

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**FY 2024 Provider’s Clinical Support System-
Universities**

(Short Title: PCSS-U)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-001

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by April 15, 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 <i>Application Guide</i> .
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	<p>You must complete three (3) registration processes:</p> <ol style="list-style-type: none">1. System for Award Management (SAM);2. Grants.gov; and3. eRA Commons. <p>See <u>Section A</u> of the <i>Application Guide: Registration and Application Submission Requirements</i> to begin this process.</p>
---	---

Table of Contents

EXECUTIVE SUMMARY	5
I. PROGRAM DESCRIPTION	7
1. PURPOSE.....	7
3. REQUIRED ACTIVITIES.....	9
4. ALLOWABLE ACTIVITIES	11
5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT	12
6. OTHER EXPECTATIONS	13
7. RECIPIENT MEETINGS	16
II. FEDERAL AWARD INFORMATION	16
1. GENERAL INFORMATION	16
III. ELIGIBILITY INFORMATION	17
1. ELIGIBLE APPLICANTS.....	17
2. COST SHARING and MATCHING REQUIREMENTS	18
IV. APPLICATION AND SUBMISSION INFORMATION	18
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	18
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	19
3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT ...	22
4. APPLICATION SUBMISSION REQUIREMENTS	22
5. FUNDING LIMITATIONS/RESTRICTIONS.....	23
6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	23
7. OTHER SUBMISSION REQUIREMENTS	23
V. APPLICATION REVIEW INFORMATION	24
1. EVALUATION CRITERIA.....	24
2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT.	27

- 3. REVIEW AND SELECTION PROCESS..... 27
- VI. FEDERAL AWARD ADMINISTRATION INFORMATION..... 28
 - 1. FEDERAL AWARD NOTICES 28
 - 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS..... 28
 - 3. REPORTING REQUIREMENTS 29
- VII. AGENCY CONTACTS 29

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for the fiscal year (FY) 2024 Provider’s Clinical Support System - Universities program. The purpose of this program is to expand and ensure that graduate-level healthcare students receive substance use disorder (SUD) education early in their academic careers and prepare them to identify and treat SUD in mainstream healthcare upon graduation. Students will gain a basic knowledge of strategies to identify, assess, intervene, and treat addiction, as well as support recovery and address SUD stigma. In addition, this program supports the integration of SUD content into the curricula of the respective academic institution.

Recipients will be expected to develop and implement a comprehensive SUD curriculum framed in a chronic illness and recovery management model that addresses the core elements recommended by SAMHSA. Recipients will also develop a step-by-step plan for integrating the SUD content into the general program curriculum, including approaches to championing or advocating for institutional and/or administrative changes that affect the integration of the curriculum and sustainability of the program. With this program, SAMHSA aims to promote SUD education in professional healthcare schools and engage students in treating SUD upon graduation.

Funding Opportunity Title:	Provider’s Clinical Support System-Universities (Short Title: PCSS-U)
Funding Opportunity Number:	TI-24-001
Due Date for Applications:	April 15, 2024
Estimated Total Available Funding:	Up to \$5,400,000
Estimated Number of Awards:	Up to 18 (At least three (3) awards will be made to HBCUs, HSI, and/or AANPI-serving institutions and at least one (1) award will be made to a TCU pending sufficient application volume.)
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No

Length of Project Period:	Up to 3 years
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Eligible Applicants:	<p>Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.</p> <p>[See Section III-1 for complete eligibility information.]</p>
Authorizing Statute:	Section 509 of the Public Health Service Act (42 USC 290bb-2), as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to expand and ensure that students in physical and behavioral health professions programs receive substance use disorder (SUD) education early in their academic careers and upon graduation have basic knowledge of strategies to identify, assess, intervene, and treat addiction, as well as support recovery and address stigma. This program will increase the number of health care professionals who can address the needs of persons at risk for or with SUD. It will promote a multi-disciplinary team approach to the integration of behavioral health into physical health care systems. In addition, this program supports the integration of SUD content into the curricula of the respective academic institution.

The populations of focus include students in medical, physician associate (PA), and nursing programs. It is expected that these schools work in collaboration with local social work, public health, and counselor academic programs. Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-serving Institutions (HSI), and Asian American and Native American Pacific Islander-serving Institutions (AANAPI); and Urban Native American Organizations and consortia of tribes or tribal organizations have historically faced disparities in resources and opportunities for their students. HBCUs, TCUs, HSI, and AANAPI-serving institutions and Urban Indian Organizations and consortia of tribes or tribal organizations are encouraged to apply.

Government estimates indicate that the nation's behavioral health workforce, including those who treat patients with SUD, will continue to experience staffing shortages and that it is imperative to address future workforce needs for several behavioral health occupations (USDHHS, 2023)¹. Enhanced training is needed across medical, nursing, and PA professions to identify and treat patients with SUDs.

One of the priorities of the 2022 National Drug Control Strategy² is the expansion of the health professions workforce through development of a core curriculum on SUD for all medical and health professions programs so that every student is educated early in their academic careers on SUD and has basic knowledge of strategies to identify, assess, intervene, and treat addiction, as well as support recovery.

The intended purpose of this program is for medical, physician associate and nursing academic programs to:

¹ Substance Abuse and Mental Health Services Administration: Strategic Plan: Fiscal Year 2023-2026. Publication No. PEP23-06-00-002 MD: National Mental Health and Substance Use Laboratory, Substance Abuse and Mental Health Services Administration, 2023.

² [2022 National Drug Control Strategy](#)

1. Train students early in their academic careers about SUD,
2. Address stigma and discrimination by teaching that SUD is a disease just like any other chronic disease, such as diabetes and heart disease, that can be treated, and
3. Increase access to SUD screening, assessments and services for the approximately 46 million Americans with SUDs.

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by [Executive Order 13985](#). SAMHSA's grant 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 PCSS-Universities program is authorized under Section 509 of the Public Health Service Act (42 USC 290bb-2), as amended.

KEY PERSONNEL

Key personnel are staff members who must be part of the project whether they receive a salary from the project or not. 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.

Key Personnel for this program are the **Project Director** and the **Project Coordinator** (if the level of effort of the Project Director is not 100 percent). The two options for the Key Personnel are as follows:

- The Project Director has a level of effort (LOE) at 100 percent, **OR**
- The Project Director and a Project Coordinator have a LOE for the two (2) positions of at least 100 percent FTE (1.0). The Project Director must have a LOE of a minimum of 20 percent FTE (.20).

Either LOE distribution requires prior approval by SAMHSA after a review of staff credentials and job descriptions. With this staffing plan, the Project Director will be responsible for oversight of the project and considered the lead point person regarding accountability for project deliverables. The Project Coordinator (as applicable) will be responsible for the day-to-day management of the project.

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

3. REQUIRED ACTIVITIES

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

Recipients are required to carry out each of these activities.

Recipients will be expected to:

- Develop and/or implement a SUD curriculum framed in a long-term illness and recovery management model that factors in the varying needs of people seeking SUD treatment and addresses the core elements recommended by SAMHSA in its [Recommendations for Curricular Elements in Substance Use Disorders Training](#)³
 - Include teaching strategies for how to provide person centered engagement and retention in treatment for underserved communities, as defined by [Executive Order 13985](#), who may be given different courses of treatment than other populations, discontinue treatment prematurely, and highlight providing equitable and equal access to quality treatment services.
 - Curriculum should be a comprehensive set of SUD-related courses, trainings, and/or webinars to ensure students are prepared to screen for, diagnose, and address SUDs upon graduation.
 - Content of the training will include, but not be limited to, harm reduction interventions, use of evidence-based practices for SUD, person-centered care, trauma-informed approaches, shared decision making, and other topics outlined in the SAMHSA Recommended Curricula³.
 - Content should include implementation of strategies to decrease the disparities in access to treatment, service use, and outcomes among the racial, ethnic, sexual and gender minority populations served.
- Develop a step-by-step plan for integrating the above content into the general program curriculum, including approaches to championing or advocating for institutional and/or administrative changes that affect the integration of the curriculum and sustainability of the program.
- Develop relationships with training sites for students to ensure that they have the opportunity to observe practice and integrate the curriculum into real-life situations and, at a minimum, can shadow professionals who are providing evidence-based treatment for individuals.
 - **[Note:** An additional ten (10) points will be given to applicants who document that their project will place students in SUD programs serving

³ [Recommendations for Curricular Elements in Substance Use Disorders Training](#)

rural or health professional shortage areas (HPSA), with an emphasis on mental health professional shortage areas. See [Section A](#)].

- Provide curriculum to SAMHSA for its review prior to implementation to ensure it is consistent with the programmatic intent and requirements of the award.
 - Where applicable, include the use of resources of PCSS-Medications for Opioid Use Disorder (MOUD) and PCSS-Medication for Alcohol Use Disorder (MAUD).
- Ensure faculty have the knowledge, training, expertise, and experience necessary to train students on the curricula content and provide faculty development workshops where necessary.
 - Faculty and trainers providing this education must be able to demonstrate significant experience in the treatment of patients with SUD and relevant SUD medications and have experience with MOUD and MAUD in clinical settings.
- Enhance the clinical and cultural competencies of mental and substance use disorders treatment and recovery support practitioners, including the capacity to deliver services in accordance with the [National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare](#) and [CLAS Behavioral Health Implementation Guide](#).
- Coordinate technical assistance (TA) efforts with all relevant SAMHSA-funded training/TA entities, local, state, and/or national organizations to help build knowledge and skills in mental illness and substance use prevention, treatment, and recovery support services and the capacity to address disparities in the access, use, and outcomes of behavioral health treatment. Examples of coordination may involve joint meetings with other SAMHSA training and technical assistance (TTA) efforts, such as the regional Addiction Technology Transfer Center (ATTC), including members of the TTA and other organizations as members of a steering committee, or other forms of consultation with the organizations.
- Partner with other academic institutions that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician associates, nurses, social workers, and/or counselors to further expand the impact of the program, to ensure inclusion of SUD content in the other disciplines, and to promote the inter-disciplinary approach to treatment.
- Conduct regional trainings, where possible, led by the SUD faculty to disseminate SUD content in local systems of care, such as hospital systems or state and county health systems.
- Create an engagement strategy that will be updated quarterly with engagement targets.

- This strategy should include factors such as use of technology and data to tailor outreach and engagement to different segments of potential users, ensure alignment of program and engagement efforts and create materials in plain language so they are easy to understand and readily applicable.
- Develop a communication plan which describes how program activities will be regularly promoted and publicized.
 - Maintain an inventory of products developed through this effort (curricula, trainings, distance learning programs, etc.), including items that address behavioral health disparities, increase access to training activities, and disseminate these products to stakeholders in the field.
- Provide and maintain culturally and linguistically appropriate internet-based information and resources to cover the developmental lifespan.
- Provide oral interpretation in trainings and technical assistance, as needed.
- Provide written translation of curriculum, as necessary and appropriate, and depending on targeted population.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities after ensuring that they can carry out all required activities:

- Develop a steering committee to assist in overcoming institutional barriers to the implementation of the SUD curriculum.
 - This committee could be comprised of members of the school curriculum development personnel, representatives of school administration, and clinical practice/field experience supervisors.
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders, and prevention, treatment, and recovery support services.
- Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment, prevention and recovery support practitioners, including those who work with underserved and under-resourced populations.
- Provide training to students and project staff in the [National Culturally and Linguistically Appropriate Services in Health and Health Care \(CLAS\) Standards](#) and [CLAS Behavioral Health Implementation Guide](#).

- Implementing trauma-informed workforce training to ensure providers can screen, refer and respond to survivors' varying needs in keeping with best practices.

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

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

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

1. [Event Description](#) data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered into SPARS within 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.

Recipients are required to report aggregate performance on the following measures:

- Number and type of training events provided directly by the recipient,
- Number of students and any other providers participating in each event,
- Number of students who complete didactic training,
- Number of students who participated in clinical observation/practicum opportunities,
- Percentage of students satisfied with didactic training, and
- Percentage of students satisfied with the clinical observation/practicum opportunities.

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

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*.

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects you to use funds to implement high quality training, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.⁴ These are part of SAMHSA's core principles as documented in our strategic plan.

[Recovery](#) is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities such as a job or school; and
- *Community*—having supportive relationships with families, friends and peers.

Recovery-oriented systems of care embrace recovery as:

⁴ ["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.

- 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;
- *Collaboration 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.⁵

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

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

Behavioral Health Disparities

⁵ https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

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 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, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide*, [Section J - Administrative and National Policy Requirements](#)).

Tribal Behavioral Health Agenda

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

Tobacco and Nicotine-free Policy

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

Behavioral Health for Military Service Members and Veterans

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

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the

planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

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

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

Behavioral Health Crisis and Suicide Prevention

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

7. RECIPIENT MEETINGS

SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings. 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:	Up to \$5,400,000
Estimated Number of Awards:	Up to 18 (At least three (3) awards will be made to HBCUs, HSI, and/or AANPI-serving institutions and at least one (1) award will be made to a TCU pending sufficient application volume.)
Estimated Award Amount:	Up to \$300,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 3 years
Anticipated Start Date:	September 30, 2024

Proposed budgets cannot exceed \$300,000 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. **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 States and Territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in [section 5304 of title 25](#)), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities. Examples of eligible entities include, but are not limited to, the following:

- Medical schools, physician associate schools, and schools of nursing (programs for nurse practitioners).
- HBCUs, TCUs, HSI, and AANAPI-serving institutions.
- Urban Indian Organizations and consortia of tribes or tribal organizations. All non-profit entities must provide documentation of their non-profit status in [Attachment 8](#) of your application.

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

Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V grants/contracts) means a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25

U.S.C. § 1603. UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

HBCU means an institution of higher education that was accredited and established before 1964, and whose principal mission is the education of African Americans as defined in Title III of the Higher Education Act.

AANAPI-serving institution (API) means an institution of higher education that is an eligible institution under section 312(b) of the Higher Education Act and has an enrollment of undergraduate students that is not less than 10 percent students who are Asian American or Native American Pacific Islander.

TCU means an institution that qualifies for funding under the Tribally Controlled Colleges and Universities Assistance Act of 1978 (25 U.S.C. 1801 et seq.) or the Navajo Community College Act (25 U.S.C. 640a note); or is cited in section 532 of the Equity in Educational Land-Grant Status Act of 1994 (7 U.S.C. 301).

HSI means an institution of higher education that is an eligible institution as defined by Title V of the Higher Education Act and has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic.

Recipients who received funding under the PCSS-University NOFO in FY 2021 (TI-21-003) or FY 2022 (TI-22-011) are not eligible to apply unless they propose to address a population of focus or geographic catchment area(s) different from their current award.

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 not required in this program.

3. OTHER REQUIREMENTS

An organization may submit more than one application; however, each application must address a different population of focus or a different geographic catchment area(s).

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: 9/29/2027.
 - 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-42A 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 and Year 3. For example, if funds are being requested for three years in total, enter the requested budget amount for each budget period in columns b and c (i.e., 2 out years). — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period;

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 format:

- [Sample SF-424A \(No Match Required\)](#)

It is highly recommended that you use the [Budget Template](#) on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in [Section V.2](#) – Application Review Information.
- **BUDGET JUSTIFICATION AND NARRATIVE**
You must submit the budget justification and narrative as a file entitled “BNF” (Budget Narrative Form). (See [Section A](#) – 2.2 of the *Application Guide - Required Application Components*.)
- **ATTACHMENTS 1 THROUGH 8**

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

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace.
- Other Narrative Attachments if applying with eRA ASSIST

- **Attachment 1: Letters of Commitment**
Include Letters of Commitment from any organization(s) partnering in the project. **If applicants are seeking the 10 additional points, Letters of Commitment must be submitted from SUD treatment programs that will be placement sites for students. (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 April 15, 2024. 60 Days after NOFO posting. If an organization is submitting more than one application, the project title should be different for each application.

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 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 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 your application.

V. APPLICATION REVIEW INFORMATION

An additional ten (10) points will be given to applicants whose project specifically focuses on placing students in SUD treatment programs in rural or health professional shortage areas (HPSA), with an emphasis on mental health professional shortage areas. See [Section A](#).

1. EVALUATION CRITERIA

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

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A-D) may be no longer than **10 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number, i.e., “A.1”, “A.2”, etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need (Up to 20 points – approximately 1-2 pages)

Note: Applicants whose project specifically focuses on placing students in SUD treatment programs in rural areas or a health professional shortage area (HPSA) with an emphasis on the area having a mental health professional shortage, will

be awarded 10 extra points. **ALL OTHER APPLICANTS CAN ONLY OBTAIN A MAXIMUM OF 10 POINTS FOR THIS SECTION.**

1. Identify and describe the geographic area where the project will be implemented. **[Note: Applicants seeking the ten (10) extra points must provide documentation (using Health Resources & Service Administration [Find Shortage Areas](#)) that the placement sites are in a rural or health professional shortage area, with an emphasis on the area having a mental health professional shortage.]**
2. Identify and provide a demographic profile of the population(s) of focus (training and/or technical assistance (TA) recipients) in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
3. Describe the service gaps, barriers, and other problems related to the need for training and/or TA with the population(s) of focus in the proposed geographic area. Identify the source of the data (for example, the [National Survey on Drug Use and Health \[NSDUH\]](#), [County Health Rankings](#), [Social Vulnerability Index](#), etc.).

**SECTION B: Proposed Implementation Approach
(35 points – approximately 4-5 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).

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

2. Describe the trainings/technical assistance services you will provide. This should include a brief narrative about the proposed curriculum and explanation of how the organization will sustain the curriculum beyond the end of the award.
3. Describe how you will implement the Required Activities in [Section I](#).
4. NOTE: In **Attachment 4**, provide no more than a 2-page chart or graph depicting a realistic timeline for the entire 3 years of the project period showing

dates, all key activities (including Required Activities), and responsible staff. [NOTE: The timeline does not count towards the page limit for the Program Narrative.]

SECTION C: Staff and Organizational Experience (30 points – approximately 2 pages)

1. Describe the experience of your organization with similar projects, relevant experience with SUD education, and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing training/TA to the population(s) of focus. Identify resources available to assist in development of the proposed curriculum (e.g., faculty with significant experience in SUD treatment or consultants). 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, their experience in relation to SUD treatment training and technical assistance, where applicable, and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment (LOC) from each partner in **Attachment 1. Applicants seeking the 10 additional points must provide LOCs from placement sites 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 Coordinator) and other significant personnel, including faculty members who will be responsible for delivering the course content. For each staff member describe their:
 - Title;
 - Role;
 - Level of effort; and
 - Qualifications, including their experience providing services to the population(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under resourced populations.

SECTION D: Data Collection and Performance Measurement (15 points – approximately 2 pages)

1. Describe the data you will collect, 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 Substance Abuse Treatment National Advisory Council (NAC) when the award is over \$250,000.
- Availability of funds.
- SAMHSA will only fund applications that demonstrate their ability to develop SUD curriculums for graduate level students in the theoretical knowledge and practical training required for them to treat SUD. In addition, applicants must have the professional staff/faculty to develop the curricula and train these students.
- SAMHSA will fund at least three (3) awards to Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI), and/or Asian American and Native American Pacific Islander (AANPI)-serving institutions, and at least one (1) award to a Tribal College or University (TCU), pending sufficient application volume and the strengths and weaknesses of the application as identified by peer reviewers.

- Recipients who received funding under the PCSS-University NOFO in FY 2021 (TI-21-003) or FY 2022 (TI-22-011) are not eligible to apply unless they propose to address a population of focus or geographic catchment area(s) different from their current award.
- Equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.
- 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 semi-annual Programmatic Progress Reports (at 6 months and 12 months). The six-month report is due no later than 30 days after the end of the second quarter. 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)
- Progress achieving goals and objectives of the project
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
- Problems encountered in serving the targeted student 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
- Required specific data collection indicators, as applicable and if indicated by SAMHSA

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:

Fola Kayode
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
(240) 276- 1910
Fola.Kayode@samhsa.hhs.gov

LaVencia Sugars
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
(240) 276-2412
LaVencia.Sugars@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
FOACSAT@samhsa.hhs.gov

For grant review process and application status questions, contact:

Sara Fleming
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1693
Sara.Fleming@samhsa.hhs.gov