

Department of Health and Human Services

Substance Abuse and Mental Health

Services Administration

FY 2024 State Pilot Program for Treatment for Pregnant and Postpartum Women

(Short Title: PPW-PLT)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-002

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by April 1, 2024.
FY 2024 NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Electronic Grant Application Submission Requirements	You must complete three (3) registration processes: <ol style="list-style-type: none">1. System for Award Management (SAM);2. Grants.gov; and3. eRA Commons. See Section A of the Application Guide (Registration and Application Submission Requirements) to begin this process.

Table of Contents

EXECUTIVE SUMMARY	4
I. PROGRAM DESCRIPTION	6
1. PURPOSE.....	6
2. KEY PERSONNEL.....	7
3. REQUIRED ACTIVITIES.....	7
4. ALLOWABLE ACTIVITIES	10
5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY- DEFINED EVIDENCE PRACTICES	11
6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT	12
7. OTHER EXPECTATIONS.....	14
8. RECIPIENT MEETINGS	17
II. FEDERAL AWARD INFORMATION	17
1. GENERAL INFORMATION	17
III. ELIGIBILITY INFORMATION	18
1. ELIGIBLE APPLICANTS.....	18
2. COST SHARING AND MATCHING REQUIREMENTS	18
IV. APPLICATION AND SUBMISSION INFORMATION	19
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	19
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	19
3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT	22
4. APPLICATION SUBMISSION REQUIREMENTS	22
5. FUNDING LIMITATIONS/RESTRICTIONS.....	23
6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	24
7. OTHER SUBMISSION REQUIREMENTS	24
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.....	28
1.	FEDERAL AWARD NOTICES	28
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	29
3.	REPORTING REQUIREMENTS	29
VII.	AGENCY CONTACTS	30

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 State Pilot Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT) program. The purpose of this program is to: (1) advance family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder (SUD), emphasizing the treatment of opioid use disorder (OUD); (2) help state substance use agencies provide outpatient treatment and recovery support services for pregnant and postpartum women with SUD; and (3) promote a coordinated system of SUD care within each state. Recipients will be expected to provide an integrated system of care for pregnant and postpartum women with SUD, as well as related support services for the women’s family. With this program, SAMHSA aims to increase access to clinically appropriate evidence-based outpatient and intensive outpatient services for pregnant and postpartum women, increase positive maternal health outcomes, decrease disruption of the family unit, and reduce infant mortality.

Funding Opportunity Title:	State Pilot Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT)
Funding Opportunity Number:	TI-24-002
Due Date for Applications:	April 1, 2024
Estimated Total Available Funding:	Up to \$3,600,000
Estimated Number of Awards:	4 awards
Estimated Award Amount:	Up to \$900,000 per year per award
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 3 years

Eligible Applicants:	Eligible applicants are Single State Agencies (SSA) for Substance Use. The District of Columbia, 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 are also eligible to apply. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 508(r) of the Public Health Service Act 42 U.S.C.290bb-1(r), as amended

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to enhance flexibility in the use of funds designed to: (1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, emphasizing the treatment of OUD; (2) help state substance use agencies address the continuum of care, including recovery support and other services provided to pregnant and postpartum women in community-based settings; and (3) promote a coordinated state system of care for pregnant and postpartum women with SUD.

Prenatal and postpartum periods for women with substance use disorders are associated with multiple complications. In 2021, overdose mortality rates more than tripled among mothers aged 35 to 44, with the highest mortality risk occurring in the late postpartum period. Over 60% of these pregnancy-associated overdose deaths occurred outside healthcare settings.¹ Disproportionately high rates of neonatal opioid withdrawal syndrome (NOWS) have been reported in rural areas of the country, suggesting that perinatal OUD is a pressing issue among these communities. Over the last decade, the rates of maternal opioid use and NOWS have climbed significantly in rural areas compared to their urban counterparts.²

The PPW-PLT program provides important outpatient services for pregnant and postpartum women with substance use disorders (SUDs) and support to states and territories for a coordinated care system for this population. The program is aimed at increasing positive maternal health and child health outcomes, decreasing infant mortality, and reducing the negative impact of substance use on the participants, their children, and family members.

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.

An additional ten (10) points will be given to applicants whose project specifically focuses on serving rural or health professional shortage areas including, but not limited to, the provision of services for pregnant women with OUD.

¹ [Overdose deaths increased in pregnant and postpartum women from early 2018 to late 2021](#)

² [Addressing opioid use disorder among rural pregnant and postpartum women: a study protocol](#)

PPW-PLT awards are authorized under Section 508(r) of the Public Health Service Act 42 U.S.C.290bb-1(r), as amended.

2. KEY PERSONNEL

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

Key personnel for this program is the Project Director with a minimum 0.50 full-time equivalent (FTE) level of effort (LOE). The Project Director is responsible for oversight of the entire project.

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

3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services by the fourth month of the award.

You are expected to serve the unduplicated number of individuals proposed in the Project Narrative ([B.1](#)). Be realistic in establishing this number. 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:

- To support a family-centered treatment approach for this population, the following core services must be provided:
 - A culturally competent process for screening, assessment, and treatment planning must be established to facilitate the availability of family-based treatment and recovery support services. This includes the provision of services for pregnant and postpartum women, their minor children, age 17 and under, and other family members of the women and children.
 - Community outreach and engagement strategies (e.g., psychoeducation, familiarizing with treatment, outreach phone calls, text messages, and other forms of contact, treatment reminders, connecting with peers, etc.) for underserved populations as defined in [Executive Order 13985](#) to effectively recruit and retain them in treatment. When possible, implement cultural matching of women and providers.
 - “Wrap-around”/recovery support services (e.g., childcare, family peer support, peer support for linkage to permanent housing, employment, vocational,

educational, and transportation services) designed to improve access and retention in services.

- Collaboration with recovery community organizations (if available) or peer support specialists/providers.
- Services that provide a continuum of care, including outpatient levels of care, and access to residential care as indicated for the needs of the woman and her family.
- Family-focused programs to support family strengthening and reunification, including parenting education and evidence-based interventions and social and recreational activities.
- Clinically appropriate trauma-informed approaches and evidence-based practices (EBPs) for treatment of persons with a primary diagnosis of SUDs, with emphasis on OUD. Clinical treatment may include evidence-based outpatient and intensive outpatient services.
- FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product formulations, or injectable buprenorphine) must be offered to all pregnant women with an OUD with choice of medication individually determined between the participant and her appropriately licensed healthcare provider. This may be provided in combination with psychosocial interventions (e.g., counseling) as individually determined. Participants cannot be refused any grant-supported services on the basis of they're taking a medication for OUD.
- Case management services should include care coordination for the required services the women and their minor children need based on comprehensive screenings and assessments as described above. Assist in applying for assistance under Federal, State, and local programs, such as Medicaid for the provision of health services, behavioral health services, and other social services including employment and educational services. It should promote family reunification with children in kinship or foster care arrangements, where safe and appropriate.
- Develop a program Steering Committee, or use an existing group, that will:
 - Provide support to the project and advise on program design and implementation models.
 - Represent multiple sectors, including, but not limited to, the following:
 - maternal health;
 - behavioral health;
 - education;
 - employment;
 - transportation;

- housing;
 - childcare;
 - Head Start;
 - child welfare;
 - early intervention;
 - pregnant and postpartum women in recovery and family members with lived experience in addiction recovery; and
 - Medicaid.
 - If a representative committee that includes the required sectors already exists in the state, award recipients should describe that group and how they would fulfill the requirements of the Steering Committee for this program, if the state should choose to use that group.
 - Monitor, provide guidance, and ensure that program services reach women in underserved communities, as defined by [Executive Order 13985](#), who are at a heightened risk of pregnancy-related death.
 - Promote effective and efficient coordination and delivery of services across multiple systems and providers (e.g., behavioral health, primary care, housing, child, and family services).
 - Promote the linkage to recovery and resilience for those individuals and families impacted by trauma.
- Develop a needs assessment using statewide epidemiological data (if a needs assessment effort is already in place, work with the local, state, territorial, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and its findings).
 - The needs assessment should identify gaps in services provided to pregnant and postpartum women along the continuum of care with a primary diagnosis of a SUD, with an emphasis on OUD.
 - Develop and implement a state strategic plan or enhance an existing plan to ensure sustained partnerships across public health and other systems that will result in short- and long-term strategies to support family-based treatment services along the continuum of care for pregnant and postpartum women.
 - The elements of the implementation plan should include identifying geographic and population specific areas of high need, service gaps, resources, goals, strategies, and activities, including policy change, capacity building, and program/service development.
 - Promote trauma-informed approaches throughout the system of care for pregnant and postpartum women and families.
 - Develop and implement tobacco cessation programs, activities, and/or strategies.

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:

- Provide activities that address behavioral health disparities and the social determinants of health.
- Develop and implement outreach and referral pathways that engage all demographic groups representative of your community.
- Assess for and respond to the needs of individuals and families served by the program who are at risk for or experiencing homelessness. This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless [Coordinated Entry](#) systems.
- Partner and collaborate with relevant organizations with the goal of identifying referral resources and training resources, and to collaborate on improving response processes for victims of gender-based violence.
 - Such organizations should include local, state, and national hotlines, shelters, rape crisis centers, domestic violence coalitions, sexual assault coalitions, victim advocate resources, medical and forensic services, peer support services, law enforcement, legal, housing, economic assistance, immigration assistance, aging and disability services and culturally specific programs.
 - Assist with identifying permanent housing options for survivors of gender-based violence in partnership with organizations serving homeless or housing insecure people and public and private housing agencies. Coordinate with local HUD Continuums of Care (CoCs) to enroll individuals in the local CoC Coordinated Entry System (CES).

Capacity Building Optional Allowable Activity

Capacity-building involves strengthening the ability of an organization to meet identified goals so that it can sustain or improve the delivery of services. Capacity-building activities may include, but are not limited to, training, education, and technical assistance; expansion of partnerships; and the development of program materials. SAMHSA recognizes that you may need to implement capacity-building activities to provide or expand direct services or improve their effectiveness. In [B.2](#) of the Project Narrative, applicants must describe the use of funds for capacity building, if applicable, such as:

- Developing partnerships with other providers for service delivery and with stakeholders serving the population of focus, including underserved and diverse populations.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance use issues or provide effective culturally and linguistically competent services consistent with the purpose of the program.
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development or revision of credentialing, licensure, or accreditation requirements).³
- Implementing, acquiring, or upgrading health information technology.
- Develop and use standard operating procedures (SOPs) to respond to domestic violence (or intimate partner violence), sexual violence, stalking and other forms of interpersonal violence and coercive control including, but not limited to, teen dating violence, child sexual abuse, human trafficking, and online harassment and abuse. These SOPs should include information on state mandatory reporting laws and procedures for contacting hotlines and/or law enforcement (where applicable), victim service organizations for victim advocacy services, and medical and forensic services, including Sexual Assault Nurse Examiner (SANE) exams.
- Provide trauma-informed and culturally responsive training for grant-funded service providers that is followed by ongoing coaching. Such training should be facilitated by individuals or organizations with expertise on these issues, including experts with lived experience. Topics should include identifying and responding to incidents of domestic violence, sexual assault, stalking and other forms of interpersonal violence and coercive control such as child sexual abuse, human trafficking, abductions and online harassment and abuse.

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

You should use SAMHSA’s funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based

³ For purposes of this NOFO, efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”) proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and recipients may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

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

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

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

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

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

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

Recipients must report performance on the following measures:

1. Number of individuals served
2. Diagnoses
3. Substance use
4. Living condition
5. Employment/education
6. Social connectedness
7. Mental and physical health problems
8. Access to treatment
9. Treatment(s) provided
10. Recovery support services provided
11. Retention in treatment
12. Criminal justice involvement

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) data using a uniform data collection tool to be provided by SAMHSA. An example of a tool is the [GPRA Client Outcome Measures for Discretionary Programs](#). This tool collects data on program participants and the services provided during the program. Data will be collected via an interview using this tool at three data collection points: baseline (i.e., the client's entry into the project), discharge, and 6 months post baseline. Recipients must complete a performance interview on all clients for their specified unduplicated target number and are also expected to achieve a 6-month follow-up rate of 80 percent. Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you submit allows SAMHSA to report on key outcome measures such as abstinence, employment, education, and stability in housing. Performance measures are also used to show how programs are reducing disparities in behavioral health access, increasing client retention, expanding service use, and improving outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

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

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

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

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

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

- 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. SAMHSA defines a trauma-informed approach through six key principles:

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.

- *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, and Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases; and
- *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 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 reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health DIS no later than 60 days after award. See [Section G of the Application Guide](#). Progress and evaluation of DIS activities must be reported in annual progress reports (see [Section VI.3 Reporting Requirements](#)).

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

The DIS aligns with the expectations related to [Executive Order 13985](#).

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

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](#))

Tobacco and Nicotine-free Policy

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

Reimbursements for the Provision of Services

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

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

Inclusion of People with Lived Experience Policy

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

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs.

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

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

Behavioral Health Crisis and Suicide Prevention

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

8. RECIPIENT MEETINGS

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

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	Up to \$3,600,000
Estimated Number of Awards:	Up to 4 awards
Estimated Award Amount:	Up to \$900,000 per year per award
Length of Project Period:	Up to 3 years
Anticipated Start Date	September 30, 2024

Your annual budget cannot be more than \$900,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are Single State Agencies (SSAs) for Substance Use. The District of Columbia, 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 are also eligible to apply.

Recipients funded in FY 2023 under the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women NOFO (TI-23-003) are not eligible to apply.

For general information on eligibility for federal awards, see <https://www.grants.gov/learn-grants/grant-eligibility>.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

Evidence of Experience and Credentials

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

The three requirements are:

1. A provider organization for direct client substance use treatment, substance use prevention, mental health, and recovery support services appropriate to the award must be involved in the project. The provider may be the applicant or another organization committed to the project as demonstrated by a Letter of Commitment. More than one provider organization may be involved.
2. Each substance use treatment, substance use prevention, mental health, and recovery support provider organization (which may include the applicant and any partners) must have at least 2 years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last 2 years.
3. Each mental health/substance use disorder prevention, treatment, or recovery support provider organization must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in [Section A – 2.2 of the Application Guide \(Required Application Components\)](#). All files uploaded must be in Adobe PDF file format. See [Section B of the Application Guide](#) for formatting and validation requirements.

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

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
 - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2027.

- **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.

It is recommended new applicants review the sample of a [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
 - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
 - **Section C** – If cost sharing/match is **not required**, leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.
 - **Section D** – Forecasted Cash Needs: Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (Year 2 and Year 3). For example, if funds are being requested for 3 years 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; 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 \(No Match Required\)](#)

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

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

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

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace.
 - Other Narrative Attachments if applying with eRA ASSIST.
- ***Attachment 1: Letters of Commitment/Service Providers/Evidence of Experience and Credentials***
 1. Identification of at least one experienced, credentialed mental health treatment, substance use prevention, SUD treatment, or recovery support provider organization.
 2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
 3. Letters of Commitment from these direct service provider organizations. (Do not include any letters of support. Reviewers will not consider them. A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.)
 4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements.
 - ***Attachment 2: Data Collection Instruments/Interview Protocols***
You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview

protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- **Attachment 3: Sample Consent Forms**
Include, as appropriate, informed consent forms for:
 - service intervention
 - exchange of information, such as for releasing or requesting confidential information
- **Attachment 4: Project Timeline**
Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in [Section V, B.3](#).
- **Attachment 5: Biographical Sketches and Position Descriptions**
See [Section F](#) of the *Application Guide – Biographical Sketches and Position Descriptions* for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.
- **Attachment 6: Letter to the State Point of Contact**
Not Applicable to this NOFO.
- **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: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations. You must complete Form [SMA 170](#)** if your project is providing substance use prevention or treatment services.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

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

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 PM (Eastern Time) April 1, 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 6 weeks. (See [Section A of the Application Guide](#) for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:

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

AND

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

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food can be included as a necessary expense⁶ for individuals receiving SAMHSA funded mental and/or SUD treatment services, not to exceed \$10.00 per person per day.
- Recovery housing is an allowable cost. Funds may not be used to pay for non-recovery housing, housing application fees, or housing security deposits.

⁶ Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

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 the application.

V. APPLICATION REVIEW INFORMATION

An additional ten (10) points will be given to applicants whose project specifically focuses on serving rural or health professional shortage areas including, but not limited to, the provision of services for pregnant women with OUD. See [Section A](#).

1. EVALUATION CRITERIA

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

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A – E) may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number** (i.e., “A.1,” “A.2”). You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**

- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

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

Note: Applicants whose project specifically focuses on serving rural or health professional shortage areas including, but not limited to, the provision of services for pregnant women with OUD, will be awarded 10 extra points. **ALL OTHER APPLICANTS CAN ONLY OBTAIN A MAXIMUM OF 10 POINTS FOR THIS SECTION.**

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services that align with the intended population of focus. [**Note:** Applicants seeking the ten extra points must provide documentation (using Health Resources & Service Administration [Find Shortage Areas](#)) that the project will be implemented in a rural or health professional shortage area.] Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. 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 (30 points – approximately 5 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2. (See the Application Guide, [Section D – Developing Goals and Measurable Objectives](#)) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Provide the following table:

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

2. Describe how you will implement all Required Activities in [Section I](#). If funds will be used for capacity-building, describe how those funds will be used.
3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire **3** years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in [Section I](#) [**NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than 4 months after the award. **The timeline does not count towards the page limit for the Program Narrative.**]

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

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s)/CDEP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.
2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEP(s), evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in [Section I.5.](#))

SECTION D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including underserved and historically under-resourced populations.
2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment from each partner in **Attachment 1**. If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. For each staff member describe their:
 - role;
 - level of effort (stated as a percentage FTE, such as 1.0 (full-time) or 0.5 (half-time) and not number of hours); and
 - qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under resourced populations.

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

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

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT

(Other federal and non-federal sources)

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

See the *Application Guide*, [Section K – Budget and Justification](#) for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in [Section IV-5](#). **Identify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

Applications are [peer reviewed](#) according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following:

- Approval by the Center for Substance Abuse Treatment National Advisory Council (NAC), when the individual award is over \$250,000.
- Availability of funds.
- Recipients funded in FY 2023 under the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women NOFO (TI-23-003) are not eligible to apply.
- Ten (10) points will be given to applicants whose project specifically focuses on serving rural or health professional shortage areas including, but not limited to, those for pregnant women with OUD.
- SAMHSA may select awards for funding that best reach underserved communities and or populations.
- 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 6-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 and implementing evaluation activities.
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

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

Management of Award:

Recipients must also comply with [standard award management reporting requirements](#), unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Amy Smith
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
(240) 276-2892
Amy.smith@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 review process and application status questions, contact:

Catherine Naeger
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1447
Catherine.Naeger@samhsa.hhs.gov