

Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant SM-22-003

March 17, 2022

3 PM. EST

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[Application Link:](https://www.samhsa.gov/grants/grant-announcements/sm-22-003)

<https://www.samhsa.gov/grants/grant-announcements/sm-22-003>



SAMHSA
Substance Abuse and Mental Health
Services Administration

Basic Information

Estimated Award Amount: Up to \$735,000 per year per award

Length of Project Period: 5 years

Due Date: April 18, 2022

Anticipated Start Date: 08/31/2022

Program Purpose

The purpose of this program is to support states and tribes with implementing youth **(ages 10-24)** suicide prevention and early intervention strategies in schools, institutions of higher education juvenile justice systems, substance use and mental health programs, foster care systems, and other child and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

Eligibility

Eligible applicants are States and territories; a public organization or private non-profit organization designated by a State to develop or direct the state-sponsored statewide youth suicide early intervention and prevention strategies; or a federally recognized Indian tribe, tribal organization, or an Urban Indian organization. [See Section III-1 for complete eligibility information.]

Required Application Components

Budget Information (NOFO, p. 25)

SF-424A

Budget Justification and Narrative – See Appendix K (p. 73)

Project Narrative – no longer than 10 PAGES (p. 17, 19)

Attachments 1-9 (see p. 19-21 for page limitations)

Attachment 1: Letters of Commitment from participating organizations

Attachment 2: Data Collection Instruments/Interview Protocols

Attachment 3: Sample Consent Forms

Attachment 4: Project Timeline

Attachment 5: Biographical Sketches and Position Descriptions – See Appendix G (p. 58)

Attachment 6: Letter to Singe State Agency (SSA) – See Appendix J (p. 65-66) - **earlier versions incorrectly listed as Appendix K on pg. 20 of NOFO*

Attachment 7: Confidentiality and SAMHSA Participant Protection/Human Subject Guidelines – See Appendix D (p. 48-51)

Attachment 8: Documentation of Non-Profit Status

Application Submission

All applicants must register with NIH's eRA Commons in order to submit an application. 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.

**SEE APPENDIX A
FOR DETAILED INSTRUCTIONS**

Application Submission

- Applicants are required to complete **four (4) registration processes**:
 - Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
 - System for Award Management (SAM);
 - Grants.gov; and
 - eRA Commons.
- If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

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Required Activities

- Provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt. These services must be integrated with school systems, educational institutions, juvenile justice system, substance use programs, mental health programs, foster care systems, and other child and youth support organizations.
- Implement a response system to ensure that timely referrals incorporating safety planning can be provided to appropriate community-based mental health care and treatment programs for youth who are at risk for suicide or suicide attempts. This should include remaining in contact with at risk youth during the referral process and include follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.
- Assure treatment and prevention services for diverse cultural populations that address the specific risk and protective factors of the various populations they are serving.

Required Activities, cont.

- Collect and analyze data and report to SAMHSA on state-sponsored statewide or tribal youth suicide or early intervention and prevention strategies that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development.
- Provide post-suicide intervention services, care, and information to families, friends, educational institutions, juvenile justice systems, substance use disorder and mental health programs, foster care systems, and other child and youth support organizations involved with youth who have recently died by suicide.
- Provide immediate support and information resources to families of youth who have attempted suicide.

Required Activities, cont.

- Provide training to educators, childcare professionals, community care providers, and individuals in foster care and juvenile justice agencies to effectively identify youth who are at risk for suicide, including youth of diverse linguistic and cultural backgrounds.
- Implement strategies to reduce access to lethal means among youth with identified suicide risk.
- Obtain input from individuals with lived experience, including survivors of loss, survivors of suicide attempts, youth, and families, in assessing and implementing this project.

Required Activities, cont.

- Secure prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. NOTE: This requirement does not apply in the following circumstances:
 - In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.
 - Other instances, as defined by the State, where parental consent cannot reasonably be obtained.
- If the recipient is a State, territory, or a public or private non-profit organization designated by the State, the recipient must consult or confer with federally recognized Indian tribe or tribal organization or an urban Indian organization and Native Hawaiian Health Care Systems, as applicable, in the applicable State with respect to the development and implementation of a statewide early intervention strategy.

Allowable Activities

- Support programs aimed at diverting suicidal youth from emergency departments to other appropriate crisis intervention programs or services such as mobile crisis response teams or non-hospital crisis stabilization facilities.
- Utilize local, state, and federal data to prioritize prevention and intervention strategies focusing on the provision of culturally responsive care to diverse populations impacted by suicide deaths and attempts.
- Integrate the use of technology into the project (e.g., assist and enhance Lifeline crisis centers to develop crisis chat interventions; using text messaging (SMS) to provide caring contacts following discharge; offering waterfall text messaging services to send messages strengthening protective factors to community members; enhancing electronic medical records to automate scoring and flagging of youth who score high on screening or assessment tools).

Allowable Activities, con't

- Utilize training and public awareness and activation campaigns that adhere to the National Action Alliance for Suicide Prevention's guidance on safe messaging which are connected to action items (e.g., what to do if an individual is worried about another individual) and part of a more comprehensive suicide prevention plan.
- Develop collaborative partnerships with other service providers for service delivery and stakeholders serving youth at risk for suicide.
- Provide training/workforce development activities for youth professionals and community providers on the latest youth suicide early intervention and prevention services, practices, including lethal means safety counseling, and strategies.
- Provide activities that address behavioral health disparities and the social determinants of health as they relate to suicide attempts and deaths.

Data Collection and Performance Measurement

Recipients are required to report performance on the following measures:

- TR1 (Training) – The number of individuals who have received training in prevention or mental health promotion.
- WD2 (Workforce Development) – The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- S1 (Screening) – The number of individuals screened for mental health or related interventions.
- R1 (Referral) – The number of individuals referred to mental health or related services.
- AC1 (Access) – The number and percentage of individuals receiving mental health or related services after referral.

Data Collection and Performance Measurement

A national cross-site evaluation is required to build the evidence base for this program. Recipients are required to participate fully in all aspects of the cross-site evaluation. This may include collection of additional client-level data and participation of sub-recipients. Details on the evaluation, including type of evaluation and research questions, will be provided upon award.

Funding Restrictions – Appendix I

- No more than 15 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- No less than 85 percent of the total grant award for each budget period must be used to provide youth suicide prevention activities unless the recipient is an institution of higher education.
- If the applicant is an institution of higher education that has been designated by the State to develop or direct the state sponsored state-wide youth suicide early intervention and prevention strategy, no less than five percent of the 85 percent used to provide youth suicide prevention activities may be used for activities conducted by the institution of higher education.
- The statute for this program limits that a state or entity designated by the state cannot receive more than one (1) cooperative agreement under this section at any one time.
- **Note: In earlier versions of the NOFO, on page 23, the Standard funding restrictions and the intergovernmental review have listed and linked the appendices incorrectly. Standard Funding Restrictions is Appendix I and the Intergovernmental Review is Appendix J, not K. This has been corrected.*

Application Evaluation Criteria

Section A: Statement of Need 20 points – approximately 1 page

Section B: Proposed Approach 40 points – approximately 5 pages not including Attachment 4 – Project Timeline

Section C: Staff, Management and Relevant Experience
15 points – approximately 1 page

Section D: Data Collection and Performance Measurement
25 points – approximately 1 page

Section A: Statement of Need

1. Identify and describe the proposed geographic catchment area where the project will be implemented and the population(s) that will be impacted by the infrastructure development in the targeted systems or agencies. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective suicide prevention services in the proposed catchment area that is consistent with the purpose of this NOFO to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations. Include information on the service gaps and other problems related to the need for infrastructure development. Identify the source of the data.

Section B: Proposed Approach

1. Describe the goals and measurable objectives (see Appendix E) of your proposed project and align them with the Statement of Need outlined in A.2.
2. Describe how you will implement the Required Activities as stated in Section I. States/tribes who have been recipients of prior GLS State/Tribal Youth Suicide Prevention funding must address how funding under this NOFO would build on and/or expand the work of the previous grant.
3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire 5 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I:3 [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline cannot be over two pages and should be submitted in Attachment 4.] The recommendation of pages for this section does not include the timeline.

Section C: Staff, Management, and Relevant Experience

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities in this project. If applicable, Letters of Commitment from each partner must be included Attachment 1 of your application. If you are not partnering with any other organization(s), indicate so in your response.
2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant staff members. Describe the role of each, their 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

1. 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.
2. Explain how you plan to use existing data sources with suicide data, such as the National Violent Death Reporting System (NVDRS), Emergency Department Syndromic Surveillance, and state/county level and health department data to inform your strategies.

Questions?

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