section 1. Purpose, for a more extensive list of people to be trained. In accordance with [Executive Order 14074](#), this program will help build secure, safe, and healthy communities; reinforce partnership between law enforcement and communities; and increase public trust and enhance public safety. In addition, See Section III-1 on page 17 of the NOFO for complete eligibility information.
- Q. Does SAMSHA anticipate geography or target population being a factor in funding decisions under this NOFO?
- A. Up to 2 awards may be made to tribes/tribal organizations pending sufficient application volume. SAMHSA may select awards for funding that best reach underserved communities and/or populations.
- Q. Would there be another funding opportunity similar to this in the future? My organization wants to apply but we are not sure if we can have everything prepared in less than 1 month.
- A. Future funding is reliant on approved federal budget and congressional appropriations. Consider visiting [FY 2023 NOFO Forecasts | SAMHSA](#) for a list of future forecasted grants.
- Q. Where can I download a copy of the NOFO?
- A. The NOFO can be downloaded here. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2023-mhat-nofo.pdf>
- Q. You mention training teachers. Are public school districts eligible to apply?
- A. Eligible applicants are States and Territories, 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), and non-profit private entities. See Section III-1 on page 17 of the NOFO for complete eligibility information.
- Q. How many LOCs should we have?
- A. Develop collaborative partnerships with relevant community agencies to assist with responding to mental health issues and improve coordination of services for the population of focus. At least one partnering agency should be an identified licensed mental health provider with staff available who can respond to referrals for screening, assessment, and/or services. [NOTE: Letter(s) of Commitment (LOCs) between the recipient and relevant community agencies must be submitted in Attachment 1. Each LOC should attest to their support for the project and describe how the community agency will work with the recipient to ensure that a sufficient number of individuals within the agency are trained in mental health awareness and/or describe

the services that will be provided to the population of focus. Refer to page 20 of the NOFO for additional information.

Q. Is there a page limit/max number of letters for the LOCs?

A. See Appendix B- Formatting Requirements and System Validation, on page 41 of the NOFO, for more information regarding formatting and validation requirements.

Q. If you don't have a mental health professional on staff, can hiring one be part of what we include in our proposal?

A. Develop collaborative partnerships with relevant community agencies to assist with responding to mental health issues and improve coordination of services for the population of focus. At least one partnering agency should be an identified licensed mental health provider with staff available who can respond to referrals for screening, assessment, and/or services. [NOTE: Letter(s) of Commitment (LOCs) between the recipient and relevant community agencies must be submitted in Attachment 1. Each LOC should attest to their support for the project and describe how the community agency will work with the recipient to ensure that a sufficient number of individuals within the agency are trained in mental health awareness and/or describe the services that will be provided to the population of focus. Refer to page 20 of the NOFO for additional information.

Q. Do you consider community colleges to be political subdivisions of a state?

A. "Political subdivision" ordinarily includes counties, cities, townships, villages, schools, sanitation, utility, irrigation, drainage and flood-control districts, and similar governmental entities. See Section III-1 on page 17 of the NOFO for complete eligibility information.

Q. Are tribal college universities able to apply?

A. Eligibility is statutorily limited to States and Territories, 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), and private non-profit entities.

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 grants/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.

Q. Is a local health department able to apply?

A. Eligibility is statutorily limited to States and Territories, 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), and private non-profit entities. See Section III-1 on page 17 of the NOFO for complete eligibility information.

Q. Can you please share the link that is shown in blue on this slide: SAMHSA MHAT Advisory

A. The link is available here. <https://store.samhsa.gov/sites/default/files/pep22-06-04-004.pdf>

Q. Are school districts eligible to apply for MHAT funding?

A. Eligible applicants are States and Territories, 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), and non-profit private entities. See Section III-1 on page 17 of the NOFO for complete eligibility information.

Q. If the organization is headquartered in a particular state, can we implement the MHAT in other states?

A. Applicants must identify the population of individuals to receive mental health awareness training and the population of focus (e.g., children, college students, veterans, armed services personnel and their families, adults, individuals with co-occurring disorders, first responders, general public) for whom they are being trained to recognize the signs and symptoms of mental illness and how to respond appropriately and safely, Identify resources and supports in the geographic catchment area and develop written and electronic materials for the individuals being trained so they may assist the selected population of focus. Ensure these materials are provided in multiple languages to meet the language needs of individuals with non-English preference and take into consideration those with varying physical and/or sensory abilities. Refer to Required Activities, as outlined in the NOFO on Pages 9-11, for a comprehensive list of Required activities.

Q. Does the catchment area have to be limited to the local area where our organization is located? We train other programs in communities around the US and would like to use this funding to expand to add this curriculum to our training menu?

A. There is nothing in the NOFO to preclude you from offering services in another state. You will need to have a LOC from a local community-based MH service provider in that state and fulfill all other components of the NOFO in that state. Refer to Required Activities as outlined in the NOFO on Pages 9-11 for a comprehensive list of Required activities.

- Q. Can a project focus on training teens and adults, using separate curricula?
- A. You can have more than one targeted population. Refer to populations of focus on page 8 of the NOFO. Also refer to Required and allowable activities as outlined in the NOFO on Pages 9-11.
- Q. Can an example of accepted application from previous year/s be shared?
- A. You are free to go to grants archive, <https://www.samhsa.gov/grants/archive>, and review the list of prior grant awards to reach out to a former grantee directly.
- Q. Is this specifically an NIH grant?
- A. No, this is a SAMHSA grant.
- Q. Are we eligible to apply if we've been approved for a SAMHSA award for fiscal year 2023 from the Congressional Directive Spending (CDS) Project for MHFA Training?
- A. Recipients who received funding in FY 2021 or FY 2022 under the Mental Health Awareness Training NOFO (SM-21-007) are not eligible to apply for this funding announcement.
- Q. Is it allowable to enrich delivery of evidence-based trainings by adding additional components, such as relevant skills training added to a de-escalation training?
- A. Refer to Required Activities, as outlined in the NOFO on Pages 9-11, for a comprehensive list of Required activities.
- Q. Does "emergency services personnel" include hospital emergency dept nurses, nursing aides and non-clinical emergency dept staff?
- A. The populations of focus for the MHAT program include the following:
- Teachers and relevant school personnel (e.g., school resource officers, security officers, truancy officers, support staff, transportation providers, afterschool providers) who interact with children and youth in a school setting.
 - Law enforcement and emergency services personnel (e.g., paramedics, firefighters, emergency medical technicians) who are in regular contact with the general public and may need to safely de-escalate crisis situations.
 - Institutions of higher education personnel who interact with college students.
 - Families, caregivers, and service providers in contact with armed services personnel, veterans, and their families.
 - Parents and caregivers of children and youth with or at risk for a serious emotional disturbance or youth experiencing a first episode of psychosis.
 - Primary and specialty providers of medical care who provide prevention and treatment services to the general public (e.g., obstetricians who treat women with post-partum depression; general practitioners who interact with patients with co-occurring disorders).
 - Community leaders, faith-based leaders, and other trusted individuals and organizations within diverse racial, and ethnic, sexual and gender minority communities.
- Refer to page 7-8 of the NOFO for the Program Description and Purpose of the grant.

- Q. How do you define "linkages"? Does providing a referral/resource count as a linkage, or would we need to ensure that the individual followed through with the referral/resource and received services?
- A. See Required Activities on pages 9-11 of the NOFO - Establish mechanisms that increase the ability of the individuals trained to refer and link the population of focus to behavioral health resources and services that are culturally and linguistically appropriate for diverse populations.
- Q. Can we adopt and/or purchase this training through a second party? for example, obtain a training that will train us to train others.
- A. See Required and Allowable activities on pages 9-11 of the NOFO.
- Q. Is an external evaluator recommended for this grant?
- A. No, an external evaluator recommended for this grant.
- Q. Must the project serve all populations of focus Identified in the NOFO?
- A. The populations of focus for the MHAT program include the following:
- Teachers and relevant school personnel (e.g., school resource officers, security officers, truancy officers, support staff, transportation providers, afterschool providers) who interact with children and youth in a school setting.
 - Law enforcement and emergency services personnel (e.g., paramedics, firefighters, emergency medical technicians) who are in regular contact with the general public and may need to safely de-escalate crisis situations.
 - Institutions of higher education personnel who interact with college students.
 - Families, caregivers, and service providers in contact with armed services personnel, veterans, and their families.
 - Parents and caregivers of children and youth with or at risk for a serious emotional disturbance or youth experiencing a first episode of psychosis.
 - Primary and specialty providers of medical care who provide prevention and treatment services to the general public (e.g., obstetricians who treat women with post-partum depression; general practitioners who interact with patients with co-occurring disorders).
 - Community leaders, faith-based leaders, and other trusted individuals and organizations within diverse racial, and ethnic, sexual and gender minority communities.
- Refer to page 7-8 of the NOFO for the Program Description and Purpose of the grant.
- Q. We want to focus training the general community for specific mental health awareness issues of Deaf individuals. Would that be too specific?
- A. The purpose of this program is to: (1) train individuals (e.g., school personnel and emergency services personnel including fire department and law enforcement personnel, veterans, armed services members and their families, etc.) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness and (2) provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies. Refer to page 7-8 of the NOFO for the Program Description and Purpose of the grant.

- Q. Can funding be utilized to have a staff member trained to facilitate the evidence based mental health training?
- A. See Section C: Staff and Organizational Experience on page 25 of the NOFO and Appendix I: Standard Funding Restrictions on page 66 of the NOFO.
- Q. For individuals referred to services through partnerships established through this grant, would the grantee be responsible for providing clinical oversight?
- A. If an individual is referred for a service, then the service providing agency is responsible for the clinical oversight.
- Q. Is it allowable to pay for travel, training space, and F&B with the funds?
- A. See Appendix I – Standard Funding Restrictions on page 66 of the NOFO and Appendix L – Sample Budget and Justification on page 77 of the NOFO.
- Q. Is it allowable to provide non-cash incentives to participants who fill out evaluation/data collection after the intervention, and if so, does that fall under the 10% of award for data collection/performance measurement/assessment?
- A. Refer to Appendix I – Standard Funding Restrictions on page 66 of the NOFO. Incentives for data collection/evaluation do apply to the evaluation cap.
- Q. Is project abstract page Required and if so, is it considered part of 10-page narrative limit?
- A. See IV. Application and Submission Information on pages 19-23 of the NOFO and Appendix B - Formatting Requirements and System Validation on pages 41-42 of the NOFO.
- Q. Is QPR considered a de-escalation training?
- A. Question Persuade Refer (QPR) is a suicide prevention training for participants to be able to recognize the warning signs of suicide.
- Q. Can you confirm that when developing personnel budget calculations using percentage of salary (without a federally approved IDC rate), paid time off must be calculated and deducted from salary costs, and input as a component of fringe benefits?
- A. See Appendix L-Sample Budget and Justification, on page 77 of the NOFO, and/or email FOACMHS@samhsa.hhs.gov.
- Q. Typically, would public colleges and universities qualify as states?
- A. “Political subdivision” ordinarily includes counties, cities, townships, villages, schools, sanitation, utility, irrigation, drainage and flood-control districts, and similar governmental entities.” Generally, the State determines the legal status of an entity of the State. Therefore, if an entity or entity type is not defined in statute and legislation then, in consideration of the State’s authority to specify who or what its political subdivisions are, it is strongly encouraged that the

Attorney General, at the request of the state administrator, opine on the legal status of an entity.

https://www.ssa.gov/section218training/advanced_course_9.htm#:~:text=%E2%80%9CPolitical%20subdivision%E2%80%9D%20ordinarily%20includes%20counties,districts%2C%20and%20similar%20governmental%20entities.

Q. Can a population of focus for whom training activities are targeted be faith-based communities - members or personnel?

A. Yes, Refer to populations of focus on page 8 of the NOFO. Also refer to Required and Allowable activities as outlined in the NOFO on Pages 9-11.

Q. Is there a minimum number per year of targeted trainees? The volume of people being trained, so does it mean no minimum requirement per year?

A. See V. Application Review Information on pages 24-26 of the NOFO.

Q. Is there an _ in the MHAT NOFO email address?

A. Yes, there is an underscore between MHAT and NOFO. The email address is MHAT_NOFO@samhsa.hhs.gov

Q. Is it absolutely Required that consent forms be obtained? I understand that a sample consent form must be a part of the application, but are consent forms necessary to be obtained by all attendees trained?

A. See Attachment 3: Sample Consent Forms on page 21 of the NOFO. 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.

Q. Can we include MBF Mental Health Supplemental curriculum for children K-12?

A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.

Q. May the approved curricula to be offered by adapted to be more culturally responsive?

A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.

Q. Is ASIST considered an appropriate curriculum for this grant?

A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.

Q. If we have licensed mental health providers within our agency, is there still a need to partner with another agency?

A. Refer to Required Activities on pages 9-11 for a list of Required activities. The list includes activities that every award must implement. They must be reflected in the Project Narrative of

your application. Develop collaborative partnerships with relevant community agencies to assist with responding to mental health issues and improve coordination of services for the population of focus. At least one partnering agency should be an identified licensed mental health provider with staff available who can respond to referrals for screening, assessment, and/or services. [NOTE: Letter(s) of Commitment (LOCs) between the recipient and relevant community agencies must be submitted in Attachment 1. Each LOC should attest to their support for the project and describe how the community agency will work with the recipient to ensure that a sufficient number of individuals within the agency are trained in mental health awareness and/or describe the services that will be provided to the population of focus. Refer to page 52 of the NOFO.

Q. Who is the targeted audience for consent forms?

A. The consent form is from the relevant community agency (LOC). They will be accepting referrals. NOTE: Letter(s) of Commitment (LOCs) between the recipient and relevant community agencies must be submitted in Attachment 1. Each LOC should attest to their support for the project and describe how the community agency will work with the recipient to ensure that a sufficient number of individuals within the agency are trained in mental health awareness and/or describe the services that will be provided to the population of focus. Refer to page 52 of the NOFO.

Q. What would be a circumstance in which there will be an extension of the application date

A. The application due date will not be extended. The application due date is May 1, 2023. Refer to page 5 of the NOFO.

Q. Does this grant funding support new positions?

A. See Appendix L-Sample Budget and Justification on pages 77-81 of the NOFO.

Q. Is it an allowable expense for MHAT training staff to travel to national and state Mental Health Awareness training conferences to enhance their training knowledge base and skills?

A. See Appendix L-Sample Budget and Justification on pages 77-81 of the NOFO.

Q. Have you considered the question of language justice in composing the NOFO? Would a language justice program be an eligible MHFA?

A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.

Q. Please define if the population of focus mentioned below refers to people who are trained or people who will benefit from training provided to the people trained. Section V. A. 1. includes the following on page 24 of the NOFO: Provide a demographic profile of the population(s) of focus in the catchment area who will be impacted by individuals trained in mental health awareness in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

A. Population of focus refers to people who are trained.

- Q. Is there flexibility in the start date? Could it be after 9/30?
- A. Project implementation is expected to begin within four months of award. Refer to Section I – 3 for Required Activities on page 9.
- Q. What is considered a standardized data instrument?
- A. See Appendix F on page 58-59 of the NOFO, and pages 12 Section 5 of the NOFO-Data Collection/Performance Measurement and Project Performance Assessment.
- Q. Page 15-16 talks about insurance "Reimbursements for the Provision of Services" - is that about training? training not usually reimbursable by insurance.
- A. 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.
- Q. Do you have sample formatting for LOC or budget and narrative?
- A. Refer to Required Activities on pages 9-11 for a list of Required activities and Appendix L-Sample Budget and Justification on pages 77-81 of the NOFO.
- Q. Will consideration be given for the work we are already doing to address grant goals? The grant will allow us to expand to a larger geographic region.
- A. See V. Application Review Information on pages 24-26 of the NOFO.
- Q. For the referral process, can a clinic that is providing the trainings also be a referral point for individuals to receive services?
- A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.
- Q. Are there any other grants like this coming up in the near future?
- A. Refer to www.samhsa.gov/grants and www.grants.gov for SAMHSA funding opportunities.
- Q. Would diversity, equity, and inclusion training be an eligible MH awareness training?
- A. Refer to Section I – 3 for Required and Section I – 4 Allowable Activities on pages 9-11 for a list of activities.