Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2024 Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis

(Short Title: CHR-P)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-007

Assistance Listing Number: 93.104

Key Information:

Application Deadline	**Applications are due by April 8, 2024.**
FY 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) participate(s). 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.*

Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.
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 Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) program. The purpose of this program is to provide trauma-informed, evidence-based interventions to youth and young adults (up to 25 years of age) who are at clinical high risk for psychosis. Recipients will be expected to use evidence-based interventions to: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. With this program, SAMHSA aims to prevent the onset of psychosis or lessen the severity of psychotic disorders among youth and young adults.

Funding Opportunity Title:	Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (Short Title: CHR-P)
Funding Opportunity Number:	SM-24-007
Due Date for Applications:	**April 8, 2024**
Estimated Total Available Funding:	$5,000,000
Estimated Number of Awards:	8
Estimated Award Amount:	Up to $650,000 per year
Cost Sharing/Match Required:	**Yes** [See Section III-2 for cost sharing/match requirements.]
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 4 years

Eligible Applicants:	Eligibility is statutorily limited to public entities, which includes State governments and territories, governmental units within political subdivisions of a state (e.g., county, city, town), and Federally recognized American Indian/Alaska Native tribes and tribal organizations. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Part E of Title V Section 561 (42 USC 290-ff) of the Public Health Service Act, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to provide trauma-informed, evidence-based interventions to youth and young adults (up to 25 years of age) who are at clinical high risk for psychosis. Recipients are expected to use evidence-based interventions to: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms.

SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between recipients delivering services and mental health researchers to evaluate the effectiveness of stepped-care[1] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project applications.

Approximately 100,000 adolescents and young adults in the United States experience a first episode of psychosis (FEP) every year[2] and over one million individuals may experience problems in perception, thinking, mood, and social functioning suggestive of clinical high risk for psychosis.[3] Individuals experiencing these early, subthreshold symptoms are said to be at clinical high risk for psychosis.[4]

At least a dozen randomized controlled trials (RCTs) have evaluated interventions to improve outcomes for youth and young adults at clinical high risk for psychosis. Meta-analyses of completed RCTs support the efficacy of cognitive and behavioral approaches for reducing risk factors and delaying or preventing the onset of psychosis,

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[1] Stepped care refers to an approach in which patients start with the least intensive evidence-based treatment. Patients who do not respond adequately to the first–line treatment are offered an evidence-based treatment of higher intensity, as clinically indicated.

[2] National Institute of Mental Health (2023). Fact Sheet: Understanding Psychosis. Retrieved from: https://www.nimh.nih.gov/health/publications/understanding-psychosis.

[3] Schultze-Lutter, F., Michel, C., Ruhrmann, S., & Schimmelmann, B. (2017). Prevalence and clinical relevance of interview-assessed psychosis-risk symptoms in the young adult community. *Psychological Medicine,* 1–15.

[4] Fusar-Poli, P., Bonodi, I., Yung, A.R., Borgwardt, S., Kemptoj, M.J., Valmaggia, L., Francesco, B., Caverzaqsi, E., & McGuire, P. (2012). Predicting psychosis: meta-analysis of transition outcomes in individuals at high clinical risk. *Archives of General Psychiatry, 69(3)*, 220–229.

as compared to routine monitoring or nonspecific treatment.[5,6,7] This body of research supports the importance of early identification and connection to evidence-based services at the earliest stages of psychotic illness.

SAMHSA encourages grant 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 and, in some circumstances, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

The CHR-P program is authorized under Part E of Title V Section 561 (42 USC 290-ff) of the Public Health Service Act, as amended.

2. KEY PERSONNEL

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

Key Personnel for this program are:

- The **Project Director (PD), with at least a 0.5 Full Time Equivalent (FTE) level of effort.** The PD is responsible for oversight of the project, including technical and programmatic aspects of the award and oversight of evaluation activities. If the PD is not an employee of the awarded agency, a staff person from the awarded agency that has fiscal and programmatic authority over the award must attend all calls with SAMHSA.

- The **Program Coordinator (PC), with at least a 0.75 FTE level of effort.** The PC will be directly responsible for the service delivery and day-to-day operation, supervision, and management of the program, including determining eligibility and oversight of outreach activities. Best efforts should be made to hire staff that

[5] Hutton, P., & Taylor, P. (2014). Cognitive behavioral therapy for psychosis prevention: A systematic review and meta-analysis. *Psychological Medicine*, *44*(3), 449–468.

[6] Stafford M. R., Jackson H., Mayo-Wilson E., Morrison A. P., & Kendall, T. Early interventions to prevent psychosis: Systematic review and meta-analysis. *BMJ* 2013; 346:f18

[7] Van der Gaag M. Smit F., Bechdolf A., French P., Linszen D.H., Yung A.R., McGorry P., & Cuijpers P. Preventing a first episode of psychosis: Meta-analysis of randomized controlled prevention trials of 12 month and longer-term follow-ups. *Schizophrenia Research*, 2013; 149 (1–3), 56–62.

represent the population of the community [see Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standard 3)].

- The **Outreach Coordinator, with at least a 0.75 FTE level of effort.** The Outreach Coordinator is responsible for the day-to-day implementation of required outreach activities, including generating new and cultivating existing primary and secondary outreach efforts with community referral partners, identified in **Section 3 - Required Activities**. The Outreach Coordinator is responsible for coordination of all outreach/education presentations about CHR-P services.

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

3. REQUIRED ACTIVITIES

Required activities are the activities that every award must implement. They must be reflected in the Project Narrative of your application. This is in response to Section V of this NOFO.

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

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

Recipients are required to carry out each of these activities.

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

1. If the recipient is not the provider of services, identify an organization or agency with specialized expertise that is clinically qualified and credentialed to provide the required services to implement and manage the CHR-P program.

2. Implement a stepped-care model for early psychosis that features lower-intensity/lower-risk treatments as first-line interventions, with decisions regarding treatment completion, maintenance therapy, or step-up to more intensive care based on objective measures of treatment response. Interventions included in the stepped-care model are:

a. Standardized and evidence-based approaches to CHR-P screening, diagnosis, and psychosis risk assessment must be implemented;

b. Psychoeducation for youth/young adults and family members;

c. Substance use risk reduction;

d. Cognitive-behavioral therapy for psychosis is strongly recommended, however, other evidence-based approaches that target cognition and/or behavioral change are acceptable;

e. Academic, vocational, peer, and family support; and

f. Psychiatric consultation, as part of the treatment team, on the use of pharmacotherapy component of care. [NOTE: Psychiatric consultation must be provided by a medically trained and licensed behavioral health care provider with prescriptive authority in psychopharmacology who can prescribe and manage medications independently, pursuant to state law. The family and youth will be active participants in the possible use of pharmacotherapy.]

[**NOTE:** Treatment materials must be culturally and linguistically appropriate to people of all racial/ethnic groups and must be supportive of and affirming to sexual and gender minority populations. Translation tools and resources must be available to recipients of services (see CLAS Standards 5-8).]

3. Develop and implement training/workforce development activities for providers/staff to provide and implement the stepped-care model.

4. Develop and implement primary and secondary outreach strategies to community referral partners.

    a. Primary outreach: Connecting with other mental health and health care providers (e.g., community-based mental health clinics, first episode of psychosis [FEP] clinics, psychiatry, primary care, etc.).

    b. Secondary outreach: Connecting with local settings that serve youth and young adults (e.g., schools, faith-based organizations, social service agencies, juvenile justice agencies, peer and family support organizations, other local organizations). Outreach activities should include dissemination of information and training on CHR-P and psychosis, identification of the warning signs of CHR-P, and referral processes to CHR-P services. Recipients must designate an individual within the staff positions to plan and execute outreach using culturally competent efforts.

[**NOTE:** Outreach strategies should increase or enhance access to services for underserved youth in the community. Underserved communities are defined under section 2 of Executive Order 13985. Other underserved populations may include immigrant households and special youth populations (e.g., juvenile justice, child welfare systems, runaway youth, youth experiencing homelessness).

5. Develop and implement training/workforce development activities for providers/staff on CHR-P clinical assessment. Recipients should use the Structured Interview for Prodromal Syndromes (SIPS) (Miller, 2004), or the Abbreviated Clinical Structured Interview for DSM-5 Attenuated Psychosis Syndrome (i.e., Mini SIPS2) in place of SIPS, where appropriate.

6. For youth and young adults that do not meet eligibility for CHR-P: Develop and coordinate referral pathways with CHR-P services and other mental health, health, and other appropriate services in the community (e.g., community-based mental health services, primary care, occupational therapy).

7. For youth/young adults that exceed eligibility (older than 25 years of age) for CHR-P but meet eligibility for FEP: Establish bidirectional referral relationships with FEP clinics (e.g., the Coordinated Specialty Care3 [CSC] programs supported through SAMHSA's Community Mental Health Services Block Grant 10% set-aside for evidence-based treatments for early serious mental illness) to allow for a seamless transition from CHR-P services to FEP services.

8. Provide, coordinate, or link to the following services, ensuring they are culturally competent:

    a. Intensive home-based services for youth/young adults and their families when the youth is at imminent risk of out-of-home placement;

    b. Respite care;

    c. Therapeutic foster care and services in therapeutic foster family homes, individual therapeutic residential homes, or group homes caring for not more than 10 youth.

9. Develop mechanisms to promote and sustain youth and family participation in supports and services related to peer support, development of youth leadership, mentoring programs, family counseling programs that include acceptance of LGBTQI+ youth, and support for youth with substance use disorders.

10. Develop and implement individualized crisis plans for youth/young adults receiving services. Plans may include de-escalation techniques, natural supports, community supports, and/or community-based crisis services and supports. Crisis plan must

include lethal means education and restriction of lethal means if the youth/young adults show suicidal behavior.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities:

1. Co-locate CHR-P services with existing FEP services (e.g., the Coordinated Specialty Care programs supported through SAMHSA's Community Mental Health Services Block Grant 10% set-aside for evidence-based treatments for early serious mental illness).

2. Engage in universal screening procedures for CHR-P in settings that serve youth/young adults (e.g., schools, emergency departments, juvenile justice agencies, primary care) to identify youth/young adults who may be at clinical high risk for psychosis.

3. Use validated brief screening tools that precede the SIPS assessment (e.g., Prodromal Questionnaire-Brief4 [PQ-B; Loewy, 2005], the Prime Screen 5 [Miller, 2004]).

4. Collaborate with child and young adult serving agencies (e.g., substance use, child welfare, criminal and juvenile justice, primary care, education, housing, welfare) to build bridges between partners.

5. Implement and provide training on the Behavioral Health Guide for Implementing the National CLAS Standards to service providers to increase awareness and acknowledgment of differences in language, age, culture, racial and ethnic disparities, socio-economic status, religious beliefs, sexual orientation and gender identity, and life experiences in order to improve the inclusiveness of the service delivery environment and ultimately improve behavioral health outcomes.

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An ***evidence-based practice*** (EBP) is a practice that has been documented with research data to show its effectiveness. A ***culturally adapted practice*** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. ***Community-defined evidence practices*** (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

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

In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the Fidelity Monitoring Checklist. In situations where an EBP is appropriate but requires additional culturally informed practices, discuss this in C.1.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

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 E of the Project Narrative.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) two types of data using the Mental Health Client/Consumer Outcome Measures tool and the Infrastructure, Prevention and Promotion Indicators tool. Training and technical assistance on SPARS data collection and reporting will be provided after award.

1. The National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services tool collects client-level data on a real-time basis as clients are enrolled for services. You must collect these data on each client at baseline (i.e., client entry into the project), at 6-month reassessment, and at client discharge. Data must be entered in SPARS within 7 days after collection.

   Data will be collected on:

   - Behavioral Health Diagnosis(es)
   - Demographics
   - Functioning in Everyday Life
   - Stability in Housing
   - Education and Employment
   - Criminal and Criminal Justice Status
   - Perception of Care
   - Social Connectedness
   - Program-Specific Questions

2. The Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators are project-level data collected and reported in SPARS on a quarterly basis.

   Recipients must collect data on the following IPP assigned indicators:

   - The number of individuals contacted through program outreach efforts.
   - The number of individuals screened for mental health or related interventions.
   - The number of individuals referred to mental health or related services.
   - The number of people in the mental health and related workforce trained in mental health.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data in SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Additional information about SPARS can be found at https://spars.samhsa.gov/.

Data are to be submitted quarterly in SPARS within 30 days of the end of each reporting period. Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you submit 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

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their 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. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) 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.*

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.[8] 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

[8] "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.

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; and
- supported by addressing trauma; and based on respect.

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

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are 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, and 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.[9]

It is critical for recipients to promote the linkage to recovery and resilience for 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,

[9] https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

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 reduced 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*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all. 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).

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (such as Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (such as Medicare, Medicaid, private insurance, etc.) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services).

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 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. Where appropriate, consider prioritizing this population for services.

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 and the behavioral health disparities that the LGBTQI+ population face, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their 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, SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

8. RECIPIENT MEETINGS

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

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	$5,000,000
Estimated Number of Awards:	8
Estimated Award Amount:	Up to $650,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 4 Years
Anticipated Start Date:	September 30, 2024

Your annual budget cannot be more than $650,000 in total costs (direct and indirect) in any year of the 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.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam,

American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).

- Governmental units within political subdivisions of a state (e.g., county, city, town).

- Federally recognized American Indian/Alaska Native (AI/AN) tribes **and** tribal organizations.

A tribal organization is the recognized body of any AI/AN tribe; any legally established organization of AI/ANs controlled, sanctioned, or chartered by such governing body, or is democratically elected by the adult members of the Indian community to be served by such organization and includes the maximum participation of AI/ANs in all phases of its activities.

Recipients who received their initial funding under the CHR-P NOFO in FY 2022 (SM-22-008) or FY 2023 (SM-23-014) are not eligible to apply.
For general information on eligibility for federal awards, see https://www.grants.gov/learn-grants/grant-eligibility.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is required for this program under Section 561-565 of the Public Health Service Act, as amended. Recipients must provide matching funds (directly or through donations from public or private entities) from non-federal contributions:

- For Years 1, 2, and 3, you must provide at least $1 for each $3 of federal funds.
- For Year 4, you must provide at least $1 for each $1 of federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment, or Services and must be derived from non-federal sources (e.g., state or sub-state nonfederal revenues, foundation awards).

There is concern that the federal funds for this program might be used to replace existing non-federal funds. Therefore, applicants may only include as non-federal match contributions in excess of the average amount of non-federal funds available to the applicant public entity over the two fiscal years preceding the fiscal year when the federal award is made. Non-federal public contributions, whether from state, county, or city governments, must be dedicated to the community/communities served by the grant. Federal funds must be used for the new expenses of the program carried out by the recipient, i.e., federal funds must be used to supplement and not supplant any funds available for carrying out existing services and activities.

A letter certifying that matching funds for the proposed project are available and

are non-federal funds must be included in Attachment 8 (**Non-Federal Match Certification letter). Applicants that do not include Attachment 8 will be screened out and not reviewed.** It is expected that non-federal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, juvenile justice). You must specify the names of the expected sources, the types of sources (e.g., education, child welfare, juvenile justice) and the amount of matching funds.

Tribes receiving funds under the Indian Self-Determination and Education Assistance Act, PL 93-638, as amended, are exempt from the restriction that prohibits the use of those Federal funds as a match.

A recipient's failure to provide the statutorily required matching amount may result in the disallowance of federal funds. Recipients must report these funds in their Federal Financial Reports.

3. OTHER REQUIREMENTS

- If the sub-recipient is the service provider, the recipient is responsible for program and fiscal oversight and monitoring of the project.

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies. In **Attachment 1**, applicants must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

1. A provider organization for direct client mental health services appropriate to the award must be involved in the project. The provider may be the applicant or another organization committed to the project as demonstrated by a Letter of Commitment (LOC). More than one provider organization may be involved.

2. Each mental health provider organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.

3. Each mental health provider organization must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health/substance use disorder prevention, treatment, recovery support providers must be in compliance with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following the review of your application, if the score is in the fundable range, the Government Project Officer (GPO) may request that you submit additional documentation or verify that the documentation submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package 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 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**, enter the name and contact information of 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: 9/29/2028.
- 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.

  It is recommended new applicants 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 (Year 2, Year 3, and Year 4). For example, if funds are being requested for four years total, enter the requested budget amount for each budget period in columns b, c, and d (i.e., 3 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. 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 (Match Required)

It is highly recommended 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 E. (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.1 – 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/Service Providers/Evidence of Experience and Credentials***
    1. Identification of at least one experienced, credentialed licensed mental health provider organization.
    2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
    3. Letters of Commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.)
    4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this

application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  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, informed consent forms for:
  - service intervention;
  - exchange of information, such as for releasing or requesting confidential information

- ***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 position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.

- ***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.

- ***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: Non-Federal Match Certification Letter***
  You must provide a written statement certifying the matching funds for the proposed project are available and are non-federal funds. See Section III-2.

3. UNIQUE ENTITY IDENTIFIER AND 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 application no later than 11:59 PM (Eastern Time) on **April 8, 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: BY THE DEADLINE FOR THIS NOFO, THE FOLLOWING TASKS MUST BE COMPLETED 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 budget for the following:

- Food can be included as a necessary expense[10] for individuals receiving SAMHSA funded mental and/or substance use disorder treatment services, not to exceed $10.00 per person per day.

You must also comply with SAMHSA's Standards for Financial Management and 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 the 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-E below. The 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 - E) may be no longer than **10 pages.**

- You must use the five sections/headings listed below in developing your Project Narrative.

[10] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

- **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 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 (15 points – approximately 1 page)

1. Identify and describe youth and young adults up to 25 years of age who are at clinical high risk for psychosis and the geographic catchment area where services will be delivered that aligns with the focus of this program. Provide a demographic profile of this population of focus (i.e., youth and young adults up to age 25 who are at clinical high risk for psychosis) in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the need to provide evidence-based interventions in a trauma-informed manner to prevent the onset of psychosis or lessen the severity of psychotic disorders. Include service gaps, disparities, and document the extent of the need (i.e., current prevalence rates or incidence data) for the youth and young adults up to 25 years of age who are at clinical high risk for psychosis as it relates to the program. Identify the source of the data.

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

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2. (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 Individuals to be Served with Award Funds				
Year 1	Year 2	Year 3	Year 4	Total

2. Describe how you will implement all 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 4 years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I [**NOTE:** Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than four months after the award.] **The timeline does not count towards the page limit for the Program Narrative.**

SECTION C: Proposed Evidence-based, Adapted, or Community defined Evidence Service/Practices (25 points — approximately 2 pages)

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s)/CDEP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEP(s), evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in Section I.5.)

SECTION D: Staff and Organizational Experience (20 points – approximately 1 page)

1. Demonstrate the experience of your organization with similar projects and/or providing services to youth and young adults up to 25 years of age who are at clinical high risk for psychosis.

2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to youth and young adults up to 25 years of age who are at clinical high risk for psychosis and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment from each partner in **Attachment 1.** If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, Program Coordinator, Outreach Coordinator) and other significant personnel. For each staff member, describe their:
   - Role;
   - Level of Effort (Project Director at a minimum of 0.5 FTE, Program Coordinator at a minimum of 0.75 FTE, and Outreach Coordinator at a minimum of 0.75 FTE); and
   - Qualifications, to provide services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under-resourced populations.

SECTION E: 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. **Identify 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, when the individual award is over $250,000.
- Recipients who received their initial funding under the CHRP NOFO in FY 2022 (SM-22-008) or FY 2023 (SM-23-014) are not eligible to apply.
- Submission of any required documentation that must be received prior to making an award.
- 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 Annual Programmatic Progress Reports on project performance. The annual progress report is due within 90 days of the end of each budget period.

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable)
- Qualitative and quantitative data (GPRA) to demonstrate progress of achieving goals and objectives and implementing evaluation activities
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
- Problems encountered serving the populations of focus and efforts to overcome them
- 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.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

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:

Hope Griffith-Jones
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1301
Hope.Griffith-Jones@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 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