

Promoting Integration of Primary and Behavioral Health Care (PIPBHC) Program Overview NOFO: SM-23-005

May 5, 2023

3:00 PM Eastern Standard Time

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

[FY 2023 Promoting the Integration of Primary and Behavioral Health Care \(samhsa.gov\)](https://www.samhsa.gov)



SAMHSA
Substance Abuse and Mental Health
Services Administration

Today's Agenda

Introduction of the PIPBHC Team

- LCDR Nicole Pascua, PIPBHC Program Lead

Welcome & Brief Remarks

- Mr. David De Voursney, Director, Division of Service and Systems Improvement

Review of NOFO

- Ms. Rachel Zahn, Government Project Officer
- Ms. Jenny Nate Cornelia, Government Project Officer

Q and A

- LCDR Nicole Pascua

Purpose of PIPBHC Grant Program

State Role

Recipients should support the adoption and improvement of an integrated care model for behavioral and primary physical health care by exploring the uptake of bi-directional integrated care, integration of behavioral health care into physical health care, and the integration of primary and physical health care within specialty behavioral health settings.

Program Track 1 – Comprehensive Integration in Community Mental Health Centers (CMHS) or Community Health Centers (CHC)

Program Track 2 – Collaborative Care Model in Primary Care Settings

Purpose of PIPBHC

Promote integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare, including special populations

Support the adoption and improvement of integrated care models for behavioral healthcare and primary physical healthcare to improve overall wellness and physical health status

Promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery support services

Basic Information (pp. 4-5)

Funding Opportunity Number: SM-23-005

Estimated Total Available Funding: \$29,424,813

Estimated Number of Awards: 14 (At least two awards will be made, pending sufficient application volume, to applicants who propose to implement Track 2 – Collaborative Care Model in Primary Care Settings.)

Estimated Award Amount: Up to \$2,000,000 per year per award

Length of Project Period: Up to 5 Years

Application Due Date: May 22, 2023

Anticipated Project Start Date: September 30, 2023

Eligible Applicants (Section III.1)

Eligibility for this program is statutorily limited to a State or appropriate State agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the State Medicaid agency, or the state health department) in collaboration with one or more qualified community programs, as described in section 1913(b)(1) of the PHS Act (including community mental health centers, child mental-health programs, psychosocial rehabilitation programs, and mental health peer-support or consumer-directed programs); one or more health centers (as defined in section 330(a)); one or more rural health clinics (as defined in section 1861(aa) of the Social Security Act); one or more Federally qualified health centers (as defined section 1861(aa) of the Social Security Act).

Evidence of Experience and Credentials (Section III.1)

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide the required services quickly and effectively.

States must ensure that the capacity of the qualified community program, health center, rural health clinic, Federally qualified health clinic, or primary care provider/practice exists, is/are experienced, and is/are appropriately credentialed with demonstrated infrastructure and expertise to provide all 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 applicant partner agencies.

Eligible Applicants Continued (Section III.1)

Only one application per state will be funded. If more than one entity from a state applies, SAMHSA will only fund the highest scoring application.

Recipients that received *initial Yr 1* funding in FY 2019 under PIPBHC (SM-17-008) *or* FY 2020 *or* FY 2021 under the PIPBHC (SM-20-003) NOFO are not eligible to apply for this funding opportunity.

See Appendix C for more information.

Populations to Be Served

Funding must be used to support one or more of these special populations:

Adults with a severe mental illness

Adults who have co-occurring mental illness and physical health conditions or chronic disease

Children/adolescents with a serious emotional disturbance who have a co-occurring physical health conditions or chronic disease

Individuals with a substance use disorder

Individuals with co-occurring disorders

Required Activities Overview (Section I.3)

- Required activities must be reflected in the Project Narrative of your application. This is in response to Section V of this NOFO.
- In the Project Narrative (B.1), applicants must indicate the total number of unduplicated individuals that will be served each year of the award and over the total project period. You are expected to achieve the numbers that are proposed.
- **Applicants must address the required activities in Program Track 1 OR Program Track 2.**
- **In addition to the required activities that are specific to Tracks 1 and 2, applicants must also address the required activities that apply across both tracks.**
- Delivery of services must begin within seven months of award. Award recipients must use SAMHSA's funds to support direct services primarily.

Track 1– Comprehensive Integration in Community Mental Health Centers (CMHC) or Community Health Centers (CHC)

The state must partner with one or more qualified community programs; one or more health centers (including community mental health centers, child mental-health programs, psychosocial rehabilitation programs, and mental health peer-support or consumer-directed programs); one or more rural health clinics; or one or more Federally qualified health centers, as to develop and implement an integration program plan.

Track 1 Required Activities (Section I.3)

- Within **five months** of the award, conduct a **Program Readiness Review** to identify barriers and current or potential facilitators to providing integrated care and areas that need to be improved through the integrated care program. At a minimum, the Program Readiness Review shall address the following areas:
 - **Physical and behavioral health conditions** commonly experienced by the population of focus and how those conditions are not currently being addressed;
 - Any **evidence-based programs** that currently address the integrated care needs and needed adaptations;
 - **Health information technology and data-sharing** capacity.
 - Any needed processes and infrastructure to support **ongoing measurement of population and individual outcomes**;
 - **Training needs** at both the state agency and provider levels;
 - Need for **engagement** with state agency and provider level leadership; and
 - Any **barriers and/or facilitators** that may impact the implementation.

Track 1 Required Activities Continued (Section I.3)

- Within **seven months** of the award, **develop and implement an integration program plan** that includes the activities to be conducted, including:
 - Demographics and physical and behavioral health needs of population.
 - Common physical and behavioral health conditions that will be addressed.
 - Plans for how the program will address barriers and facilitators
 - Integrated care program activities, including the following areas (refer to Appendix M for details about what must be addressed in each of these areas):
 - Access, screening, referral to care, and follow-up;
 - Evidence-supported prevention and intervention;
 - Ongoing care coordination and care management;
 - Person-centered self-management support;
 - Multidisciplinary team and team-based care;
 - Systematic measurement and quality improvement; and
 - Linkages with community and social services

Track 1 Required Activities Continued (Section I.3)

- Within **seven months** of the award, **develop and implement an integration program plan** that includes the activities to be conducted, including:
 - Develop and implement health information technology and data management systems;
 - Develop a plan and implement training and workforce development;
 - Develop and implement a plan addressing for how agency and provider leadership will be educated and engaged; and
 - Develop or maintain provider-level steering and implementation committee at each provider site.

Program Track 2 – Collaborative Care Model in Primary Care Settings

The state must partner with at least five primary care providers/practices serving adult and/or pediatric patients to implement evidence-based or evidence-informed integrated care models, including the Psychiatric Collaborative Care Model. The Psychiatric Collaborative Care Model serves defined patient populations tracked in a registry, using measurement-based care and treatment adjusted when desired outcomes are not achieved.

Track 2 Required Activities (Section I.3)

- Within **five months** of the award, conduct a **Program Readiness Review** to identify barriers and current or potential facilitators to providing integrated care and areas that need to be improved through the integrated care program. At a minimum, the Program Readiness Review shall address the following areas:
 - **Behavioral health conditions** commonly experienced by the population(s) of focus at the chosen primary care provider(s);
 - **Evidence-based approaches**, appropriate for delivery as a part of the Psychiatric Collaborative Care Model, that would address the identified behavioral health needs of the selected population(s) of focus and adaptations to those programs for chosen primary care settings and the selected population(s) of focus; and
 - **Barriers, needs, and supports** that should be addressed within the chosen primary care practices to strengthen implementation of the Psychiatric Collaborative Care Model, as well as strategies to address those barriers, needs, and supports.

Track 2 Required Activities Continued (Section 1.3)

- Within **seven months** of the award, develop an **integration program plan** that includes the activities to be conducted under the award. The plan shall describe how the state will partner with at least five primary care providers/practices to implement the Psychiatric Collaborative Care Model that includes:
 - Care directed by primary care in collaboration with behavioral health specialists;
 - Regular assessments of clinical status using appropriate, validated tools;
 - Modification of treatment, as appropriate, including consultation with a psychiatrist or other behavioral health specialist;
 - Structured care management, including use of a patient registry and warm handoff to behavioral health supports;
 - Identify and formalize contractual relationships with other health care providers or relevant entities offering care management and behavioral health consultation to facilitate the adoption of integrated care; and
 - Purchase or upgrade software and other resources, as needed, to appropriately provide behavioral health integration, including resources needed to establish a patient registry and implement measurement-based care.

- Develop and implement collaborative agreements between the state and participating programs/practices to provide integrated care to chosen special population(s);
- Support partnerships or other arrangements across local health care providers that will be used to provide services to special populations;
- By end of Year 1, submit a **sustainability plan** that addresses, at the state and provider levels, sustainability for the integrated care program when federal funding ends; and
- Develop and/or maintain an existing **state planning council** for integrated care.

Required Activities for both Program Track 1 and Program Track 2 Cont.

- Implement the following activities if they are clinically appropriate for the selected population of focus being served by the program:
 - Screen and refer individuals with HIV, sexually transmitted infections, and viral hepatitis to appropriate care;
 - Screen for tobacco/nicotine use and promote interventions for tobacco/nicotine cessation;
 - Screen and assess for opioid and alcohol use disorders and immediate warm handoff to prescribers of medications for opioid use disorder, including buprenorphine, when needed;
 - Connect individuals served through the program with needed oral health supports; and
 - Support for provision of care via telehealth, as appropriate.

Allowable Activities (Section I.4)

- Support the delivery of integrated care through the use of telehealth, cloud-based systems, or remote support of integrated care functions;
- Pay for one-time costs that will support the integrated care program;
- Conduct state-sponsored networking activities and technical assistance to support integrated care providers;
- Support co-location of services to facilitate the delivery of integrated care;
- Develop capacity to prescribe buprenorphine in the integrated care settings;
- Provide dental hygiene kits to program clients;
- Implement and provide training on the Behavioral Health Guide for Implementing the National CLAS Standards to service providers;
- Provide activities that address behavioral health disparities and the social determinants of health;
- Implement efforts aligned to the award that expand diversity equity, inclusion, and accessibility;
- Use data to understand who is served and disproportionately served; and
- Develop and implement outreach and referral pathways that engage/target all demographic groups representative of your community.

Key Personnel (Section I.2)

The Key Personnel for this program will be the **Project Director** with a minimum level of effort of 0.5 FTE and the **Evaluator** with a minimum level of 0.5 FTE.

- The Project Director is responsible for oversight of the entire project.
- The Evaluator will be responsible for supporting data collection, analysis, required reporting and participation in any federally required evaluation activities, and coordination of the evaluation and data collection with local participating providers.
- The roles of Project Director and Evaluator must not be held by the same individual.

This positions require prior approval by SAMHSA after review of credentials of staff and job descriptions.

Evidence Based Practices (Section I.5)

- An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by documented research evidence. Applicants are encouraged to visit the SAMHSA Evidence-Based Practice Resource Center (www.samhsa.gov/ebp-resource-center) and SAMHSA's National Network to Eliminate Disparities in behavioral health (NNED) (<https://nned.net/>) to identify evidence-informed and culturally appropriate mental illness and substance use prevention and treatment practices that can be implemented in your project.
- If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.
- In your Project Narrative, in response to Section C of Section V of this NOFO, you will need to identify the evidence-based practice(s) and/or interventions that are evidence-informed and/or culturally promising that are appropriate or can be adapted to meet the needs of your specific population(s) of focus.

Data Collection & Performance Measurement (Section I.6)

- Recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.
- This data will be collected and reported into SAMHSA's Performance Accountability and Reporting System (SPARS).
- Award recipients are required to report performance on the following measures: National Outcomes Measures (NOMs) and Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators. Data will be collected at baseline, six months post baseline, and discharge on:
 - Behavioral Health Diagnoses
 - Demographic Data
 - Functioning
 - Stability in Housing
 - Education and Employment
 - Criminal and Criminal Justice Status
 - Perception of Care
 - Social Connectedness
 - Program-Specific Questions

Data Collection & Performance Measurement Cont.

- Recipients are required to collect and report quarterly in SPARS on the following IPP indicators.
 - The number of individuals screened for mental health or related interventions;
 - The number of individuals referred to mental health or related services;
 - The number and percentage of individuals receiving mental health or related services after referral; and
 - The number of policy changes completed as a result of the award
- Performance measures collected by recipients will also be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.
- In addition, recipients are required to report annually on their progress addressing the goals and objectives identified in the Project Narrative. Recipients must periodically review the performance data they report to assess their progress, and use this information to improve the management of their project.

See Appendix E and Appendix F of this NOFO for more information on responding to this section.

Other Expectations (Section I.7)

- SAMHSA expects recipients to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.
- If funded, you will be expected to develop a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. (See Appendix H).
- Recipients must utilize third-party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA funds only for services to individuals who are not covered by public or commercial health insurance programs, for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by individual's health insurance plan.

Other Expectations Continued

- SAMHSA encourages all recipients to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.
- SAMHSA encourages all recipients to address the behavioral health needs of the LGBTQI+ population in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

Funding Limitations/ Restrictions (Section IV.5)

Be sure to identify these expenses in your proposed budget.

- **No more than 10 percent** of funds for each budget period may support state administrative functions, and the remaining amounts shall be allocated to health facilities that provide integrated care.
- **Not less than 90 percent** of the total award for each budget period shall be allocated to qualified community programs, community mental health centers, rural health clinics, Federally qualified health clinics, and primary care providers/practices that provide integrated care.
 - Of that amount, **no more than 20 percent** for each budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Required Application Components (Section IV)

- SF-424 – Fill out all Sections of the SF-424.
- SF-424A Budget Information Form– Fill out all Sections of the SF-424A. The totals in Sections A, B, and D must match.
 - See Appendix B of this NOFO to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted
- Project Narrative– (Maximum 15 pages total)
- Budget Justification and Narrative

Required Application Components Continued

- Attachments 1 Through 7:
 - Attachment 1: Letters of Commitment from qualified community program(s), community mental health center(s), rural health clinic(s), Federally qualified health clinic(s), Primary care Provider/ Practice(s)/ Evidence of Experience and Credentials
 - Attachment 2: Data Collection Instruments/ Interview Protocols
 - Attachment 3: Sample Consent Forms
 - Attachment 4: Project Timeline This attachment is scored by reviewers. Maximum of 2 pages.
 - Attachment 5: Biographical Sketches and Position Description
 - Attachment 6: Letter to the Single State Agency (SSA)
 - Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines

SAMHSA Grants and Confidentiality and Participant Protection (Appendix D)

- All SAMHSA grantees are required to have safeguards protecting individuals from potential risks associated with their participation in SAMHSA projects, even if those projects are not focused on research
- All organizations that apply for SAMHSA grants must address all seven components of confidentiality and participant protection to ensure there are safeguards for participants and staff
- **If you are working with individuals, there are potential risks to both participants and staff.**

7 Components of Participant Protection:

Protect Clients and Staff from Potential Risks

Fair Selection of Participants

Absence of Coercion

Data Collection

Privacy and Confidentiality

Adequate Consent Procedures

Risk/Benefits Discussion

Participant Protection - Common Mistakes

- Not submitting a response to the participant protection guidelines with your application
- Stating that participant protection is not applicable since you are not conducting research
- Stating there are no foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project. *If your project involves individuals, there will be some level of risk or potential adverse effects.*
- Only addressing participant protection as it relates to evaluation of the project.
- Not addressing all of the bulleted items within each of the seven components

Application Evaluation Criteria (Section V)

- The Project Narrative (Sections A-E) together may be no longer than 15 pages.
- SECTION A: Population of Focus and Statement of Need (15 points – approximately 1 page)
- SECTION B: Proposed Implementation Approach (30 points – approximately 8 pages not including Attachment 4 – Project Timeline)
- SECTION C: Proposed Evidence-Based Service/Practice (25 points approximately 3 pages)
- SECTION D: Staff and Organizational Experience (20 points – approximately 2 pages)
- SECTION E: Data Collection and Performance Measurement (10 points – approximately 1 page)

Section A: Population of Focus and Statement of Need

1. Identify the population(s) of focus served, the geographic catchment area where services will be delivered, the provider organizations that the state will be collaborating with, and the physical and behavioral health conditions that will be addressed directly through the integrated care program.
2. Describe the need for integrated care in the areas being served, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data on the physical or behavioral health conditions being addressed through the proposed program) for the population(s) of focus identified in your response to A.1. Identify the sources of any data included. Summarize the policies, if any, that serve as barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers.

Section B: Proposed Implementation Approach

1. Describe the goals and measurable objectives (see Appendix E) of the proposed project and align them with the Statement of Need described in A.2. Indicate the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds.
2. Identify the track you have selected to implement and describe how you will implement all the Required Activities as stated in Section I.
3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements 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 seven months after award. The timeline cannot be more than two pages and should be submitted in Attachment 4.] The recommendation of pages for this section does not include the timeline.

Section C: Proposed Evidence-Based Service/Practice

1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or promising practices that will be used to provide integrated care. Discuss how each chosen EBP is appropriate for your selected population(s) of focus and the outcomes you want to achieve. Describe any modifications (e.g., cultural) that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
2. Describe how you will implement all chosen evidence-based or evidence-informed integrated care models and monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices. Note: The chosen evidence-based or evidence-informed models must include the psychiatric collaborative care model for states partnering with primary care practices outside of CMHCs or CHCs.

Section D: Staff and Organizational Experience

1. Describe the experience of your organization with similar projects and/or providing services to the selected population(s) of focus. Identify other organization(s) that you will partner with in the proposed project and indicate if they are a qualified community programs, community mental health centers, rural health clinics, Federally qualified health clinics, or primary care providers/practices. Describe their experience providing services to the selected population(s) of focus, and their specific roles and responsibilities for this project. Letters of Commitment from each health facility must be included in Attachment 1 of your application.
2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and any other significant personnel. For each staff member describe their:
 - Role,
 - Level of Effort, and
 - Qualifications, including their experience providing services to the selected population(s) of focus and familiarity with their culture(s) and language(s).

Section E: Data Collection and Performance Measurement

1. Provide specific information about how you will collect, analyze, and report the required data for this program (see Section VI.3 for Reporting Requirements) and how such data will be utilized to manage, monitor, and enhance the program (See Appendix F). Describe your quality improvement efforts and explain how you will use the data to address your identified behavioral health disparity(ies) and close the gap(s).

Application Submission (Appendix A)

You are required to complete three (3) step registration processes:

- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons
 - **This process takes up to six weeks. If you believe you are interested in applying for this opportunity, start the registration process immediately. Do not wait to start this process.**

If you have already completed registrations for SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

See Appendix A for detailed instructions

Q. *We are a state agency and currently have a PIPBHC grant. Can we apply for this NOFO?*

A. Recipients that received *initial Yr 1* funding in FY 2019 under PIPBHC (SM-17-008) *or* FY 2020 *or* *FY 2021* under the PIPBHC (SM-20-003) NOFO are not eligible to apply for this funding opportunity. Previous PIPBHC recipients should review their Yr 1 Notice of Award—specifically Section I – Award Data, under Fiscal Information.

Q. **Can more than 1 state agency apply for this NOFO?**

A. Yes, more than 1 state agency can apply for NOFO SM-23-005. Only one application per state will be funded. If more than one entity from a state applies, SAMHSA will only fund the highest scoring application.

Q. Can we apply for both Tracks 1 and 2?

A. Applicants must address the required activities in Program Track 1 OR Program Track 2. Applicants are permitted to submit separate applications if they wish to apply for Track 1 and Track 2. Only one application per state will be funded. If more than one entity from a state applies, SAMHSA will only fund the highest scoring application.

Q. We want to implement Track 2. Can we also serve a broader population of individuals with mental health and substance use conditions?

A. Yes, grantees conducting services under Track 2 can serve a broader population of individuals with mental health and substance use conditions however, as part of their program grantees must have an emphasis on a population of focus as indicated in the NOFO.

Q. We are a contracting agency that works with the State. Can we apply for this grant?

A. Eligibility for this program is statutorily limited to a State or appropriate State agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the State Medicaid agency, or the state health department).

Q. We are a behavioral health organization and are interested in applying for SM-23-005. Can we apply for this grant?

A. Community organizations that wish to participate in this NOFO should contact their state to discuss how they can be a collaborating provider of services.

Q. What if our state wants to partner with a community (behavioral health or primary care) provider that is not fully operational? Is this okay?

A. Providers of services must have at least two years of experience providing relevant services. The delivery of services must begin within seven months of the award. Grantees are expected to deliver the Required Activities as listed in the NOFO and in the applicant's project narrative. Additionally, please review p. 24 of the NOFO regarding Letters of Commitment from qualified community program(s), community mental health center(s), rural health clinic(s), Federally qualified health clinic(s), Primary care Provider/ Practice(s)/ Evidence of Experience and Credentials.

Q. Can the Project Director position be split between two individuals?

A. The Project Director (PD) for this program is considered Key Personnel and should have a 0.5 minimum level of effort. The PD is responsible for oversight of the entire project. Splitting the PD position between two individuals could be allowable.

Q. Are indirect costs included in the Funding Limitations/Restrictions for our proposed budget?

A. Yes, indirect and direct costs are subject to the Funding Limitations/Restrictions. Please see Section IV.5 of the NOFO for additional information.

Points of Contact

For **program and eligibility questions** contact:

LCDR Nicole Pascua Center for Mental Health Services Substance Abuse and
Mental Health Services Administration

(240) 276-1855

PIPBHC@samhsa.hhs.gov

For **fiscal/budget questions** contact:

Office of Financial Resources, Division of Grants Management Substance Abuse
and Mental Health Services Administration

(240) 276-1400

FOACMHS@samhsa.hhs.gov

For **review process and application status questions** contact:

Stephanie Boyd Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration

(240) 276-2485

Stephanie.Boyd@samhsa.hhs.gov

Points of Contact

Problems submitting your application on **Grants.gov**? Contact the Grants.gov Service Desk at the following:

By e-mail: support@grants.gov

By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS).

Additional support is also available from the **NIH eRA Service desk** at:

To submit a service request ticket:

<http://grants.nih.gov/support/index.html>

By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA).

If you experience problems **accessing or using ASSIST**, you can:

Access the ASSIST Online Help Site at:

<https://era.nih.gov/erahelp/assist/>

Or contact the NIH eRA Service Desk

Questions and Answers

