

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

2015 Campus Suicide Prevention Grant

(Initial Announcement)

Request for Applications (RFA) No. SM-15-008

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:

Application Deadline	Applications are due by April 20, 2015
Intergovernmental Review (E.O. 12372)	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.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	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.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2015 Campus Suicide Prevention grants. The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities build essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students and to outreach to vulnerable students including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

Funding Opportunity Title:	Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Program
Funding Opportunity Number:	SM-15-008
Due Date for Applications:	April 20, 2015
Anticipated Total Available Funding:	\$2,076,395
Estimated Number of Awards:	20
Estimated Award Amount:	Up to \$102,000 per year
Cost Sharing/Match Required	Yes [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to three years
Eligible Applicants:	Eligibility is limited to institutions of higher education that have not previously been awarded a Garrett Lee Smith Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply. [See Section III-1 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 fiscal year (FY) 2015 Campus Suicide Prevention grants. The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

The Campus Suicide Prevention grant supports a wide range of program activities and prevention strategies to build and sustain a foundation for mental health promotion, suicide prevention, substance abuse prevention and other prevention activities such as interpersonal violence and by-stander interventions. As an Infrastructure Development grant, funds cannot be used to pay for direct traditional mental health and substance abuse treatment services such as therapy, counseling, and medication management.

The Campus Suicide Prevention Grant program 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 and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

SAMHSA intends that these grants will assist colleges and universities to have a campus free from the tragedy of suicide which also supports the National Strategy for Suicide Prevention Objective 8.1 (See <http://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS>).

Campus Suicide Prevention grants are authorized under the Garrett Lee Smith Memorial Act (Section 520E-2 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 grant also directly supports SAMHSA's Prevention of Substance Abuse and Mental Illness Strategic Initiative. For more information on SAMHSA's six Strategic Initiatives go to <http://www.samhsa.gov/about-us/strategic-initiatives>.

2. EXPECTATIONS

Applicants must provide a coherent and detailed conceptual “roadmap” of the process by which they have assessed or intend to assess suicide prevention needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective prevention and promotion programs.

As this is an infrastructure grant, managing capacity within the counseling center and developing crisis protocols before beginning actual programming is an expected initial activity. Managing capacity means having or planning to develop a crisis response protocol, being able to provide information and referral to adequate on and off campus behavioral health services, and making certain that staff are trained before adding new efforts. Campuses should be able to respond to student demand for services, so that demand does not outpace capacity.

The plan must also address the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to: lesbian, gay, bisexual, and transgender (LGBT) individuals, American Indian/Alaska Natives (AI/AN), military family members, and veterans.

In addition, applicants should incorporate goals and objectives from the National Strategy for Suicide Prevention (NSSP), that includes a comprehensive and data driven approach to suicide prevention, with the vision that one death is too many. Applicants must partner with other prevention and/or health/wellness related programs on campus and with the Garrett Lee Smith State and Tribal Youth Suicide Prevention grant, if applicable to their state. Applicants will also be expected to work collaboratively with the Tribal Behavioral Health grantees in their state, the Suicide Prevention Resource Center; the National Suicide Prevention Lifeline; and SAMHSA’s Partnerships for Success and Drug-Free Communities grantees who are actively working with colleges and universities in their areas.

As a result of the Garrett Lee Smith Campus Suicide Prevention grants, colleges, and universities will:

- increase collaboration among campus and community partners to deliver the message that suicide prevention is everyone's responsibility;
- increase the amount of training to students, faculty, and staff on suicide prevention and mental health promotion;
- increase the number of educational seminars and informational materials for students, faculty, staff, and family members on suicide prevention, identification and reduction of risk factors, such as depression, substance use/abuse, interpersonal violence;

- increase help-seeking among students and reduce negative attitudes for seeking care for mental and substance use disorders among students, and
- increase the promotion of the National Suicide Prevention Lifeline.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be reached during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities, and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (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).

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 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.

2.1 Required Activities

There are essential capacities that campuses must have in place -- crisis response protocol, information and referral to adequate on and off-campus behavioral health services, and trained staff before adding new efforts. Campuses should be able to respond to student demand for services, so that demand does not outpace capacity.

Campus Suicide Prevention grant funds must be used for the following activities:

- 1) Create a networking infrastructure to link the institution with health care providers from the broader community and resources. While Campus Suicide Prevention grant funds may be used to create the network, they may not be used to provide direct clinical services. The proposed networking infrastructure should include provisions for a crisis response plan (see Appendix III, RFA Glossary), including response to suicide attempts or death by suicide.

- 2) Develop gatekeeper training programs for students, faculty and staff to respond effectively to students with mental and substance use disorders which can lead to suicide and suicide attempts. Examples of trainees to be targeted are campus health and mental health personnel and gatekeepers, such as residence hall advisors, faculty, student government and student organizational leaders, the chaplainry, dean of students, student advisors, athletic coaches, and public safety personnel.
- 3) Develop and implement educational seminars for students, faculty and staff. Seminars may include, but are not limited to, provision of information on suicide prevention, identification, and reduction of risk factors, such as depression, and substance abuse, promoting help seeking, and reducing the negative attitudes towards seeking care for mental and substance use disorders.
- 4) Create local college-based hotlines and/or promote linkage to the National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (see Appendix III, RFA Glossary). The use of hotlines should be integrated into a crisis response plan.
- 5) Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help-seeking behavior, and reduce the negative attitudes towards seeking care for mental and substance use disorders. Grant funds may be used both to develop these materials and/or to purchase such materials from an organization that provides them.
- 6) Prepare or otherwise obtain educational materials for families of students to increase awareness of potential mental and substance use disorders among students enrolled at institutions of higher education, including but not limited to suicide prevention, identification and reduction of risk factors, such as depression and substance abuse, the promotion of help-seeking behavior, and reducing the negative attitudes towards seeking care for mental and substance use disorders.

All informational materials and educational seminars should be linguistically appropriate for the specific population(s) and subpopulations of focus, (e.g., racial/ethnic minorities, people with disabilities, the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to: LGBT individuals, AI/AN individuals, military family members, and veterans. Possible audiences include, but are not limited to: parents, spouses, friends, faculty, staff, fraternities/sororities, coaches, and students.

[Note: Since activities such as suicide prevention education and training may lead to the identification of individuals at immediate risk for suicide or suicide attempts, such activities must include plans for accessing emergency care for at-risk students.]

Grantees will be expected to work toward sustainability of the grant activities beyond available federal funding by ensuring that the program activities can be linked to broader campus-based issues (e.g., wellness, personal safety, prevention of alcohol and other substance use disorders), collaborating with partners within and outside of the campus community and engaging senior administrators on campus in program activities.

2.2 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 (GPRA) Modernization Act 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:

- Number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- Number of individuals exposed to mental health awareness messages.
- Number of people in the mental health and related workforce trained in mental health-related practices/activities as a result of the grant.
- Number of individuals who have received training in prevention or mental health promotion.

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>. Data are to be entered into the Common Data Platform (CDP) web system on a quarterly basis. TA related to data collection and reporting will be offered.

In addition, grantees will be expected to work with the SAMHSA's National Suicide Prevention Evaluation contractor on the cross-site evaluation or the National Outcomes Evaluation. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the evaluation contractor. An explanation of the requirements of the cross-site evaluation can be found at: http://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201308-0930-001, then click on View Supporting Statement and Other Documents. Among the data to be collected will be training efforts, prevention strategies and student information.

In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 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 should be used also 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 annually along with the annual progress report.

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:

What was the effect of intervention on key outcome goals, including deaths by suicide, non-fatal suicide attempts, and referrals to mental health counseling services?

What program/contextual/cultural/linguistic factors were associated with outcomes?

How durable were the effects?

Process Questions:

How closely did implementation match the plan?

What types of changes were made to the originally proposed plan?

What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?

What led to the changes in the original plan?

What effect did the changes have on the planned intervention and performance assessment?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in [Sections I-2.2](#) and [2.3](#) above.

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to the grantee meeting in Years 1 and 3. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will 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:	Grant
Anticipated Total Available Funding:	\$2,076,395
Estimated Number of Awards:	20
Estimated Award Amount:	Up to \$102,000 annually
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$102,000 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 of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for SAMHSA's Campus Suicide Prevention Grant program is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including state universities, private four-year colleges and universities (including those with religious affiliations), Minority Serving Institutions of higher learning (i.e. Tribal colleges and universities, Historically Black Colleges and Universities, Hispanic-serving institutions and Asian American Native American Pacific Islander Serving Institutions), and community colleges.

Entities that have previously been awarded a Garrett Lee Smith Campus Suicide Prevention Grant are not eligible. SAMHSA is limiting the eligibility to applicants who have not previously received an award in order to allow for a broader distribution of the limited funds across campuses and universities. Since the purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education, this program assists colleges and universities in preventing suicide attempts and deaths by suicide. It also enhances services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them

at risk for suicide and suicide attempts. These grants assist colleges and universities in having a campus free from the tragedy of suicide.

Such institutions may carry out the activities of this grant through college health/wellness/counseling centers, college and university psychological services centers, mental/behavioral health centers, psychological training clinics, academic departments or institutions of higher education-supported, evidence-based mental health and substance abuse programs. The activities of this grant may be carried out with the engagement of student-run services such as student organizations and/or student government councils. If a consortium is formed to carry out the activities of this grant, a single institution in the consortium must be the legal applicant, the recipient of the award on behalf of the consortium, and the entity legally responsible for satisfying the grant requirements.

2. COST SHARING and MATCH REQUIREMENTS

Cost Sharing/Matching Funds are required for this program. Grantees must provide matching funds from other nonfederal sources, either directly or through donations from public or private entities:

- You must provide a \$1 match for every \$1 of federal funds.

The non-federal share may be made in cash or in kind fairly evaluated, including planned equipment or services. Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, federal grant funds must be used to supplement, and not supplant, any funds available for carrying out existing college suicide prevention activities. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification.

Matching funds or in-kind services/equipment does not have to directly fund the six “allowable activities” in Section 2.1 of this RFA. However, if they fund other activities (e.g., data collection, website development), the activities must: 1) be clearly related to the allowable activities, and 2) directly support an enhancement or an improvement to the institution’s suicide-prevention activities.

The requirement of matching funds may be waived by SAMHSA if SAMHSA determines that extraordinary need at the institution justifies the waiver. If an applicant believes such an extraordinary need exists at their institution, a letter must be submitted with the application requesting the waiver and documenting the extraordinary need. Requesting a waiver of the cost sharing requirement will not affect the scoring of your application.

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 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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 5**– 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).
 - **Attachment 5:** Your Institutions’ current Suicide Prevention and/or Crisis Response Plan, if these exist.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 20, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 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 25 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 (15 points)

1. Describe your institution of higher education including details on location, size, public/private, etc. Provide information on the population(s) to engage in activities through targeted programming in terms of:

- Demographics- race, ethnicity, religion, gender, age, geography, and socioeconomic status
- Language and Literacy
- Sexual Identity – sexual orientation, gender identity; and
- Disability
- Student Veterans
- American Indian/Alaska Natives

In addition, include information on the number of student deaths by suicide in the past five years as well as any available information on suicide attempts, emergency room visits, and hospitalizations related to suicidal ideation or attempts.

- Submit a description of all suicide prevention services and programs listed below as a way to document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective suicide prevention and mental health promotion activities on campus that are consistent with the purpose of the program and intent of the RFA. In the descriptions identify service gaps and priority problems related to the need for infrastructure development with a particular focus on barriers related to access and availability of mental and behavioral health care services for students. Federal, state, local, private, and institutional resources currently available to address the behavioral health needs of your campus.
- Type of health, mental health, and behavioral health services available on campus and their location (s)
- Number of clinicians on staff. Also, the clinician to student ratio.
- Type of other support services (i.e. groups, stress-management, self-management and life skills groups, wellness initiatives, social network supports) available to students on campus. Include the locations.
- Current Referral Network with on and off campus providers. Procedures for communication with off-campus providers and maintaining and updating contacts.

- Type of emergency services used by campus for students in crisis.
- Describe how your campus interacts and partners with mental health promotion programs, alcohol and substance abuse prevention programs, interpersonal/violence prevention programs and other high risk public health challenges on campus.

If you have a suicide prevention and/or crisis response plan, include it in Attachment 5.

2. Identify the sources of the data provided to develop the Statement of Need. Documentation of need may come from a variety of qualitative and quantitative sources. College campus-related data sources may include the National College Health Assessment, Healthy Minds Study, Association of University and College Counseling Center Director surveys. Additional examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Approach (35 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 each activity you plan to address (as outlined in [Section 2.1](#) Required Activities). For each activity you must describe the 1) problem/issue the activity aims to address; 2) a description of the type of programs, activities, and strategies used to address the issue/problem; and 3) goals that articulate specific, measurable outcomes. It is not required that you select all six required activities.
3. Describe how the proposed project will address the needs of the populations described in your Statement of Need (Section A). Also, provide a specific plan to meet the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention, including but not limited to LGBT individuals, AI/AN individuals, student veterans and military families.
4. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: <https://www.thinkculturalhealth.hhs.gov/>.

5. Describe the role of campus senior administrative leadership with the proposed grant. Also, describe all on and off-campus services, organizations, or providers that will participate in the proposed project, including their roles and responsibilities and their relevant experience (e.g., public/campus health, behavioral health, suicide prevention, and culturally appropriate/competent services). Demonstrate their commitment to the project. Include Letters of Commitment in Attachment 1 of your application. Applicants must describe how they will partner with other prevention and/or health/wellness related programs on campus and with the Garrett Lee Smith State and Tribal grantee.
6. Describe how achievement of goals will increase system capacity to support effective behavioral health services, as well as other public health issues on campus such as interpersonal violence and sexual assault. Include a description how stakeholders and resources both on and off campus can help implement the needed infrastructure development. For example, if the counseling center lacks the capacity to meet increased demand that may result from this grant, outline the steps to be taken to increase capacity before beginning programming.
7. Provide a chart or graph depicting a realistic program implementation time line for the entire project period. The timeline should show 1) specific activities and tasks to be completed 2) needed resources 3) responsible staff 4) and expected completion dates. These key activities would be those addressed in Section B #2 above [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

Section C: Staff, Management, and Relevant Experience (20 points)

1. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each, their level of effort/ dedicated time on project, and qualifications.
2. Discuss how key staff has demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.
2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality

improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies and stakeholders.

3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
4. Describe your plan for conducting the local performance assessment as specified in [Section I-2.3](#) of this RFA and document your ability to conduct the assessment.
5. Explicitly state your willingness to: (1) collaborate with the Suicide Prevention cross-site evaluation; (2) comply with all of CMHS' necessary GPRA requirements, including submitting your GPRA data via the Web-based Transformation Accountability system (TRAC), and (3) annually report the results of your local performance assessment.
6. Describe how you will monitor deaths by suicide and suicide attempts and how you will use this information to further inform your suicide prevention efforts.

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

This program requires that you complete this section in its entirety, responding to each bullet point.

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-2.2](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be required to submit annual progress reports. Grantees will be provided with a template for the progress reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

Rosalyn Blogier, LCSW-C
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Substance Abuse and Mental Health Services Administration
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For questions on grants management and budget issues contact:

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Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects 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 (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. 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, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, individuals in prison, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Attachment 2, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. 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.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. 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.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms?

Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- 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.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- 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?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

Appendix II – Background Information

According to the United States Department of Education, approximately 21.0 million students were expected to be enrolled in almost 4,600 colleges and universities in fall 2014 <http://nces.ed.gov/fastfacts/display.asp?id=372>.

In the 2014 National Survey of College Counseling, a startling 88 percent of directors reported an increase in the number of students they saw with severe psychological problems <http://www.iacsinc.org/home.html>. This is likely due in part to successes in the mental health system; that is, early diagnosis and improved treatment for children and adolescents enable more young people with pre-existing psychiatric disorders to pursue higher education now than was true in the past. This same survey also found that of the 106 student deaths by suicide in the past year, 21% were current or former center clients, thus encouraging the need for outreach to students, in general.

Additionally, the 2013 Association for University and College Counseling Center Directors' Survey results indicated that anxiety continued to be the most predominant presenting concern among college students (46.2%; up from 41.6% in 2012), followed by depression (39.3%, up from 36.4% in 2012), and relationship problems (35.8%, unchanged from 2012). Other common concerns were suicidal ideation (17.9%, up from 16.1% in 2012), alcohol abuse (9.9%, down from 11% in 2012), and sexual assault (7.4%, down from 9.2% in 2012). <http://www.aucccd.org/director-surveys-public>

Furthermore, the American College Health Association's 2014 National College Health Assessment (NCHA), which surveyed 79,266 students in 140 institutions of higher education, found that, within the past year:

- 86 out of 100 students reported feeling overwhelmed by all they had to do;
- 33 out of 100 have felt so depressed it was difficult to function;
- 46 out of a 100 reported feeling hopeless, and
- 6 out of 100 had intentionally cut, burned, bruised or otherwise injured themselves. http://www.acha-ncha.org/reports_ACHA-NCHAI.html

The 2014 NCHA further reported that among the participating institutions,

8.1 percent of the students had seriously considered suicide within the past year, and that 1.3% actually attempted suicide. If the National College Health Assessment data reflects the national institution of higher education student, this data could mean that, out of the 21 million enrolled students, 273,000 attempt suicide every year, 22,750 every month, or 758 every day.

The complex problems of suicide and suicidal behaviors on campuses demand a multifaceted, collaborative, coordinated response. It cannot rely solely on campus counselors or community mental health centers. Where campus resources alone are insufficient to provide prevention, intervention, and treatment services, the planning process needs to include agencies and helping institutions from the broader community.

A comprehensive approach to suicide prevention on college and university campuses should employ multiple strategies targeted at both the general campus population and identifiable at-risk populations <http://profiles.nlm.nih.gov/ps/access/NNBBBH.pdf>.

Such a comprehensive approach will be more effective when it includes consistent and coordinated activities in all the social spheres in which the target audience (in this case, college students) live, study, work, and play. A comprehensive approach also needs to engage key players in the college community in a planning process that focuses on assessment, design, implementation, and evaluation of suicide prevention activities. It should also promote help-seeking behavior among students, and avoid negative attitudes, or discouraging help-seeking behavior.

References and Other Useful Resources:

American College Health Association. (2014). National College Health Assessment, Reference Group Executive Summary, Spring 2014 http://www.acha-ncha.org/reports_ACHA-NCHAI.html

AUCCCD (Association of University and College Counseling Center Directors) 2013 Monograph <http://www.aucccd.org/director-surveys-public>

Gallagher, R. P. (Ed.). (2014). National Survey of Counseling Centers, 2014. University of Pittsburgh <http://www.iacsinc.org/home.html>

National Strategy for Suicide Prevention (NSSP): <http://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS>

Suicide Prevention Resource Center. (2004). Promoting Mental Health and Preventing Suicide in College and University Settings. Newton, MA: Education Development Center, Inc. http://www.sprc.org/library/college_sp_whitepaper.pdf

The Jed Foundation. (2006). Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student. New York, NY: The Jed Foundation. <http://www.jedfoundation.org/professionals/programs-and-research/framework>

U.S. Public Health Service, The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: 1999. <http://profiles.nlm.nih.gov/ps/access/NNBBBH.pdf>

Appendix III – RFA Glossary

Cost Sharing or Matching: Cost-sharing refers to the value of allowable non-federal contributions toward the allowable costs of a federal grant project or program. Such contributions may be cash or in-kind contributions. (See also “In-Kind Contribution” and “Non-Federal Match.”)

Crisis Response Plan: A crisis response plan is a document that describes an institution’s protocol or procedures for responding to a crisis on campus, such as a suicide attempt or death by suicide.

Cross-site Evaluation: The systematic collection of context, product, process, and impact information across Garrett Lee Smith Memorial Campus Suicide Prevention Program sites, which will inform SAMHSA regarding the magnitude, import, reach, and effectiveness of campus-based suicide prevention activities.

Cultural Competence: Cultural competence is a critical component of all SAMHSA grant programs. The guidelines on the following Web page can help ensure appropriate attention to cultural competence in planning programs:
<https://www.thinkculturalhealth.hhs.gov/>

Direct vs. Indirect Costs: “Direct” costs are those incurred in implementing the grant project. Because direct costs can include both service delivery and program management components, they will include some administrative costs, such as salaries and benefits of program staff and managers, equipment, and training. “Indirect” costs are often called “overhead” and refer to administrative costs that cannot be assigned to specific projects, such as electricity and central administrative services. However, if there is no approved indirect cost rate agreement indirect costs cannot be changed to a federal grant.

Gatekeepers: Individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they can be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples of gatekeepers on campuses include, but are not limited to, resident advisors, faculty and staff, and campus police.

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-federal sources, such as state or sub-state non-federal revenues, foundation grants, or contributions from other non-federal public or private entities. An example of an in-kind contribution would be a university’s cost for printing a suicide prevention brochure.

Letter of Commitment: A letter from a person who has not yet been hired for a specific grant position, expressing his/her intent to accept employment if the applicant receives a grant award.

Minority Serving Institution: A Department of Education-designated college or university such as a Historically Black College or University, a Hispanic-Serving Institution, a Tribal College or University, and a Asian and Native American Pacific Islander Serving Institution.

National Suicide Prevention Lifeline: The federally funded National Suicide Prevention Lifeline is a 24-hour, confidential suicide prevention hotline (1-800-273-TALK) available to anyone in suicidal crisis or emotional distress. Callers from anywhere in the United States can call a single toll-free number to be routed to the closest crisis center within the Lifeline's network of more than 150 certified local crisis centers that can link callers to local emergency, mental health, and social service resources. <http://www.suicidepreventionlifeline.org>

Population of Focus: The population of focus is the specific population of people for whom a particular program or practice is designed to serve or reach.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Suicide Prevention Plan: A comprehensive suicide prevention plan employs multiple strategies targeted at both the general campus population and identifiable at-risk populations (Surgeon General of the United States, 1999). It includes consistent and coordinated activities in all the spheres in which the target audience lives, studies, works and plays. It engages key players in the college community in a strategic planning process that focuses on an assessment of campus needs and then on the design, implementation, and evaluation of suicide prevention activities. It promotes help-seeking behavior among students and avoids stigmatizing or discouraging help-seeking behavior.

Suicide Prevention Resource Center (SPRC): The purpose of SPRC is to provide prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions, and policies, and to establish public and private partnerships including the establishment and implementation of the National Action Alliance as a major support for the advancement of the National Strategy for Suicide Prevention (NSSP). The Suicide Prevention Resource Center is designed to be both a resource for the Nation, as well as a source of technical assistance and expertise for SAMHSA Suicide Prevention grantees. Further, suicide prevention efforts among high-risk youth, suicide attempters, the growing elder populations, and those in despair due to economic concerns should be addressed, including use and analysis of "new media" technologies, tele-health, and improved culturally appropriate strategies.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.