Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2024 National Center of Excellence for Integrated Health Solutions

(Short Title: CIHS)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-008

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by July 8, 2024.**
NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline. See *Section I of the Application Guide*.

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

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for the fiscal year (FY) 2024 National Center of Excellence for Integrated Health Solutions program. The purpose of this program is to advance bi-directional primary and behavioral health care integration by providing high quality, evidence-informed training and technical assistance (TTA) to a national audience, including a specific focus on the Collaborative Care Model (CoCM). The recipient is expected to support the improvement of integrated care models and provide training and technical assistance to health systems, health care providers, and members of the public. With this program, SAMHSA aims to promote full integration and collaboration in clinical practice between behavioral health care and primary physical health care.

Funding Opportunity Title:	National Center of Excellence for Integrated Health Solutions (Short Title: CIHS)
Funding Opportunity Number:	SM-24-008
Due Date for Applications:	July 8, 2024
Estimated Total Available Funding:	$2,673,868
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $2,673,868 per year
Cost Sharing/Match Required:	No [See Section III-2 for cost sharing/match requirements.]
Length of Project Period:	Up to 5 years
Anticipated Project Start Date:	09/30/2024
Anticipated Award Date:	No later than September 29, 2024

Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 520K of the Public Health Service Act

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to advance bi-directional primary and behavioral health care integration by providing high quality, evidence-informed training and technical assistance (TTA) to a national audience, including a specific focus on the CoCM.

Individuals with serious mental illness (SMI) and substance use disorders (SUDs) are at higher risk for increased mortality and illness from chronic physical health conditions such as cardiovascular disease, obesity, diabetes, hypertension, and dyslipidemia.[1] These physical health conditions are often exacerbated by poor-quality health care services that are fragmented and inadequate to address their complex needs.[2,3,4] To better address these needs, systems must provide integrated care that addresses both physical and behavioral health needs.

Access to behavioral health care is also a persistent problem. According to the 2022 National Survey on Drug Use and Health, of the 59.3 million adults aged 18 or older who had a mental illness in the past year, about half (29.3 million people) did not receive mental health treatment. Of the 19.4 percent of people aged 12 or older who had a need for SUD treatment (54.6 million people), only 24 percent (13.1 million people) received any substance use treatment.[5] As a result, there is a need to improve access to whole-person health by increasing capacity for primary care settings to identify and connect people to integrated physical and behavioral health care.

SAMHSA aims to promote full integration and collaboration in clinical practice between behavioral health care and primary physical health care; support the improvement of integrated care models; enhance the quality and scope of TTA available to health systems, health care providers, and members of the public seeking information about integrated care; and support the implementation of integrated care projects of PIPBHC recipients.

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[1] Forman-Hoffman, Muhuri, Novak, Pemberton, Ault, and Mannix. CBHSQ Data Review: Psychological Distress and Mortality among Adults in the U.S. Household Population. August 2014. https://www.samhsa.gov/data/sites/default/files/CBHSQ-DR-C11-MI-Mortality-2014/CBHSQ-DR-C11-MI-Mortality-2014.htm

[2] Liu NH, Daumit GL, Dua T, et al. Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World Psychiatry. 2017;16(1):30-40. doi:10.1002/wps.20384. https://pubmed.ncbi.nlm.nih.gov/28127922/

[3] Druss BG, Goldman HH. Integrating Health and Mental Health Services: A Past and Future History. Am J Psychiatry. 2018;175(12):1199-1204. doi:10.1176/appi.ajp.2018.18020169. https://pubmed.ncbi.nlm.nih.gov/29690794/

[4] Bruce ML, Sirey JA. Integrated care for depression in older primary care patients. Canadian Journal of Psychiatry. Revue canadienne de psychiatrie, 2018;63(7):439-446. https://doi.org/10.1177/0706743718760292

[5] Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

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

The National Center of Excellence for Integrated Health Solutions is authorized under Section 520K of the Public Health Service Act.

2. KEY PERSONNEL

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

The Key Personnel for this program will be the Project Director with a minimum level of effort of 0.50 FTE and the Evaluator (with a minimum level of effort of .25 FTE). The Project Director is expected, at a minimum, to provide overall oversight and leadership for all aspects of the project, ensure and report to SAMHSA on key program requirements, and meet on a regular basis with the Government Project Officer (GPO). The Evaluator is responsible for evaluating the project by using both qualitative and quantitative data methods.

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

3. REQUIRED ACTIVITIES

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

1. **Develop and Implement a Project Plan**
   When: Within four months of award, and updated annually and submitted with the Annual Performance Report

   Develop and implement a **Project Plan** that outlines the timeline for project implementation; the types of training and technical assistance to be provided to PIPBHC recipients and the public; the intended impact of training and technical assistance on recipients and the public; and the results of conducting a scan of what is already in the field to inform the development of training and technical assistance initiatives and products that are planned for each year of the project. In addition to the broad focus on integration, TTA activities should include a focus on the

implementation of the CoCM in primary care settings. The TTA activities included in the plan should include a focus on underserved populations[6] with elevated or specific needs. TTA activities should be culturally responsive to community needs.

2. **Develop and Implement a Communication and Marketing Plan (CM Plan)**

   When: Within four months of award

   Develop and implement a **CM Plan** to widely promote and make available information and TTA related to integrated care, including materials and technical assistance developed by CIHS. The CM plan should include the following:

   - A timeline for development of an easily navigable website that has an inventory of integrated care resources, including a page/section of the website focused on the CoCM. The website shall also include links and resources from other Health and Human Services (HHS) TTA Centers;
   - Identification of the intended audiences for TTA, including health care providers in health care settings implementing the CoCM, other organizations, localities, and states and how the TTA resources and products meet their needs;
   - Identification of marketing strategies and outreach to the intended audiences to make them aware of TTA center resources, with a specific focus on outreach to grantees and primary care practices implementing the CoCM; and
   - Details on how TTA activities will meet the needs of the intended audiences (e.g., by fulfilling continuing education requirements, providing materials in different languages).

3. **Establish and Maintain a Steering Committee**

   When: Within 6 months of award

   Establish and maintain a **Steering Committee** that meets at least two times per year. The Committee should include but not limited to Tribal representation; individuals with lived experience; behavioral and physical health care providers, including primary care practices implementing the CoCM; community-based organizations; peer-run organizations; and experts in the field of integrating primary and behavioral health care. The Committee shall identify emerging issues related to integrated care and provide advice to the CIHS on all TTA activities, including the Project Plan and the CM Plan.

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[6] Underserved populations include populations such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; older adults; and persons otherwise adversely affected by persistent poverty or inequality.

4. **Provide Training and Technical Assistance (TTA) to PIPBHC Recipients**

When: Within four months of award

Provide **training and technical assistance** to PIPBHC recipients on evidence-based,[7] culturally appropriate, and evidence-informed strategies to increase and improve the delivery of bi-directional integrated health care. TTA activities should address the following:

- Development, selection, and implementation of evidence-based integrated care models, including the CoCM;
- Implementation of the CoCM and other integrated care approaches;
- Establishment of organizational practices that support operational and administrative success of integrated care, with a specific focus on grantees implementing the CoCM;
- Workforce development (especially in areas that are medically underserved);
- Use of data, quality improvement, and program evaluation;
- Financing and sustaining integrated care programs, including the CoCM;
- Use of health information technology, including compliance with health privacy statutes and regulations;
- Peer learning communities to increase cross-collaboration, communication, and mutual learning;
- Operation of a CoCM learning collaborative, which includes all interested PIPBHC grantees and PIPBHC-funded primary care practices implementing the CoCM;
- Development and execution of in-person or virtual grantee meetings; and
- Summarize lessons learned annually about the implementation of the CoCM by PIPBHC grantees. These lessons learned shall address both broader policy and infrastructure issues, in addition to practice-level issues.

5. **Provide Training and Technical Assistance (TTA) to the Health Care Field and the Public**

When: Within four months of award

Provide **technical assistance in many formats (e.g., webinars, resource documents, toolkits, fact sheets, learning modules)** to health systems and care providers, tribes and tribal organizations, other organizations, localities, and states on evidence-based and evidence-informed strategies to increase and improve the

[7] Evidence-based practices are interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services that promote individual-level or population-level outcomes.

delivery of bi-directional integrated health care, including the CoCM. TTA should meet the needs of underserved populations. TTA should consider information from HHS TTA centers and other sources that focus on integration to avoid duplication of efforts. The TTA should include:

- TA in a variety of formats (e.g., webinars, resource documents, toolkits, fact sheets, learning modules);
- Online learning modules, fact sheets, and resources about the CoCM and other integrated care approaches;
- Development of resources focused on CoCM implementation, which include specific examples and concrete steps needed to implement the model with fidelity. These resources should draw on implementation science research to support sustainable implementation of the CoCM with fidelity to the core program components;
- Consultation through an ECHO-type model that utilizes qualified providers to provide training and consultation (see https://hsc.unm.edu/echo/what-we-do/about-the-echo-model.html) related to integrated care topics and models identified in consultation with SAMSHA, including the CoCM (applicants should include a list of proposed topics in Section B–Proposed Implementation Approach);
- Programs, policies, financing models, and infrastructure that support bi-directional integration of care at the state, tribal, local, territorial, and provider levels; and
- Prevention, screening, intervention, and referral to treatment related to mental health and substance use conditions through integrated care, especially within primary care settings implementing the CoCM.
- On an annual basis, identify areas for TTA and resource development related to integrated care, including a specific focus on the CoCM.

6. **Maintain an inventory of and serve as a clearinghouse for CIHS products** (e.g., resource documents, toolkits, fact sheets, learning modules), posting products, as appropriate, on the website under required activity #2. All final products must be shared with SAMHSA on a monthly basis.

7. **Collaborate and Coordinate with Other SAMHSA Training and Technical Assistance (TTA) Centers**

   When: Within four months of award

   Collaborate and coordinate TTA efforts with other HHS and SAMHSA TA Centers (e.g., SMI Advisor, CCBHC TA Centers, The National Mental Health Training and Technical Assistance Collaborating Center Cooperative Agreement (MHTTA-CC), National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), Rural Opioid Technical Assistance Regional Centers (ROTA-R), National Network to Eliminate Disparities in Behavioral Health

(NNED)) and SAMHSA's CoEs (e.g., African American, LGBTQ+, Asian American Native Hawaiian and Pacific Islander, Hispanic/Latino, Protected Health Information, and Peer Recovery and Older Adults) to expand access of TTA materials and resources to healthcare providers and the public. TTA should include relevant materials from the SAMHSA funded Practitioner Training Site (https://www.samhsa.gov/practitioner-training).

8. **Collect and share data and lessons learned from PIPBHC recipients**

   When: Within 6 months of award, and reporting relevant activities annually with the Programmatic Performance Report.

   Collect **data and lessons learned** from PIPBHC recipients and use that information to inform TTA to PIPBHC recipients and the broader field, including a specific focus on the CoCM.

4. ALLOWABLE ACTIVITIES

None

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results Modernization Act (GPRA) of 2010. You must document your plan for data collection and reporting in Section D of the Project Narrative.

Award recipients are required to collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) three types of data using the Training and Technical Assistance (TTA) Program Monitoring tool (OMB Control Number 0930-0389).

1. Event Description data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered in SPARS within 7 days after each event using the event description form.
2. Voluntary survey data from participants after each event using the TTA Post Event form. Anonymous voluntary survey responses must be entered in SPARS within 7 days after the event.
3. Follow-up survey data for events that are longer than three hours. For participants who agree to be contacted, the TTA Follow-Up form will be used 60 days after the end of the event. The data must be entered into SPARS 120 days after the event.

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

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

Project Performance Assessment

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

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

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

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

[8] "Behavioral health" means the promotion of mental health, resilience and wellbeing; 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.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally-based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and based on respect.

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

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture and gender responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[9]

It is critical for recipients to promote the linkage to recovery and resilience for those individuals and families affected by trauma.

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

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[9] https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health Disparity Impact Statement (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 the annual progress reports (see Section VI.3, Reporting Requirements).

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

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

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide, Section J – Administrative and National Policy Requirements*.)

Tribal Behavioral Health Agenda

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

Tobacco and Nicotine-free Policy

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

Behavioral Health for Military Service Members and Veterans

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

Inclusion of People with Lived Experience Policy

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

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population faces, you are encouraged to address the behavioral health needs of this population in designing and implementing your programs.

Behavioral Health Crisis and Suicide Prevention

Recipients 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.

7. RECIPIENT MEETINGS

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

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$2,673,868
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $2,673,868 per year, inclusive of indirect costs
Length of Project Period:	Up to 5 years
Anticipated State Date:	September 30, 2024

Proposed budgets cannot exceed $2,673,868 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the

availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

2. COOPERATIVE AGREEMENT REQUIREMENTS

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

Role of the Recipient:

- Comply with terms and conditions of the cooperative agreement award.
- Perform all required activities as indicated in this funding opportunity.
- Collaborate with SAMHSA staff in project implementation and monitoring, including consultation with SAMHSA on chosen topics, activities, products, and other TA activities.
- Attend and participate in monthly grantee calls with the GPO. The meetings will include key staff and the GPO.
- Provide updates on progress and challenges related to the development and execution of TA activities.
- Inform the GPO of milestones achieved and any success stories that reflect the impacts made by the grantee.
- Respond to requests from SAMHSA related to any TA activities and special initiatives.

Role of SAMHSA Staff:

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

- Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
- Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- Maintain regular communication with grantee through routine conference calls and the provision of technical assistance and consultation.

- Provide feedback to the Center's overall development and direction as well as its products and activities.
- Review and approve all key personnel and consultants to ensure they are aligned with the cooperative agreement and work plan.
- Review and approve performance data and progress reports.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example: State and local governments; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIOs), and consortia of tribes or tribal organizations; public or private universities and colleges; behavioral health care organizations; professional organizations; and community and faith-based organizations.

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

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

There are no other requirements for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS

You must submit the standard and supporting documents outlined below and in *Section A 2.2 of the Application Guide (Required Application Components)*.

All files uploaded as part of the application must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

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

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

  New applicants should review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  - **Section A**–Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  - **Section B**–Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

- **Section C**–If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only. **Section D**–Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

- **Section E**–Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years in total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years). (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

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

See instructions on completing the SF-424A form at: Sample SF-424A (Match Required).

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

- **PROJECT NARRATIVE–(Maximum 13 pages total)**
  The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 18, it is 14 pages long, not 13 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***
  Include Letters of Commitment from any organization(s) partnering in the project. (**Do not include any letters of support. Reviewers will not consider them.**)

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

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

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

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide–Biographical Sketches and Position* Descriptions for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide–Intergovernmental Review* for detailed information on E.O. 12372 requirements to determine if this applies to you.

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

- ***Attachment 8: Documentation of Non-profit Status***
  Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:

  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code;

- A copy of a current and valid Internal Revenue Service tax exemption certificate;
- A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status;
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status; or
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT

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

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your applications no later than 11:59 PM (Eastern Time) on July 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: TO SUBMIT AN APPLICATION, THE FOLLOWING TASKS MUST BE COMPLETED BY THE DEADLINE FOR THIS NOFO:

- **The applicant organization MUST be registered in NIH's eRA Commons;**

AND

- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food is an unallowable expense.

- The indirect cost rate may not exceed **8 percent** of the proposed budget. Even if an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of $25,000 (45 CFR Part 75.414).

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

6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See the *Application Guide, Section I (Intergovernmental Review)* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A-D) may be no longer than **13 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number**, **i.e., "A.1", "A.2", etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Statement of Need
(25 points – approximately 3 pages)

1. Describe the extent of the problem, including service gaps and barriers related to the delivery of integrated care and the CoCM across the United States with a focus on underserved populations and geographic areas.
2. Describe the integrated care-related technical assistance needs of states, territories, localities, tribes and tribal organizations, health systems and care providers, other non-governmental organizations, the general public, and PIPBHC recipients (including needs related to bi-directional integration AND the

CoCM). This should address integration broadly in addition to the CoCM specifically.

3. Describe the current state of knowledge/research regarding integrated care and implementation science and how that knowledge and research can be used to develop, disseminate, and promote effective products, training, and technical assistance, with specific detail on the CoCM.

SECTION B: Proposed Implementation Approach
(30 points – approximately 6 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.

Number of Unduplicated Individuals to be Trained with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

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

3. In **Attachment 4**, provide no more than a 2-page chart or graph depicting a realistic timeline for the entire 5 years of the project period showing dates, key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Program Narrative].**

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

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training, including providing training/TA to the population(s) of focus and on integrated care, including the CoCM. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.
2. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project, including the expertise and capacity they bring related to integrated care and the CoCM. 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 and Project Evaluator) and other significant personnel. For each staff member describe their:

   - Role;
   - Level of effort; and
   - Qualifications, including their experience providing services to the population(s) of focus; experience with integrated care, including the CoCM; familiarity with the culture(s) and language(s); and working with underserved and historically under resourced populations.

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

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

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., sporting events, entertainment.

See the *Application Guide, Section K – Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. **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 National Advisory Council (NAC).
- Availability of funds.
- 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.

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

You are required to submit an annual progress report due within 90 days after the end of each budget period. The Programmatic Progress Report (PPR) must include an updated Project Plan and data and lessons learned from their interactions with PIPBHC grant recipients. The PPR must be submitted in eRA Commons using a standardized template (OMB Control Number 0930-0395).

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress achieving goals and objectives and implementing evaluation activities.
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- 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 report on 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:

CDR Nicole Pascua
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
pipbhc@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For grant review process and application status questions, contact:

Hawa Kamara
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1103
Hawa.Kamara@samhsa.hhs.gov