

**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**Suicide Prevention Resource Center (SPRC)  
(Initial Announcement)**

**Request for Applications (RFA) No. SM-15-003**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243**

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by March 2, 2015.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

# Table of Contents

- EXECUTIVE SUMMARY..... 3
- I. FUNDING OPPORTUNITY DESCRIPTION..... 4
  - 1. PURPOSE ..... 4
  - 2. EXPECTATIONS ..... 5
- II. AWARD INFORMATION..... 11
- III. ELIGIBILITY INFORMATION ..... 12
  - 1. ELIGIBLE APPLICANTS..... 12
  - 2. COST SHARING and MATCH REQUIREMENTS ..... 12
- IV. APPLICATION AND SUBMISSION INFORMATION ..... 13
  - 1. ADDITIONAL REQUIRED APPLICATION COMPONENTS ..... 13
  - 2. APPLICATION SUBMISSION REQUIREMENTS ..... 14
  - 3. FUNDING LIMITATIONS/RESTRICTIONS..... 14
- V. APPLICATION REVIEW INFORMATION ..... 14
  - 1. EVALUATION CRITERIA..... 14
- VI. ADMINISTRATION INFORMATION..... 18
  - 1. REPORTING REQUIREMENTS ..... 18
- VII. AGENCY CONTACTS ..... 18
- Appendix I – Confidentiality and SAMHSA Participant Protection Guidelines..... 19

## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for a fiscal year (FY) 2015 Suicide Prevention Resource Center grant. The purpose of this program is to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist states, tribes, organizations, SAMHSA Garrett Lee Smith and other SAMHSA grantees, and individuals to develop suicide prevention strategies (including programs, interventions, and policies) that advance the [National Strategy for Suicide Prevention](#) (NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support of the [National Action Alliance for Suicide Prevention](#) (Action Alliance), and working to advance high-impact objectives of the NSSP.

<b>Funding Opportunity Title:</b>	Suicide Prevention Resource Center
<b>Funding Opportunity Number:</b>	SM-15-003
<b>Due Date for Applications:</b>	March 2, 2015
<b>Anticipated Total Available Funding:</b>	\$5,634,000
<b>Estimated Number of Awards:</b>	1
<b>Estimated Award Amount:</b>	Up to \$5,634,000 per year
<b>Cost Sharing/Match Required:</b>	No
<b>Length of Project Period:</b>	Up to 5 years
<b>Eligible Applicants:</b>	Eligible applicants are domestic public and private nonprofit entities.  [See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]

**Be sure to check the SAMHSA website periodically for any updates on this program.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for a fiscal year (FY) 2015 Suicide Prevention Resource Center grant. The purpose of this program is to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist states, tribes, organizations, SAMHSA Garrett Lee Smith and other SAMHSA grantees, and individuals to develop suicide prevention strategies (including programs, interventions, and policies) that advance the [National Strategy for Suicide Prevention](#) (NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support of the [National Action Alliance for Suicide Prevention](#) (Action Alliance), and working to advance high-impact objectives of the NSSP.

The Suicide Prevention Resource Center (SPRC) is the nation's only technical assistance center whose mission is to advance the NSSP; a roadmap for action that if fully implemented would significantly reduce the number of suicide attempts and deaths within this country. Full implementation of the NSSP requires multiple approaches at multiple levels among multiple entities. Effective approaches require a comprehensive, sustained, data-driven strategy; an active, effective community component as well as an active, effective, clinical systems approach; and community systems that include a wide range of public and private partners. SPRC's work must target approaches, systems, and entities with the highest potential to prevent suicidal crises and save the most lives. All of SPRC's efforts are driven by the ultimate goal of reducing suicide attempts and deaths in this country.

The SPRC grant closely aligns with SAMHSA's Strategic Initiative on Prevention of Substance Abuse and Mental Illness. It also seeks to address behavioral health disparities among racial, ethnic, sexual and gender minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial, ethnic, sexual and gender minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.) Consistent with statutory authority, the SPRC also focuses on youth suicide prevention TA and training for the GLS program.

The Suicide Prevention Resource Center grant is authorized under Section 520A and 520C of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD. This statutory authority requires SPRC to be awarded as a competitive award.

## 2. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund services and practices that have demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance (TA) recipients of the grant program.

### 2.1 Required Activities

Suicide Prevention Resource Center grant funds must be used primarily to support the following activities, all of which are intended to reduce suicide attempts and deaths in this country:

- Advance NSSP goals and objectives that are most likely to reduce suicide attempts and deaths, including Goals 8 and 9 (“Promote suicide prevention as a core component of health care services” and “Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors”). The current [Zero Suicide in Health and Behavioral Health Care](#) initiative must be sustained and enhanced.
- Advance national efforts to improve follow-up and post-inpatient and emergency department discharge care transitions, to help ensure patient safety, especially among high-risk individuals in health or behavioral health care settings who have attempted suicide or experienced a suicidal crisis, including people with serious mental illnesses.
- Advance efforts to improve and expand the capacity of SAMHSA's suicide prevention grantees, including the Garrett Lee Smith Youth Suicide Prevention grantees, as well as state, territorial, tribal, and local public health and behavioral health authorities, and other entities to routinely collect, analyze, report, and use suicide-related surveillance and outcome data to implement prevention efforts and inform policy decisions (Goal 11, Objective 11.3 of the NSSP).
- Advance efforts to improve and expand the capacity of SAMHSA's suicide prevention grantees, including the Garrett Lee Smith Youth Suicide Prevention grantees, as well as state, territorial, tribal, and local public health and behavioral health authorities, and other entities to evaluate the impact and effectiveness of interventions on suicide deaths and non-fatal suicide attempts.
- Analyze gaps and needs in suicide prevention-related surveillance systems, including within public behavioral health, foster care, and juvenile justice systems.
- Advance state-led suicide prevention work to stimulate and build active, sustainable initiatives, including delineating the optimal roles of state suicide prevention coordinators, and working to increase the number of states that revise their suicide prevention plans to incorporate the NSSP, implement the plans, and evaluate the impact of the implementation.

- Build and maintain collaborative relationships with key stakeholders (including state, territorial, tribal, and local governments; health care systems; provider associations; national suicide prevention and behavioral health organizations; academic institutions; professional, recovery community, faith-based, and racial/ethnic-specific or LGBT organizations, survivors and attempt survivors and others).
- Provide technical assistance that promotes infrastructure and capacity development among SAMHSA suicide prevention grantees, states, territories, tribes, communities, and other entities with the potential for preventing and reducing suicidal behaviors.
- Develop and disseminate resources and tools that address existing gaps in the suicide prevention field and have a strong potential for reducing suicidal behaviors, including at minimum, reducing suicidal behaviors among people in mid-life, outreach to health care systems, outreach to primary care providers, and lethal means reduction.
- Use innovative transfer strategies to promote the adoption of culturally and linguistically appropriate evidence-based and promising practices, and to disseminate relevant research findings and lessons learned in health, behavioral health, and other services and programs relevant to suicide prevention.
- Maintain an internet-based inventory of, and serve as a clearinghouse for suicide prevention products, trainings, and other resources, and disseminate these resources to stakeholders. The inventory must include culturally and linguistically appropriate information and resources. Ensure that the inventory, including the [Best Practice Registry](#), is organized in a way that promotes the use of products as components of users' overall public health strategy.
- Support the infrastructure of the National Action Alliance for Suicide Prevention, to include activities such as funding staff to support key Action Alliance initiatives, including those carried out by Action Alliance Executive Committee ("EXCOM") members and task forces, and for direct meeting expenses of the EXCOM and select task forces. SAMHSA's financial commitment is mirrored in financial and in-kind contributions from public and private partners within the Action Alliance, which include substantial support for the work of some of the most active and productive task forces. Up to \$150,000 may be used to directly support the infrastructure of the National Action Alliance for Suicide Prevention.
- Incorporate the voices of suicide attempt survivors and loss survivors in advisory groups and other activities.
- Enhance the clinical and cultural competencies of mental and substance use disorders treatment practitioners, including the capacity to deliver effective suicide prevention services, in accordance with evidence-based practices and

the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

- Coordinate technical assistance efforts with state and national organizations to help build knowledge and skills in suicide prevention and the capacity to address disparities in the access, use and outcomes of behavioral health treatment.
- Participate in national activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the suicide prevention and mental health treatment/recovery field.

## **2.2 Allowable Activities**

- Develop and disseminate resources and tools that address reducing suicidal behavior among high risk populations, such as older adults, and within service delivery system platforms, such as workplace settings.
- Analyze gaps and needs in suicide prevention-related financing systems.
- Develop and provide training and other resource materials for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and state/territory agency staff, front-line counseling staff, etc.).
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders prevention and treatment services, including working with academic institutions that train and educate students for these professions.

## **2.3 Other Expectations**

### **Promotion of SAMHSA Products and Collaboration with SAMHSA**

To maximize distribution of SAMHSA products, grantees will promote and distribute publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, each grantee will be required to provide periodic updates to SAMHSA's Office of Communications, alerting SAMHSA of products and services, including training events that the grantee is making available.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement you must propose: (1) the number of individuals to be trained during the grant period, and the subpopulations (e.g., racial, ethnic and sexual/gender minority groups) vulnerable to behavioral health disparities and how they will be engaged in training and technical assistance activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) a quality improvement plan to decrease the differences in access to, use and outcomes of the training and technical assistance activities among these subpopulations; and (3) methods for the development of policies and procedures to

ensure adherence to the National CLAS Standards. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recovery from mental and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Strategic Initiative on Recovery Support is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible. See *The Way Forward*, from the Action Alliance's Suicide Attempt Survivor Task Force.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse prevention and/or treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate, in particular, identifying effective means for reaching the majority of at-risk veterans who are not enrolled in or receiving care from the Veterans Health Administration.



## **2.4 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act (GPRA) of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures:

- The number of adults and youth exposed to suicide prevention awareness messages;
- The number of people in the mental health and related workforce trained in suicide prevention-related practices/activities that are consistent with the goals of the grant;
- The number of adults and youth who have received training in suicide prevention or mental health promotion;
- The number of organizations or communities implementing suicide prevention-related training programs as a result of the grant; and
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov/TracPRD/default.aspx>. Data are to be entered into a web system.

The grantee will be required on an annual basis to report on grantee progress in reducing deaths by suicide and non-fatal suicide attempts based on available data.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request. Data collected by grantees also will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

## **2.5 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on

your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

*Outcome Questions:*

- How many states and private health care systems are fully or partially implementing the Zero Suicide model?
- How many states are collecting surveillance data on adult and youth deaths by suicide within the behavioral health care system, and using this to guide their suicide prevention efforts?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

*Process Questions:*

- How closely did implementation match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What effect did the changes have on the planned training and technical assistance and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**No more than 15 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.**

## 2.6 Grantee Meetings

The grantee must plan to send a minimum of two people (including the Project Director) to grantee meetings for SAMHSA's Garrett Lee Smith (GLS) State/Tribal and Campus Suicide Prevention grant program and National Strategy Suicide for Prevention grant program. These meetings may be held every other year; the next GLS grantee meeting is planned to be held during fiscal year 2016. You must include a detailed budget and narrative for this travel in your budget. At these meetings, the grantee will present relevant content information and provide technical assistance to participating grantees. Each meeting may be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$5,634,000

**Estimated Number of Awards:** 1

**Estimated Award Amount:** Up to \$5,634,000 per year

**Length of Project Period:** Up to 5 years

**Proposed budgets cannot exceed \$5,634,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions

### Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

#### Role of Grantee:

- Comply with all terms and conditions of the Cooperative Agreement for SPRC;
- Secure Government Project Officer input and approval for core activities associated with this award;
- Implement activities that advance the impact of the NSSP in reducing suicidal behavior and preventing suicide, as described in the RFA;

- Implement activities that enhance the ability of the SPRC and Action Alliance to reduce suicidal behavior and prevent suicide, as described in the RFA;
- Provide an end-of-year report on the accomplishments achieved as a result of this funding;
- Accept guidance and respond to requests for information from the Government Project Officer, the Grants Management Specialist, and other relevant SAMHSA staff; and
- Keep federal program staff informed of emerging issues, developments, and problems.

Role of SAMHSA Staff:

- Consult with SPRC leadership and management team on all phases of the project to ensure accomplishment of the goals;
- Approve key staff (e.g., center director, management team) responsible for the leadership, oversight, and management of the SPRC;
- Review critical project activities for responsiveness to SAMHSA’s mission, including implementation of the NSSP;
- Provide guidance on project design and components, as needed;
- Participate in policy and steering groups or related work groups;
- Recommend outside consultants for training, site-specific evaluation, and data collection, if needed;
- Facilitate collaboration, as needed;
- Review and approve required reports; and
- Assume overall responsibility for monitoring the conduct and progress of the SPRC.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are domestic public and private nonprofit entities, tribal and urban Indian organizations, and/or community and faith-based organizations.

#### **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

## IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

### 1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application if you do.)**
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 2, 2015**.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 15 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type “A-1”, “A-2”, etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F.)
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall section score.

### Section A: Statement of Need (10 points)

1. Describe the proposed technical assistance recipients and the methods you will use to engage them. In your response, include at minimum the need to provide technical assistance to states, territories, tribes, SAMHSA suicide prevention

grantees (including Garrett Lee Smith grantees), and other targeted systems or agencies with the potential for preventing and reducing suicidal behaviors. In addition, the service gaps, barriers, and other problems related to the need for technical assistance should be included.

2. Discuss your populations of focus. Identify sub-population disparities, if any, relating to access/use/outcomes of suicide prevention services, citing relevant data. Note that SPRC is congressionally authorized under the Garrett Lee Smith Memorial Act and therefore must include a focus on youth, and that it also must focus on all populations at risk for suicide, especially those with high numbers and rates of suicidal behavior. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
3. Discuss how the proposed technical assistance will increase the capacity to implement and sustain effective suicide prevention in states, tribes, colleges, and health care systems, including the need to improve access, appropriateness of services and outcomes in your populations of focus, including diverse racial/ethnic and LGBT populations. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
4. Discuss the current state of knowledge regarding culturally and linguistically competent services in behavioral health treatment and suicide prevention services and describe how this knowledge will be disseminated and applied.
5. Describe the stakeholders and resources that can help implement the needed technical assistance.

## **Section B: Proposed Approach (45 points)**

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Describe the proposed project activities, how they meet the needs of the technical assistance recipients you propose to serve, and how they relate to your goals and objectives. Identify the total number of grantees (including Garrett Lee Smith grantees), organizations, states, territories, and tribes you propose to work with and serve annually, as well as the total number of events you plan to offer. In addition, provide a break-down of the:
  - number of short-term training events (i.e., designed to impart knowledge), as well as the estimated number of participants who will be involved in training; and
  - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related

to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]

3. Describe how you will advance high-impact objectives of the NSSP, including Goals 8 and 9 (which includes sustaining and enhancing the current Zero Suicide in Health and Behavioral Health Care initiative).
4. Describe how you will advance national efforts to improve follow-up and post-discharge care transitions to help ensure patient safety, especially among high-risk individuals in health or behavioral health care settings who have attempt suicide or experiences a suicidal crisis, including those persons with serious mental illnesses.
5. Describe how you will advance efforts to improve and expand the capacity of SAMHSA's suicide prevention grantees (including Garrett Lee Smith grantees), and state/territorial, tribal, and local public health and behavioral health authorities, and other entities to routinely collect, analyze, report, and use suicide-related surveillance and outcome data to implement prevention efforts and inform policy decisions.
6. Describe how you will advance efforts to improve and expand the capacity of SAMHSA's suicide prevention grantees (including Garrett Lee Smith grantees), and state/territorial, tribal, and local public health and behavioral health authorities, and other entities to evaluate the impact and effectiveness of interventions on suicide deaths and non-fatal suicide attempts.
7. Describe how you will advance state-led suicide prevention work to stimulate and build active, sustainable initiatives, including an increased number of states that have revised their suicide prevention plans to incorporate the NSSP, are implementing their plans, and evaluating the impact of the implementation.
8. Describe how you will involve survivors and attempt survivors in activities.
9. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
10. Demonstrate familiarity with SAMHSA's mission and with state-of-the-art strategies and practices in suicide prevention, and prevention and technology transfer principles, strategies and activities.
11. Describe how you will support the infrastructure of the National Action Alliance for Suicide Prevention.



12. To demonstrate your collaborative relationships with relevant organizations, describe any other organization(s) that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment from these organization(s) in **Attachment 1** of your application.
13. Describe how your activities will improve suicide prevention services and reduce suicide attempts and completions in this country.

**Section C: Staff, Management, and Relevant Experience (35 points)**

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in suicide prevention and providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.
2. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications in suicide prevention.
3. Discuss how key staff have demonstrated experience in serving the populations to receive training/technical assistance and are familiar with their culture(s) and language(s) as well as with their workforce development needs.
4. Describe the resources available for the proposed project (e.g., facilities, equipment).

**Section D: Data Collection and Performance Measurement (10 points)**

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.4](#) of this document. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.
2. Describe the data-driven quality improvement process by which sub-population behavioral health disparities in access/use/outcomes will be tracked, assessed, and reduced.
3. Describe your plan for conducting the local performance assessment as specified in [Section I-2.5](#) of this RFA and document your ability to conduct the assessment.

## **SUPPORTING DOCUMENTATION**

### **Section E: Biographical Sketches and Job Descriptions.**

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

### **Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects**

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See [Appendix I](#) of this document for guidelines on these requirements.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in [Section I-2.4](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. An annual report will be due to the Government Project Officer each year.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Eileen Zeller, MPH  
Lead Public Health Advisor  
Suicide Prevention Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1089  
Rockville, Maryland 20857  
(240) 276-1863  
[Eileen.Zeller@samhsa.hhs.gov](mailto:Eileen.Zeller@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20857  
(240) 276-1408  
[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov)

# Appendix I – Confidentiality and SAMHSA Participant Protection Guidelines

## Confidentiality and Participant Protection

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the two elements below. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality and participant protection identified during peer review of the application must be resolved prior to funding.

### 1. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

### 2. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.
- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?