



FY 2023 Support for 988 Tribal Response Cooperative Agreements

**Notice of Funding Opportunity
(NOFO) No. FG-23-005**



Welcome to the Support for 988 Tribal Response Cooperative Agreements Pre-Application Webinar

- SAMHSA's role
- Key NOFO points for application
- Reporting
- Grants Review



- James Wright, Division Director of Crisis Operations, Office of the Assistant Secretary
- Susan Miller, Government Project Officer, 988 & Behavioral Health Crisis Coordinating Office
- Beverly Vayhinger, Public Health Analyst, Office of Financial Resources
- Sherresa Bailey, Branch Chief, Division of Grant Review, Office of Financial Resources
- Linda Trotter-Moss, Grants Management Specialist, Office of Financial Resources
- Tram Nguyen, Grants Management Specialist, Office of Financial Resources

Objective 1:

Strengthening and
Expanding the 988
Suicide & Crisis Lifeline

- **Improved 988 Lifeline performance** (e.g., quality, increasing call answer rates for English and Spanish above 90%)
- Growing the **percentage of 988 Lifeline contacts answered locally**, specifically chat and text
- **Activation of Spanish chat/text and video-based services for Deaf/hard-of-hearing communities**
- **Expanded awareness of the 988 Lifeline**, particularly among underresourced communities
- Expanded **988 partnerships** that better support **underresourced and marginalized communities** (e.g., Tribal, LGBTQI+)

Objective 2:

Transforming
America's Behavioral
Health Crisis System

- Launch of a **national technical assistance center** for crisis services
- **National strategy for behavioral health crisis services**, outlining whole-of-government approach and potential actions that private/public/nonprofit sector partners can take to support long-term goals
- **Evaluation model for crisis services nationwide**, in partnership with the Office of the Assistant Secretary for Planning and Evaluation
- **Baseline metrics for measuring success**
- **Guidance on financing and workforce strategies** for states, territories, and tribes

Someone to talk to. Someone to respond. A safe place for help.



988 Lifeline:

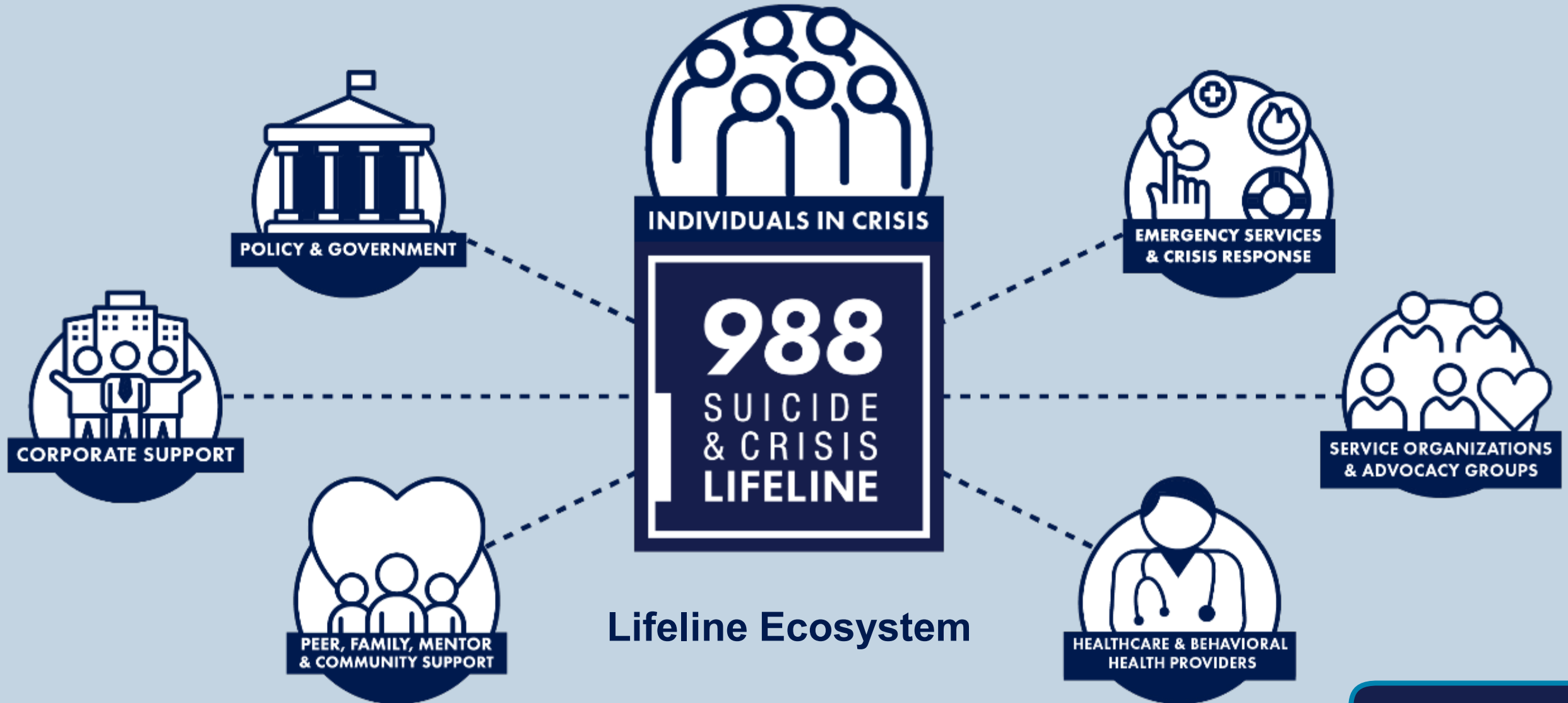
An important step toward achieving part of that vision – providing someone to talk to.



Crisis Care System:

A robust system that provides the crisis care needed anywhere in the country.

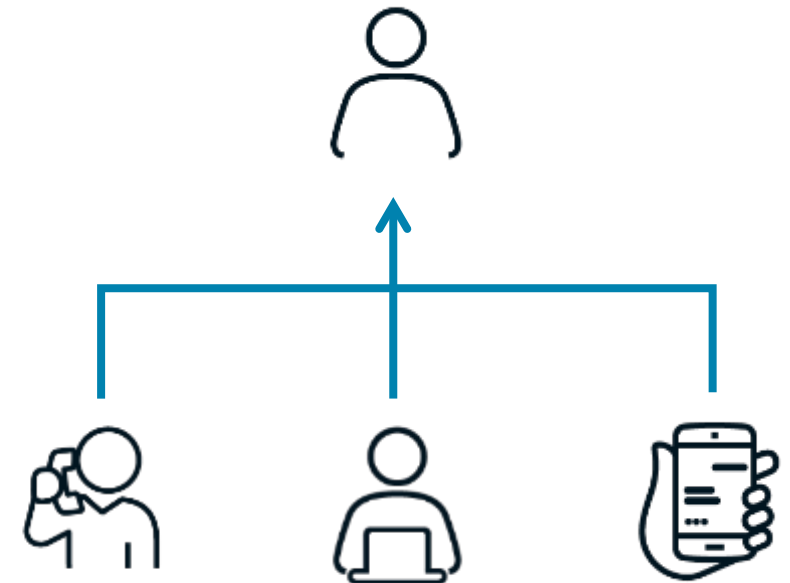




People who **call the 988 Lifeline** are given four options:

- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Press 3** to connect with **LGBTQI+ support for people under age 25**
- **Remain on the line** and be connected to a **local crisis center**; if a local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the 988 Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



More people are getting connected to care than ever before

- The **988 Suicide & Crisis Lifeline** has received more than **3.6 million** contacts (calls, texts, and chats) from July 2022 to April 2023. That's an average of about 360,000 contacts monthly.
- In April 2023 versus April 2022, the 988 Lifeline answered about 160,314 more contacts and significantly improved how quickly contacts were answered.
- Calls answered increased by **52%**, chats increased by **90%**, and texts increased by **1022%**.
- During that same timeframe, there was a significant improvement in how quickly contacts were answered – from 2 minutes and 55 seconds to 37 seconds.

- In 2022 SAMHSA released the first iteration of 988 Tribal Response funding.
- SAMHA awarded \$17.2M to 23 Tribes and Tribal organizations for project period 12/31/22 to 12/29/24 under the original grant funding opportunity SM-22-020.
- Tribes and Tribal organizations awarded under the original grant SM-22-020 are eligible to apply for funding opportunity FG-23-005.

- Ensure American Indians/Alaska Natives have access to culturally competent, trained 988 crisis center support through existing and/or new 988 Lifeline centers
- Improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations to ensure there is navigation and follow-up care
- Facilitate collaborations with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, and other first responders in a manner which respects Tribal sovereignty.

- Eligibility is limited to federally recognized Indian Tribes, tribal organizations, and Urban Indian Organizations. Tribes and tribal organizations may apply individually or as a consortium.
- Estimated Number of Awards: 9 to 71
- NOFO released: 5/16/23
- Application submissions are due on July 18, 2023 by 11:59pm EST
- Anticipated Award Date: 8/31/2023
- Award Amount: \$250,000 - \$2,000,000 per year*
- Anticipated Start Date: 9/30/2023
- Project Period: 3 years

*Annual continuation awards will depend on the availability of funds

- Key Personnel are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These staff members must make substantial contribution to the execution of the project.
- The Key Personnel for these grants and the minimum level of effort (LoE) are:
 - Project Director with a LoE of 0.25 FTE



Funds must be used primarily to support infrastructure development, including the following activities:

- Partner with local 988 crisis centers in a manner consistent with Tribal preferences and beliefs on the development and implementation of a quality improvement plan focusing on procedures, policies, assessment, referral, and access to local care to ensure there is a comprehensive and coordinated response to Tribal individuals at imminent risk for suicide. Applicants must document how the plan operationalizes priorities within any existing suicide prevention plans and needs assessment including collaboration and coordination of 988 and 911 activities. The quality improvement plan should be submitted within 120 days of the award.

- Establish collaborations with state, territorial, and/or local crisis centers to improve effective 988 response and linkage to tribal resources, including cases of emergency intervention.
- Provide or collaborate on the development of training for crisis call center staff that specifically addresses the needs of Tribes and Tribal citizens within the state or geographic catchment area.
- Develop a plan for sustainability beyond the project period. This should include ongoing collaboration with the 988 centers within states and territories.

- Partner with Lifeline 988 crisis centers through Tribal staffing or Tribal Liaison to identify and track referrals from and develop staff response, including peer support, to establish follow-up contact protocols for American Indians/Alaska Natives for and after all crisis encounters, including 988 contacts, 911 Centers, Public Safety Answering Points (PSAP), mobile crisis outreach, emergency department visits, and/or inpatient hospitalization.

Allowable activities are an allowable use of funds but are not required.

- Develop tribe-specific community resources that can link to Lifeline 988 crisis centers for seamless provision of care. Examples may include rapid access to mobile crisis care, same or next day behavioral health clinic scheduling, and connection to peer-run warm lines.
- Train peer support specialists and community health workers on suicide prevention and crisis services, to include recovery coaching, telephone recovery check-ups, warmlines, and other supports, following any existing guidelines required in each state or jurisdiction.

- Implement prevention and education and post-intervention services including development of culturally informed and responsive evidence-based community prevention efforts, school-based prevention programs, elder education, and/or outreach.
- Design and/or help implement workforce development activities beyond the Lifeline 988 crisis centers (such as those listed through the Suicide Prevention Resource Center under Resources and Programs <https://www.samhsa.gov/tribalttac/resources/suicide-prevention> to ensure individuals working in tribal communities are well versed in strategies to prevent suicide and provide crisis intervention services.
- Incorporate culturally appropriate and traditional practices into the program design and implementation.

- Assess the impact of the award. (Consider working with Tribal Epidemiology Centers or an Evaluator to implement this activity. However, including an Evaluator in the staffing component is not required).
- Ensure that training meets, expands, or improves Culturally and Linguistically Appropriate Services (CLAS) standards. Review the *Behavioral Health Implementation Guide* for full explanations of the overarching themes and 15 CLAS Standards with behavioral health related samples, strategies, and examples.
- Engage in planning and collaboration with state/local/territory and Lifeline administrators to establish dedicated Lifeline responses for American Indians/Alaska Natives. This includes individual development and support of a Tribal Lifeline crisis center. For Tribal contacts through the Tribal Lifeline center, develop processes to track referrals from the center and linkages between health providers, 911 Centers, PSAP, Tribal, state, and local emergency medical services, law enforcement, and other first responders.

- Participate in planning and implementation of technical assistance activities through SAMHSA identified Technical Assistance opportunities, including but not limited to the Suicide Prevention Resource Center and the Tribal Technical Assistance Center.
- Capitalizable infrastructure, such as computer systems/software, new buildings, or structural changes to existing facilities (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of existing facility) are recoverable as depreciation through an approved negotiated indirect cost rate or 10% de minimis rate in accordance with your organization's existing capitalization/amortization policies.

Project Performance Assessment

- Monthly meetings/calls with GPO
- Quarterly: SAMHSA's Performance Accountability and Reporting System (SPARS)
- Semiannual Reports
- Fiscal and Operational analysis of implementation of all required activities

Quarterly submission through SAMHSA's Performance Accountability and Reporting System (SPARS). Access will be provided after award of the grant.

The recipient will be required to collect and report data on the Infrastructure, Prevention, and Promotion (IPP) indicators which may include the following:

- The number of people supported by these funds in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the award.
- The number of individuals referred to mental health or related services as a result of the award.

- The number of individuals screened for mental health or related interventions.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number of organizations that entered into formal written/intra-organizational agreements (e.g., MOUs, MOAs) to improve mental health related practices/activities that are consistent with the goals of the award.

Application Process Overview

**Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services**

Presented by: Beverly Vayhinger & Sherresa Bailey

Get started completing the registration process:

- 1) System for Award Management (SAM)
 - UEI Number
- 2) Grants.gov
- 3) eRA Commons
 - Project Director must have an active eRA Commons account with PI role affiliated with the organization in eRA Commons



(Make sure your SAM registration is up-to-date – it must be renewed every year)

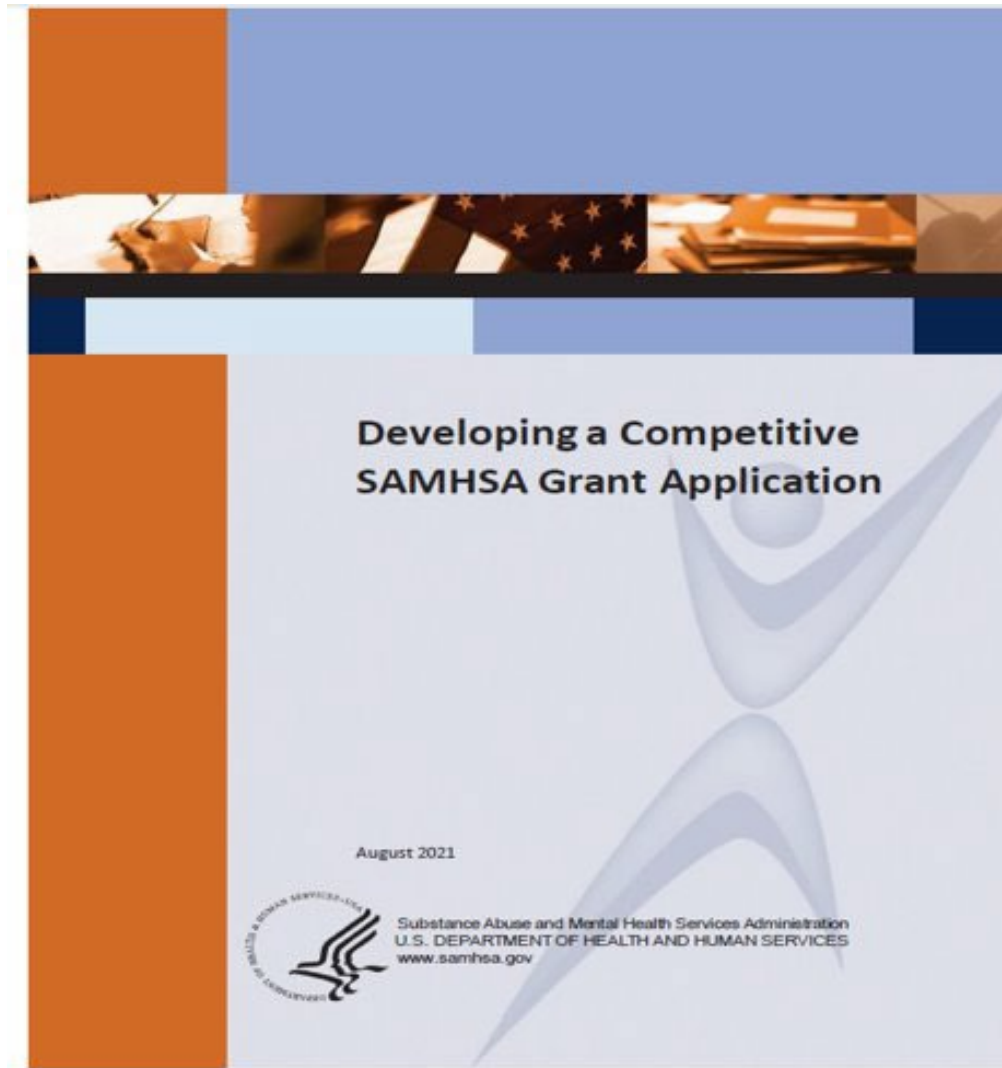
- Completing three registration processes
- Responding to the evaluation criteria (Project Narrative – 10-page limit)
- Completing a budget and budget narrative
- Completing specific forms (SF-424, SF-424A, HHS Form 690)
- Submitting required attachments (job descriptions, resumes, Letters of Commitment, data collection instruments, consent forms, documentation of non-profit status)



TAKE NOTE OF THE PAGE LIMITS FOR THE PROJECT NARRATIVE

Key Points to Consider:

- Make sure you put letter and number before each response (e.g. A.1, A.2, B.1, etc...).
- Pay attention to the point totals and recommended page limit for each section {e.g. Section A (10 points – approximately 1 page)}
- Provide necessary detail and precise language in responses
- Do not direct reviewer to information in another criterion/question



A valuable resources is available on the SAMHSA website - Developing a Competitive Grant Application - which can be found at:

<https://www.samhsa.gov/grants/grants-training-materials>

Respond to all components of each criterion

For example, the criterion below potentially has five components that must be addressed:

(1) Describe the experience of your organization with similar projects and/or (2) providing services to the population(s) of focus for this NOFO. (3) Identify other organization(s) that you will partner with in the proposed project. (4) Describe their experience providing services to the population(s) of focus, and their (5) specific roles and responsibilities for this project.

- Develop realistic goals and **measurable** objectives (guidance is in an appendix in the NOFO)
- The goals and measurable objectives must align with the statement of need outlined in Section A.
- Objectives must be linked to specific goals
- Reference how you will collect data for the identified objectives in the section on data collection and performance measurement.



Example of SMART Objectives

| Goal | Objectives | Needs indicated by A.2 to be addressed |
|--|---|---|
| 2. Individuals served will experience improved behavioral and physical health and functioning. | <p>2a) By August 29, 2022, the percent of clients with 6 or more months of treatment services who report improvement in Quality of Life scale as measured by the NOMS survey items will increase by 20%.</p> <p>2b) By August 29, 2022, 70% of individuals who score positive for depression on the PHQ- 9, will show an average decrease of 5 in PHQ-9 score six months post entering services.</p> <p>2c) By August 29, 2022, individuals with primary care provider (PCP) identified in the clinical file will increase by 30%.</p> <p>2d) By August 29, 2022, PCP care coordination contacts noted in the file, for individuals with a PCP, will increase by 50%.</p> <p>2e) By August 29, 2022, there will be 10% fewer clients that report daily tobacco use as measured by the NOMS survey.</p> | <p>2a. Significant number of residents with SMI, SED, SUD, and COD will have increased behavioral health functioning as a result of increased access to care.</p> <p>2b. Significant number of residents struggling with depression will have a reduction in depressive symptoms as a result of access to care.</p> <p>2c. & 2d. CCHBC statewide data shows gap in primary care connection for target population.</p> <p>2e. Need to better promote the care of both physical and mental health conditions and increase management of chronic conditions.</p> |

Administer voluntary mental and substance use disorder screenings and assessments.

The College will offer voluntary mental and substance use disorder screenings to students. Screenings will be administered through a partnership with community organizations such as the Guidance Care Center. The College will focus on offering screenings conducted by healthcare professionals that allow for wrap around services for those who may be at-risk.

Administer voluntary mental and substance use disorder screenings and assessments. Staff will be embedded at following project partner locations on Main Campus to provide voluntary screenings, assessments, and educational trainings to students: the Wellness Center (2 staff, 8 hrs/wk); the Collegiate Recovery Community (one staff, 8 hrs/wk) and the Counseling Center (one staff, 8 hrs/wk).| The following screening/assessments will be used: Data collection instruments will include: (a) a researcher-developed *Demographic Questionnaire*; (b) the *Global Appraisal of Individual Needs-Short Screener*, a 3-5 minute, evidence-based tool for identifying mental health, suicidal ideation, substance use and crime/violence concerns; (c) the *Stigma of Suicide Scale, Short-Form* measures stigmatizing attitudes toward individuals who suicide (Batterham, Calear, & Christensen, 2013; 2012); (d) the *Literacy of Suicide Scale* (Calear et al., unpublished) assesses four areas of suicide literacy, signs, and symptoms; causes of the nature of suicidality; risk factors; and treatment and prevention; and (e) the *Attitudes Toward Seeking Professional Psychological Help Scale* (Fischer & Farina, 1995) which measures general attitudes toward seeking help for mental health issues. Collection of GPRA data will be conducted at baseline (i.e., first point of contact, whether screening, assessment, or intake at Navigate or CCSD); upon completion of an educational training/activity/event; or at discharge from counseling services. For those who engage in counseling services, a six-months post-baseline follow-up contact will occur. To ensure required collection and reporting of GPRA data, staff will use the Epic EHR.

- Make sure you address all of the SAMHSA Participant Protection/Human Subjects Guidelines. **This section is required for all awards involving the delivery of services or training.**
- It is **required** that you address all of the bullets under each element. If a bullet statement is not applicable, indicate that the bullet statement is not applicable (NA) by stating this is the case, followed by a brief explanation to support why this conclusion has been made. There are no page limits for this section.
- Even if your project plan must be approved by an Institutional Review Board (IRB), you must address all of the Participant Protection issues and corresponding bullet statements.
- Do not just insert your Policy and Procedure Manual

For each of the seven elements, pay attention to the boxes in Appendix D that outline responses that will be considered unacceptable or incomplete. The example below relates to the first element.

1. Protect Participants and Staff from Potential Risks

Responses that will be considered unacceptable or incomplete:

- **Indicating that there are no risks to participants. If services or training are being delivered as part of the project, it is very unlikely that there will be no foreseeable physical, medical, psychological, social, or legal risks or potential adverse effects as a result of their involvement in the project.**
- **Addressing potential risks to participants but not addressing risks to staff**
- **Neglecting to describe how the organization will provide guidance and assistance in the event there are adverse effects to participants and whether alternative treatments will be available to participants.**



- Do not wait until the last minute to submit your application.
 - Allow for plenty of time to address submission errors that arise (48-72 hours prior to the application deadline).
- If you encounter errors and cannot resolve them, contact SAMHSA reps listed in the NOFO.

- Attachment is not in PDF format. All attachments **MUST** be provided to the agency in PDF format with a .pdf extension (e.g. .pdf).
- Invalid Congressional district. To locate your district, visit <http://www.house.gov>.
- There **MUST** be a 9-digit ZIP Code supplied for US addresses.

- The Commons account provided in the Applicant Identifier field #4 on the SF-424 for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly.
- The Commons Username **MUST** be provided in the Applicant Identifier field for the PD/PI.
- **The Commons Username provided in the Applicant Identifier field is not a recognized Commons account.**

- All applications are reviewed by a panel of reviewers.
- All applicants receive a Summary Statement via eRA Commons which provides the overall score for the application and the qualitative rating for each section.
- The Summary Statement includes specific information about the Strengths and Weaknesses of each section. By carefully examining the weaknesses, applicants can identify the areas where insufficient information or detail was included in the Project Narrative that contributed to a rating of less than Outstanding.

System for Award Management (SAM): [SAM.gov | Home](#)

Grants.gov: [Home | GRANTS.GOV](#)

eRA Commons: [New to eRA Commons? | eRA \(nih.gov\)](#)

Developing a Competitive SAMHSA Grant
Application: [Developing a Competitive SAMHSA Grant
Application](#)

Evidence-Based Practices Resource Center: [Resource
Center | SAMHSA](#)

SAMHSA Data: [Data | SAMHSA](#)

SAMHSA Freedom of Information Act (FOIA)
requests: [The Freedom of Information Act \(FOIA\) |
SAMHSA](#)



To reduce errors and expedite the review of your budget, it is highly recommended you use the SAMHSA Budget Template to complete the Detailed Budget and Narrative Justification required for submission with your application.

- The budget template was created with extensive recipient consultation and input and designed to avoid all the common budget preparation pitfalls.
- The SAMHSA Budget Template includes a wealth of helpful tooltips and resources to assist and guide you with preparation of your budget.
- The budget template is available at: <https://www.samhsa.gov/grants/applying/forms-resources>

Note: For SAMHSA to view all your budget data, you must flatten/convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

- The following resource provides guidance on use of the budget template:

4↑ [Budget Template Users Guide](#)

Questions?



Thank you!

You can email questions to our team at
988grantsteam@samhsa.hhs.gov

