FY 2024 Rural Emergency Medical Services Training Grant
Short Title: EMS Training
Notice of Funding Opportunity (NOFO) No. TI-23-011

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

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SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

Between 5% and 15% of all calls to 911 emergency services are for behavioral health emergencies (BHE) and often result in a law enforcement response. Most BHEs reported by this data is mental health-related (52%), and about 42% are substance-use related.

1- Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies, 2020 - https://doi.org/10.1176/appi.ps.202000721
Rural EMS Training - Purpose

The purpose of this program is to recruit and train EMS personnel in rural areas with a particular focus on addressing substance use disorders and co-occurring mental health conditions.

For this program, EMS will:

- Include resources used by a public or private nonprofit licensed entity to deliver medical care outside of a medical facility under emergency conditions that occur as a result of the condition of the patient; and
- Include services delivered (either on a compensated or volunteer basis) by an EMS provider or other provider that is licensed or certified by the State involved as an emergency medical technician, a paramedic, or an equivalent professional (as determined by the State).
Eligible Applicants

- Eligible applicants are rural emergency medical service agencies operated by a local or tribal government (fire-based and non-fire based) and non-profit emergency medical service agencies.

- Organizations must have an operational EMS service in place serving Rural Communities.
Rural Definition

For this program, Rural is defined as:


- An area designated as a rural area by any law or regulation of a State; or

- A rural census tract of a metropolitan statistical area (as determined under the most recent Goldsmith Modification, originally published in a notice of availability of funds in the Federal Register on February 27, 1992, 57 Fed. Reg. 6725) - https://www.ruralhealthinfo.org/topics/what-is-rural#goldsmith-modification
Funding Opportunity and Number of Awards

- Anticipated Total Available Funding: $10,400,000
- Estimated Number of Awards: 52
- Length of Project Period: 2 (two) Years
- Estimated Award Amount: up to $200,000 per Year per award
- Cost Sharing/Match Required: Yes (10% cost match required)
Cost Sharing and Match Requirements

• Cost sharing/match is required in this program under Section 330J of the Public Health Service Act, as amended.

• Recipients must provide matching funds of **10% of the award** from non-federal contributions (directly or through donations from public or private entities).

• Matching funds must meet the same test of allowability as costs charged to federal award. Sources of matching funds are state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations.
Cost Sharing and Match Requirements, Continued

• In-kind contribution may include facilities, equipment, or services used in direct support of the project (*such as staff time, etc.*).

• Non-federal contributions may be in cash or in-kind.

• Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of the non-Federal contributions.

• Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification.
Programmatic Activities
Required Activities

Every award project is expected to implement the following activities:

1. Train EMS personnel on mental and substance use disorders and trauma informed, recovery-based care for people with such disorders in emergency situations. This training can be provided via SAMHSA’s Training and Technical Assistance programs: Addiction Technology Transfer Centers (ATTC), Rural Opioid Technical Assurances Regional Centers (ROTA), Opioid Response Network (ORN).

   These programs can be accessed at https://www.samhsa.gov/practitioner-training
2. Acquire emergency medical services equipment (medical equipment purchased requires approval by SAMHSA);

3. Train EMS personnel on the use of Naloxone, and/or other FDA-approved opioid reversal medications, in emergency opioid overdose situations;

4. Train EMS personnel, provide resources, and implement procedures on connecting those who have undergone overdose reversal to substance use disorder treatment;
5. Train EMS personnel on the use of motivational interviewing to engage those individuals who use substances, and/or who suffer mental health conditions, and to provide referrals to treatment and harm reduction services. - SAMHSA offers Motivation Interviewing training under the ATTC program.

6. Train EMS personnel on working with local peer-support specialists in assisting those who have undergone overdose reversal, including facilitating warm handoffs (a handoff is conducted in person, between two members of the health care team, in front of the patient and family if present) - SAMHSA funds the Peer Recovery Center of Excellence that can provide assistance with this requirement: [https://www.samhsa.gov/peer-recovery-center-of-excellence](https://www.samhsa.gov/peer-recovery-center-of-excellence)
7. Develop procedures to ensure all overdoses are reported to the state and/or local public health department so that any individual who has experienced an overdose can be followed up with and provided linkages to treatment and referral to ongoing peer recovery support;

8. Train EMS personnel, as appropriate, to maintain licenses and certifications relevant to serve in an EMS agency;

9. Conduct/fund courses that qualify graduates to serve in an EMS agency; and

10. Fund specific training to meet federal or state licensing or certification requirement.
Allowable Activities

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

• Recruit and train EMS personnel, which may include volunteer personnel;
• Develop new ways to educate emergency health care providers using technology-enhanced educational methods;
• Acquire personal protective equipment for emergency medical services personnel as required by the Occupational Safety and Health Administration (OSHA);
• Purchase FDA-approved medication or devices for emergency reversal of known or suspected opioid overdose;
Allowable activities are an allowable use of funds but are not required.

• Purchase, distribute, and train on the use of FDA approved fentanyl and xylazine test strips;

• Purchase buprenorphine and train EMS personnel on the use of this medication in the field, as directed by an appropriately licensed and trained medical practitioner with prescribing authority, after overdose reversal, to treat opioid withdrawal and bridge individuals into treatment;

• Create formal agreements that link EMS data platforms and local departments of public health, to rapidly identify overdose hotspots that may require increased surveillance and deployment of EMS personnel; and

• Partner with local community organizations, health providers, behavioral health organizations, faith-based entities, schools, employers and others on education and training initiatives.
Other Requirements – Post Award

• Recipients will connect with their Government Project Officer (GPO) and Grants Manager Specialist (GMS) on the regular basis for information exchange and monitoring.

• Recipient meetings will be held virtually, and recipients are expected to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

• All SAMHSA grant 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.

• Award recipients will be required to report performance on measures at 6 months, 12 months, and in a final report at the end of the 2-year project period.
Notice of Funding Opportunity – 2024 Rural EMS Training Grant
https://www.samhsa.gov/grants/grant-announcements/ti-23-011

Application Deadline: **March 20, 2024**

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process.
Application Contents (NOFO pages 33-35)

- SF-424 Form (Application for Federal Assistance)
- SF-424 A) Form (Budget Information)
- Project/Performance Site Location(s) Form
- Project Abstract Summary
- Project Narrative Attachment - "Maximum 10 pages"
- Budget Justification and Narrative Attachment
- SF-424 B Form (Assurances)
- Disclosure of Lobbying Activities (SF-LLL) Form
- Other Attachments Forms
List of Attachments

- **Attachment 1**: Letters of Commitment - if you are partnering with other organizations or entities.
- **Attachment 2**: Data Collection Instruments/Interview Protocols – If you will be using any tool.
- **Attachment 3**: Sample Consent Forms (consent from individuals participating in the training).
- **Attachment 4**: Project Timeline.
- **Attachment 5**: Biographical Sketches and Position Descriptions.
- **Attachment 6**: Letter to the Single State Agency (SSA) - **Not Applicable to this NOFO**
- **Attachment 7**: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines (check Appendix D).
- **Attachment 8**: Documentation of Non-profit Status - All non-profit entities must submit documentation of their non-profit status.
- **Attachment 9**: Statement of Certification - You must provide a written statement certifying that the project will be implemented in a rural area or to residents of rural areas.
• The Project Narrative (Sections A-D) together may be no longer than 10 pages. Your application will be reviewed and scored according to your response to the requirements in Sections A-D.

SECTION A - Population of Focus and Statement of Need (25 points)

1. Identify the geographic area where the EMS organization operates and the population(s) their organization provide emergency services to. Provide a demographic profile of the population(s) in the geographic area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the service gaps, barriers, and other problems related to the need for training and/or technical assistance (TA) for the EMS staff that serves the population in the rural areas where the organization operates. Identify the source of the data.
SECTION B: Proposed Implementation Approach (35 points)

- Describe the goals and measurable objectives (see Appendix E) of your proposed project and align them with the Statement of Need described in A.2.
- State the number of unduplicated EMS staff you propose to train with grant funds during the two-year project period.
- Describe how you will implement all of the Required Activities.
- In Attachment 4, provide a chart or graph depicting a realistic timeline for the two-year project period showing dates, key activities, and responsible staff.
SECTION C: Staff and Organizational Experience (30 points)

1. Describe the experience of your organization with similar projects, including the provision of training/TA for EMS staff. Identify any other organizations that will partner in the proposed project. Describe their experience with similar projects and their specific roles and responsibilities.

2. 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, and
   - Qualifications, including their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).
SECTION D: Data Collection and Performance Measurement (10 points)

Provide specific information about your how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program.

- The number of EMS personnel recruited.
- The number of EMS personnel trained.
- The number of EMS personnel who are licensed/certified as a result of funding support from this program.
- The number of courses conducted that qualify graduates to serve in an EMS agency.
- The number of courses on mental and substance use disorders offered as a result of this funding.
- The number of specific trainings funded to meet Federal or State licensing or certification requirements.
- The number of technology-enhanced educational methods developed to educate EMS providers.
- The number of EMS practice changes applied as a result of the training.
- The number of overdose reversals in the field using Naloxone.
- The number of Naloxone kits purchased and distributed to individuals in the field.
- The number of individuals who received Buprenorphine in the field.
- The number of individuals referred to treatment after overdose reversal.
SAMHSA Training Resources

https://www.samhsa.gov/practitioner-training
SAMHSA’s Disaster Technical Assistance Center (DTAC)

DTAC helps states, U.S. territories, tribes, and local providers plan for and respond to behavioral health needs after a disaster.

**Disaster Behavioral Health Resource Portals**
- Disaster Behavioral Health Planners
- First Responders and Disaster Responders
- Survivors of Disasters

**Disaster Behavioral Health Resources**

Publications, tip sheets, and her resources for disaster behavioral health professionals:
- Disaster Behavioral Health Resources
- Disaster Response Template Toolkit
- Online Training
- Webinars and Podcasts
MISSION: Helping people and organizations incorporate effective practices into substance use disorder and mental health prevention, treatment and recovery services.
Examples of Courses

Addressing Stigma and Substance Use Disorders
This course, designed to serve a broad audience including health care and behavioral health administrators and supervisors, direct care providers of behavioral health service and students in pre-service classes, provides content valuable for myriad professionals to consider in their day-to-day work when serving people with substance use disorders. The topics selected provide content identified in the literature as critical and will allow participants to gain a deeper understanding of the nature and context of stigma.

Developed by the Mountain Plains Addiction Technology Transfer Center.
4.0 Hours Continuing Education Credit Available
NAADAC

Understanding Substance Use Disorders
Understanding Substance Use Disorders is a 2-hour, self-paced course that provides a science-based introduction to substance use, substance use disorders (SUDs), and SUD treatment. It was designed for undergraduate, graduate and health professions students and practitioners who do not have a background in addictions.

2.0 Hours Continuing Education Available
NBCC, NASW, NAADAC, CNE, CHES


https://www.getnaloxonenow.org/#gettraining

Examples of Courses, Continued

**Crisis Prevention and De-escalation**

This 30-minute course prepares the learner to effectively engage with clients who are experiencing a crisis. Participants will learn to:

- Recognize risk and early warning signs of crisis
- Use positive behavior supports to prevent crisis and promote health and safety
- Use appropriate and approved intervention approaches to resolve a crisis through the use of de-escalation techniques
- Seek help from other staff or services when needed during and after a crisis and knows de-escalation techniques
- Monitor situations and communicate with the client and his or her family and support team to reduce risk
- Report incidents according to policies and procedures
- See own potential role within a conflict or crisis and changes behavior to minimize conflict
- Create an individualized crisis prevention plan per agency policy and procedures


**Motivational Interviewing (EBP)**

This 30-minute course teaches the evidence-based practice of motivational interviewing including stage-based treatment and how to use micro-skills to respond to change or sustain talk. Participants will learn to:

- Assist clients in goal setting and responding to desires to change in a stage-based manner
- Engage clients through open ended-questions, affirmations, summaries and reflective listening
- Respond to sustain talk
- Elicit change talk

Thank You

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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