

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

**“Now is the Time” Project AWARE-Community Grants
(Short Title: NITT-AWARE-C)**

(Initial Announcement)

Request for Applications (RFA) No. SM-15-012

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 May 1, 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 “Now is the Time” Project AWARE-Community (Short Title: NITT-AWARE-C) grants. The purpose of this program is to support the training of teachers and a broad array of actors at the community level who interact with youth through their programs, including parents, law enforcement, faith-based leaders, and other adults, in Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA). Implementation of the NITT-AWARE-C program is expected to increase the mental health literacy among youth-serving adults, policy-makers, and administrators of programs serving youth.

Funding Opportunity Title:	“Now is the Time” Project AWARE – Community
Funding Opportunity Number:	SM-15-012
Due Date for Applications:	May 1, 2015
Anticipated Total Available Funding:	\$8,611,576
Estimated Number of Awards:	Up to 70
Estimated Award Amount:	Up to \$125,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years

Eligible Applicants:	<p>Eligible applicants are political subdivisions of states, tribes, and tribal organizations, and other public or private nonprofit entities. Local Educational Agencies that have received grant funding under either Project AWARE-LEA or Project AWARE-SEA are not eligible to apply for NITT-AWARE-C funding. State educational agencies that have received funding under Project AWARE-SEA are also not eligible to apply for this funding opportunity.</p> <p>[See Section III-1 of this RFA for complete eligibility information.]</p>
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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 “Now is the Time” Project AWARE-Community (Short Title: NITT-AWARE-C) grants. The purpose of this program is to support the training of teachers and a broad array of actors who interact with youth through their programs at the community level, including parents, law enforcement, faith-based leaders, and other adults, in Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA). Implementation of the NITT-AWARE-C program is expected to increase the mental health literacy among youth-serving adults, policy-makers, and administrators of programs serving youth.

Just over 20 percent of children, either currently or at some point in their life, will experience a serious mental disorder¹. Seventy percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness.² As more people, and particularly youth, experience mental distress, there is a need for increased mental health literacy and basic mental health training for the public. At times, mental health services are not provided to youth who need them. The reasons include the failure to recognize problems, fear of negative attitudes and discrimination, and lack of resources (Cowell, 2013). Adolescents are particularly dependent on adults for recognition of mental health problems, provision of adequate support, and referrals to help (Jorm, Kitchener, and Sawyer, 2010). Developing the appropriate social support system has been shown to reduce the risk of developing mental, emotional, and behavioral disorders (Jorm, et.al, 2010).

In January 2013, the President put forward a plan – “Now is the Time” – which combined executive actions and calls for legislative action that would, among other things, increase access to mental health services. The “Now is the Time” plan can be found at <http://www.whitehouse.gov/issues/preventing-gun-violence>.

The NITT-AWARE-C program is expanding the MHFA and YMHFA training to achieve a wider community impact by training a diverse group of adults (e.g., including parents,

¹ <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>

² Skowrya, K.R. & Cocozza, J.J. (2007) *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. The National Center for Mental Health and Juvenile Justice; Policy Research Associates, Inc. The Office of Juvenile Justice and Delinquency Prevention. Delmar, N.Y: The National Center for Mental Health and Juvenile Justice; Policy Research Associates, Inc.

law enforcement, faith-based leaders, and other adults) who, in turn, will reach a broader spectrum of adolescents or transition-aged youth within the communities. For the purpose of this RFA, adolescents refer to youth 12 to 18 years of age, and transition-aged youth refers to youth 16 to 24 years of age. By training an increased number of adults to be MHFA or YMHFA First Aiders, a community can move toward wide-scale knowledge of behavioral health issues that affect youth and become more effective in addressing behavioral health issues affecting adolescents or transition-aged youth. The implementation of MHFA or YMHFA is most impactful when the training is integrated with a coordinated community-wide plan, which addresses strategic and system-wide change that will improve youth outcomes.

More detailed information on MHFA and YMHFA, including estimated costs and links to additional resources, can be found in Appendix II.

The NITT-AWARE-C program closely aligns with SAMHSA's strategic initiative on Prevention of Substance Abuse and Mental Illness. This grant program aims to support communities where individuals, families, schools, and community-based organizations take action to promote emotional health and reduce the likelihood of mental and substance use disorders.

NITT-AWARE-C grants are authorized under section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

SAMHSA expects that the NITT-AWARE-C program will build or expand the capacity of communities to detect and respond to behavioral health issues impacting adolescents or transition-aged youth to connect those with behavioral health issues to needed services. Program objectives include the following:

- Increasing the mental health literacy of adults who interact with adolescents or transition-aged youth.
- Increasing the capacity of adults within communities to respond to the behavioral health issues of adolescents or transition-aged youth.
- Conducting outreach and engagement strategies with adolescents or transition-aged youth and their families or caregivers to increase awareness of and promote positive behavioral health.
- Linking adolescents or transition-aged youth with behavioral health issues to mental, emotional, and behavioral health assistance and services.
- Increasing the number of collaborative partnerships with relevant youth-serving community agencies and programs.

Applicants must conduct a needs assessment and environmental scan that encompasses the selected geographical catchment area. The needs assessment should identify current data and information about the characteristics of the selected populations of focus (i.e., adolescents or transition-aged youth) within the selected geographic catchment area for whom NITT-AWARE-C activities will be focused. Attention should be paid to any special populations within the catchment area, e.g. Foster Care youth, homeless youth, disconnected youth, and youth involved in the juvenile justice system. The needs assessment should also include a description of the individual, family, and community risk and protective factors that have an impact on the selected population of focus. Data sources must be identified.

The environmental scan should identify the existing and available resources, systems, and programs within the geographic catchment area that relate to the NITT-AWARE-C program and which serve the selected population of focus. It should also identify the organizational/staff capacity of the applicant and any existing and potential partnerships with other youth-serving organizations that provide services within the geographic catchment area.

The needs assessment and environmental scan should be presented in a table format and included in your project narrative. A sample table format can be found in [Appendix III](#) of this RFA.

Applicants must include in their application a MHFA or YMHFA training plan. The Training Plan must include the following information:

- The selection of MHFA or YMHFA depending on the age range of the selected population of focus.
- Identification of sufficient full-time equivalent (FTE) support that will allow the NITT-AWARE-C Project Director to implement all aspects of the NITT-AWARE-C program.
- Identification of the total number of adults to be trained as MHFA or YMHFA Instructors during Year 1 of the grant and the agency/agencies they are affiliated with. Instructors must maintain their certification over the life of the grant – refer to [Appendix II](#) for more information. The identified number of Instructors must be maintained in Years 2 and 3 of the grant. [NOTE: The applicant should justify the ratio of adults to be trained relative to the size of the population of focus and effectively saturate the selected geographic catchment area.]
- A description of how the applicant organization will ensure that adults trained as MHFA or YMHFA First Aiders will be representative of the diversity of the selected population of focus in terms of race, ethnicity, sexual and gender minorities, to the extent possible.

- Identification of the total number of adults to be trained by the MHFA or YMHFA Instructors, each year of the grant, to be MHFA or YMHFA First Aiders. The applicant should justify the ratio of adults to be trained relative to the size of the population of focus and effectively saturate the selected geographic catchment area.
- The process to be used to track MHFA or YMHFA Instructor and First Aider certification and ensure the identified number of Instructors is maintained throughout the entire grant period.
- A description of the processes to be used by Instructors and MHFA or YMHFA First Aiders to refer (i.e., screening, assessment consultation, or treatment) adolescents or transition-aged youth to behavioral health resources and services.
- A description of the process to be used to track referrals of adolescents or transition-aged youth to behavioral health resources and services, including but not limited to, screening and assessment.
- Identification of any prior or current implementation of MHFA or YMHFA training and resources and how the NITT-AWARE-C program will be used to enhance or expand, but not duplicate, current activities.
- Identification of community outreach and engagement strategies to ensure that adult participation in MHFA or YMHFA First Aider training results in (1) a broad representation of community members such as teachers, parents, law enforcement, first responders, administrators of programs serving youth, policy-makers, and faith-based organizations; and (2) a broad representation of adults who reflect the diversity (e.g., race and ethnicity) of the selected geographic catchment area.
- The process and use of grant or in-kind funding to obtain all necessary materials for the Instructors and First Aiders. This includes, but is not limited to, MHFA or YMHFA First Aider Manuals, referral guides, and other related resources.
- A description of existing youth-serving agencies, services, and resources within the geographic catchment area to be used as referral resources by MHFA or YMHFA First Aiders.

Applicants must include Letter(s) of Commitment from any organization(s) that provides behavioral health service screening, assessment, and treatment who are participating in the proposed project. The Letter(s) of Commitment should be included with your application as Attachment 1. Campus and Universities should submit a letter of commitment from their campus-based counseling center or the behavioral health service agency(ies) and providers that you will be partnering with in attachment 1 of the application. **Applicants who do not submit signed Letter(s) of Commitment in**

Attachment 1 will be screened out. The Letter(s) of Commitment must include the following information:

- The organizational capacity of the agency and its authority and proposed commitment to the NITT-AWARE-C program.
- A statement of willingness to partner and collaborate with the applicant organization on the NITT-AWARE-C program.
- A description of any available resources, including staff that can be leveraged to support the NITT-AWARE-C program.

2.1 Required Activities

Now is the Time Project AWARE-Community grant funds must be used primarily to support the following activities:

- 1. Implement the MHFA or YMHFA Training Plan.** Approval of and implementation of the training plan must occur within three months of grant award. The MHFA or YMHFA Instructors must be trained in Year 1 of the grant and the identified number of instructors must be maintained throughout the entire grant period. Adults already trained as either a MHFA or YMHFA Instructor who need to be trained in the other curricula can be counted as an individual trained under the NITT-AWARE-C program. Please note that each Instructor is required to teach at least three MHFA or YMHFA First Aider trainings each year to maintain their Instructor certification.
- 2. Develop a MHFA or YMHFA Sustainability Plan.** A plan to sustain the NITT-AWARE-C cadre of MHFA or YMHFA Instructors and First Aiders when federal funding ends must be developed in Year 1 of the grant. The focus will be on building an infrastructure for sustaining the capacity to provide MHFA or YMHFA training within the geographic catchment area. The plan should also address how the grantee will build capacity and leadership to sustain community-based mental health strategies to support the provision of behavioral health services to adolescents or transition-aged youth.
- 3. Develop collaborative partnerships with relevant youth-serving community agencies and programs.** Grantees must develop collaborative partnerships with youth-serving agencies and programs within the geographic catchment area that interact with the population of focus and are able to assist with responding to behavioral health issues. Examples of relevant community agencies could include but not be limited to local education agencies, community colleges, local colleges and universities, behavioral health service providers, law enforcement, faith-based organizations, local juvenile justice agencies, and child welfare agencies. Through the development of collaborative partnerships it is expected that there will be increased coordination of programs that serve the population of focus. Relevant youth-serving community agencies and programs that partner with the applicant

organization will be required to develop a Memorandum of Understanding outlining roles, responsibilities, and requirements within 90 days after grant award.

2.2 Other Allowable Activities. SAMHSA's NITT-AWARE-C program can also support the following types of activities

- Accessing and leveraging other federal, state, county, and other funding mechanisms and resources to support the sustainability of the NITT-AWARE-C program and delivery of behavioral health services to adolescents or transition-aged youth.
- The development of an interagency advisory and leadership team to coordinate and support the NITT-AWARE-C Project Director with the management of the overall program.
- The development and implementation of social marketing and awareness campaigns to reduce discrimination and stigma around behavioral health issues and raise awareness of the need for behavioral health services for adolescents or transition-aged youth.

2.3 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 E: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures:

- The number of people credentialed/certified to provide mental health related practices/activities that are consistent with the goals of the grant.
- The number of individuals who have received training in prevention or mental health promotion.
- The number of individuals referred to mental health or related services.

Guidance on how to collect data for these performance measures will be provided after grant award.

This information will be gathered using a uniform data collection tool provided by SAMHSA. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov>. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system, SAMHSA's Common Data Platform. Technical assistance for the web-based data entry, fiscal and progress report generation will be available to all grantees.

Collection of these data will enable CMHS to report on key outcome measures relating to mental health.

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

2.4 Performance Assessment and Evaluation

Grantees must develop an evaluation plan to be submitted within 6 months after award. The evaluation plan should be designed to help grantees assess their progress and use evaluation data and information to improve management of the grant; help grantees achieve the goals, objectives, and outcomes of the program; and determine whether and how any program adjustments need to be made. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in an annual Evaluation Report.

The Evaluation Plan (and Reports) must include both process and outcome performance measures, as well as the all of the performance measures in Section 2.3. Examples of process evaluation components could include but not be limited to MHFA or YMHFA fidelity measures; the number of adults trained; technical assistance provided to communities or partners; partnerships/collaborative activities initiated; and numbers of adolescents or transition-aged youth referred to behavioral health services.

As part of the outcome evaluation, grantees should have at least one adolescent or transition-aged youth outcome, a community or population-level outcome, and an outcome related to the provision of behavioral health services in the selected geographic catchment area. An example of an adolescent or transition-aged youth outcome could be decreased reports of depression by youth. An example of a community or population-level outcome could be the percentage of adults within the geographic catchment area trained as MHFA or YMHFA Instructors and First Aiders. An example of an outcome related to the provision of behavioral health services could include an increase in the number of youth referred to behavioral health service screening, assessment, or treatment. Grantees must measure outcomes using the most rigorous methods feasible **and must include the collection of baseline data prior to program implementation.**

At a minimum, the performance assessment and evaluation should include the required performance measures identified above and any process and outcome performance measures established as a part of your NITT-AWARE-C program. Grantees should consider outcome and process questions, such as the following:

Process Questions

- How closely did implementation of the NITT-AWARE-C program match the MHFA or YMHFA Training Plan?

- As the NITT-AWARE-C program progressed, what types of changes were made to the original training plan and what led to these changes?
- What factors facilitated or hindered implementation of the training plan?
- What types of activities did partners engage in that supported the coordination of services and programs to improved outcomes for the population of focus within the geographic catchment area?

Outcome Questions

- What program and contextual factors were associated with project outcomes?
- How effectively did the NITT-AWARE-C program reach adolescent or transition-aged youth who were experiencing emotional distress, problems with substance use and may be at elevated risk for mental, emotional, or behavioral disorders?
- Did the program result in an increased number of referrals for screening, assessment, or treatment for behavioral health problems?
- What elements of the overall program (e.g., training, coordination of community-based services and resources, availability of resource lists) were instrumental in achieving the goals and objectives?
- What were the barriers to collaboration and partnership development and how were they addressed?

The Evaluation Plan requires review of and approval from the Government Project Officer within four months after grant award. Annual evaluation reports will be reviewed by the Government Project Officer and discussed with both the grantee and project evaluator at least annually. These reports will be used by your Government Project Officer to track progress in implementing the NITT-AWARE-C program and achievement of grant goals and objectives. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance report to be submitted at least annually.

Guidance regarding the annual performance and evaluation reports will be provided after award.

Not more than 10 percent of the total grant award may be used for data collection, performance measurement and analysis, and performance assessment/project evaluation activities as required in [Sections 2.3](#) and [2.4](#) above.

2.5 National Evaluation of the NITT-AWARE-C Program.

Grantees will be required to participate in a national evaluation of the NITT-AWARE-C program. The purpose of this evaluation is to improve grant performance and the

findings will be used to make necessary programmatic and curriculum modifications. SAMHSA will use this evaluation to document grantee performance in areas including: (1) whether as a result of the training there is an increase in the ability of trained adults to refer adolescents or transition-aged youth to needed behavioral health services; and (2) whether as a result of training there is an increase in grantees' ability to identify early and intervene with youth who are experiencing behavioral distress and early signs of mental illness. More information will be provided after grant award.

2.6. Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director and Project Evaluator) to one grantee meeting in **Year 2 only**. Applicants must include a detailed budget and narrative for this travel in the budget. At this meeting, grantees will present the status of their NITT-AWARE-C program and federal staff will provide technical assistance. The meeting will be for up to 3 days and will be held in the Washington, D.C. area. Any additional grantee meetings will be virtual. Attendance at all grantee meetings is a mandatory requirement

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$8,611,576
Estimated Number of Awards:	Up to 70
Estimated Award Amount:	Up to \$125,000 per year
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$125,000 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

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments;
- Federally recognized American Indian(AI) tribes and tribal organizations;

- Urban Indian organizations;
- Public or private universities and colleges; and
- Non-profit community- and faith-based organizations

Tribal organization means the recognized body of any AI tribe; any legally established organization of American Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Local education agencies who have received grant funding under either Project AWARE-LEA or Project AWARE-SEA are not eligible to apply for NITT-AWARE-C funding. State educational agencies who have received funding under Project AWARE-SEA are also not eligible to apply for this funding opportunity. These entities are already receiving funding for these activities and are therefore not eligible to apply.

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 E. Sections A-E together may not be longer than 35 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 40, it is 36 pages long, not 35 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 F and G. There are no page limits for sections, except for Section F: Biographical Grantees 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.

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 the behavioral health service agency (ies) or program(s) within the selected geographic catchment area to which adolescents or transition-aged youth within the geographic catchment area can be referred for services. Letters of commitment from collaborating agencies that are not behavioral health service agency(ies) or program(s) should not be submitted. Campus and Universities should submit a letter of commitment from their campus-based counseling center or the behavioral health service agency(ies) and providers that you will be partnering with in attachment 1 of the application. Applicants who do not submit the Letter(s) of Commitment in Attachment 1 will be screened out.
 - **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 **May 1, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- Not more than **10 percent** of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
- Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of

modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.

- If applicable, not more than **5 percent** of the grant award may be used for activities related to social marketing and awareness campaigns.

Be sure to identify these expenses in your proposed budget.

SAMHSA reserves the right to “skip fund” if more than one application is submitted for the same catchment area.

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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 35 pages.
- You must use the five 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. Identify the proposed geographic catchment area by zip code(s) or census tract(s) to be served and provide a map of the selected area. Provide statistical

information of the need to increase the mental health literacy of adults in this area based on relevant data (e.g., high rates of behavioral health issues, violence, substance use). Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data are local epidemiological data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), national data, and local community data. This list is not exhaustive. Applicants may submit other valid data, as appropriate, for the NITT-AWARE-C program.

2. Provide demographic information on the population to be served (i.e., adolescents or transition-aged youth) in terms of age, race, ethnicity, federally recognized tribe, language, gender, and socioeconomic status. Discuss the reasons for the selection of the population of focus. Provide data on the need to link the population of focus to mental, emotional, and behavioral health assistance and services.
3. Identify and discuss the individual, family, and community risk and protective factors and any additional areas of need that have an impact on the selected population of focus.
4. From the environmental scan, identify and discuss the existing and available resources, systems, and programs within the geographic catchment area that relate to the NITT-AWARE-C program and which serve the selected population of focus and any service gaps or other problems that relate to the need for the NITT-AWARE-C program. The source of data must be identified.
5. Describe the mental/behavioral health service needs and gaps within the selected geographic catchment area. The source of the data must be identified.

Section B: Proposed Approach (20 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 and how they will increase the mental health literacy of youth-serving adults, policy-makers, and administrators to meet the identified needs and gaps. Describe how the proposed project activities will contribute to an increase in community capacity to address the behavioral health issues of the selected population of focus.
3. Describe how collaborative partnerships with relevant youth-serving community agencies and programs who serve the population of focus within the selected geographic catchment area will be developed. Identify the agencies and how these partnerships will result in increased coordination of programs that serve the selected population of focus. Describe their roles and responsibilities and how

the collaborative partnerships will contribute to the overall success of the program.

4. 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 I-2: Expectations](#). [NOTE: The time line should be part of the Project Narrative. It should **not** be included with the application as an Appendix or Attachment.]
5. If you plan to include an interagency advisory and leadership team in your project, describe its membership, roles and functions, and frequency of meetings.

Section C: MHFA or YMHA Training Plan (30 points)

Describe the proposed training plan and how it addresses the following:

1. The selection of MHFA or YMHA depending on the age range of the selected population of focus.
2. Identification of sufficient full-time equivalent (FTE) support that will allow the NITT-AWARE-C Project Director to implement all aspects of the NITT-AWARE-C program.
3. Identification of the total number of adults to be trained as MHFA or YMHA Instructors during Year 1 of the grant and the agency/agencies they are affiliated with. Instructors must maintain their certification over the life of the grant – to Appendix II for more information. The identified number of Instructors must be maintained in Years 2 and 3 of the grant. [NOTE: The applicant should justify the ratio of adults to be trained relative to the size of the population of focus and effectively saturate the selected geographic catchment area.]
4. A description of how the applicant organization will ensure that adults trained as MHFA or YMHA First Aiders will be representative of the diversity of the selected population of focus in terms of race, ethnicity, sexual and gender minorities, to the extent possible.
5. Identification of the total number of adults to be trained by the MHFA or YMHA Instructors, each year of the grant, to be MHFA or YMHA First Aiders. NOTE: The applicant should justify the ratio of adults to be trained relative to the size of the population of focus and effectively saturate the selected geographic catchment area.
6. The process to be used to track MHFA or YMHA Instructor and First Aider certification and ensure the identified number of Instructors is maintained throughout the entire grant period.

7. A description of the processes to be used by Instructors and MHFA or YMHFA First Aiders to refer (i.e., screening, assessment consultation, or treatment) adolescents or transition-aged youth to behavioral health resources and services.
8. A description of the process to be used to track referrals of adolescents or transition-aged youth to behavioral health resources and services, including but not limited to screening and assessment.
9. Identification of any prior or current implementation of MHFA or YMHFA training and resources and how the NITT-AWARE-C program will be used to enhance or expand, but not duplicate, current activities.
10. Identification of community outreach and engagement strategies to ensure that adult participation in MHFA or YMHFA First Aider training results in (1) a broad representation of community members such as teachers, parents, law enforcement, first responders, administrators of programs serving youth, policy-makers, and faith-based organizations; and (2) a broad representation of adults who reflect the diversity (e.g., race and ethnicity) of the selected geographic catchment area.
11. The process and use of grant or in-kind funding to obtain all necessary materials for the Instructors and First Aiders. This includes but is not limited to MHFA or YMHFA First Aider Manuals, referral guides, and other related resources.
12. A description of existing youth-serving agencies, services, and resources within the geographic catchment area to be used as referral resources by MHFA or YMHFA First Aiders.

Section D: Staff, Management, and Relevant Experience (25 points)

1. Describe the capacity and leadership experience of the applicant organization to manage and direct the Project NITT-AWARE-C program, including at least five years of experience working with adolescents or transition-aged youth and serve the selected geographical catchment area(s) or census tract(s). Provide evidence of the experience and expertise of the applicant organization in the areas of training and technical assistance that would be necessary to successfully carry-out the activities of the NITT-AWARE-C program. Describe how the applicant organization has linkages to the population of focus.
2. Identify any potential partnerships with other youth-serving organizations that serve the geographic catchment area and discuss how they can complement the NITT-AWARE-C activities and services.
3. 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. Show how the experience of each is relevant to the implementation of the NITT-AWARE-C program.

4. Describe how the proposed staff have the demonstrated experience and qualifications to implement the training program, encourage effective engagement with the population of focus, and are familiar with the population of focus culture(s) and language(s).
5. Identify any existing behavioral health service agency(ies) or program(s) to which the selected population of focus within the geographic catchment area can be referred for behavioral health services. Discuss how the letter(s) of commitment from these behavioral health agency(ies) demonstrate the organizational capacity of the agency, its authority, and proposed commitment to the NITT-AWARE-C program; its willingness to partner and collaborate with the applicant organization on the NITT-AWARE-C program; and a description of any available resources, including staff, that can be leveraged to support the NITT-AWARE-C program.

Section E: 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-2.3](#) of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the NITT-AWARE-C program. Specify and justify any additional measures you plan to use for your grant project evaluation.
2. Describe the plan for collecting all relevant performance measure(s) baseline data prior to program implementation.
3. Describe your plan for conducting the local performance assessment and evaluation, as specified in [Section I-2.4](#) of this RFA, and document your ability to conduct the assessment.
4. Describe how data will be used to manage the project and assure that the goals and objectives will be tracked and achieved. Goals and objectives 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, any governing or advisory bodies, and stakeholders.

SUPPORTING DOCUMENTATION

Section F: Biographical Sketches and Job Descriptions

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

Section G: 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 G 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-2.3](#), 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 performance and evaluation reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

Michelle Bechard
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 6-1097
Rockville MD 20857
Telephone: 240-276-1872
AWARE-C@samhsa.hhs.gov

For questions about 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

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.

It is important to note that for the NITT-AWARE-C program, the confidentiality and participant protection guidance relates to both the adults being trained as MHFA or YMHA Instructors and First Aiders as well as for adolescents or transition-aged youth identified by these adults as needing some type of behavioral health resource or service. Agencies or individuals to whom adolescents or transition-aged youth are referred for behavioral health services are required to have and apply a process of receiving informed consent before providing screening, assessment or treatment services. Informed consent must also be received from those adults who elect to participate in MHFA or YMHA Instructor and First Aider training to ensure they are aware of any possible participation risks and that they will make use of the MHFA or YMHA training to make appropriate referrals.

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, prisoners, 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., gifts.) 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: Since MHFA or YMHA training poses slight potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent from the adults electing to be trained as MHFA or YMHA Instructors and First Aiders.

- Include with the application 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

Mental Health First Aid is a public education program that introduces participants to the risk factors and warning signs of mental health problems, builds an understanding of the importance of early intervention, and overviews common supports. This 8-hour course uses role-playing and simulations to demonstrate how to offer initial help in a mental health or substance use crisis through a 5-step action plan, with the ultimate goal to connect persons to appropriate professional, peer, social, and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses like anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia. Participants are introduced to local mental health resources, national organizations, support groups, and online tools for mental health and addictions treatment and support.

Originating in Australia in 2001, Mental Health First Aid has since expanded to more than 20 countries. The National Council for Behavioral Health, in partnership with Missouri and Maryland state departments of mental health, introduced Mental Health First Aid in the United States in 2008. These entities are collectively known as the National Authorities of Mental Health First Aid USA and authorize all Mental Health First Aid certification in the United States. To date, more than 160 thousand individuals have been certified as Mental Health First Aiders, and more than 4 thousand have been certified as instructors.

The MHFA curriculum is offered in two core formats to participants 16 years and older. The adult curriculum is available in both Spanish and English. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self-help resources.

Youth Mental Health First Aid, as distinguished from the Adult MHFA curriculum, is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders.

Applicants should select whichever course (MHFA or YMHFA) is developmentally appropriate for the selected population of focus.

Mental Health First Aid USA is managed, operated, and disseminated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene,

and the Missouri Department of Mental Health. Applicants from Maryland or Missouri should contact their respective state agency to get more information about Instructor training. All other applicants should contact the National Council for information about Instructor training. Only these three agencies are authorized to train individuals to be MHFA or YMHFA Instructors. A “train-the-trainer” option is not offered.

Curriculum modules are sets of materials designed for MHFA or YMHFA instructors to use when training key audiences. MHFA modules are currently available for the following audiences: Rural, Public Safety, Higher Education, Faith-Based organizations, and Military Members, Veterans, and their families. The YMHFA curriculum is currently available in both English and Spanish.

Both MHFA and YMHFA Instructor certification is offered through a five-day (40-hour) course which introduces the interactive program, overviews adult learning styles and teaching strategies, and provides in-depth instruction on implementing and managing the program in diverse communities. In order to attain certification, instructor candidates must demonstrate mastery of the program through a written exam and an evaluated presentation.

Estimated costs for implementing MHFA or YMHFA are as follows:

Item	Estimated Cost
On-site MHFA or YMHFA Instructor Training	\$35,000 for up to 30 participants. This training is conducted by the National Council for Behavioral Health. 5 days, 40 hours.
Off-site MHFA or YMHFA Instructor Training	\$2,000 per participant + travel and per diem costs. 5 days, 40 hours.
Instructor Training Upgrade (i.e., already a MHFA Instructor but wants to become a YMHFA Instructor)	\$950 per Instructor, exclusive of travel and any per diem costs; 2 ½ day, 20 hours
MHFA or YMHFA “First Aider” Training	Approximately \$25 to \$150 per person for training space, easel pads, and any other needed supplies. 1-day 8-hour training.
MHFA or YMHFA Manuals	\$20 per person (this includes the cost for the Manual + shipping and handling costs)
Cost for substitute teachers	Approximately \$100 per substitute teacher

Please note that once certified MHFA and YMHFA Instructors are required to teach at least three 8-hour First Aider courses per year to maintain certification. The recommended MHFA/YMHFA class size and Instructor ratio for the 8-hour MHFA or YMHFA First Aider course is 2 Instructors for every 25 to 30 participants. Applicants for the NITT-AWARE-C program must include in their budget sufficient funds for MHFA or YMHFA Instructor Training and MHFA or YMHFA First Aider manuals to ensure that all Instructors can maintain their certification.

For more information about MHFA, please go to:

<http://www.thenationalcouncil.org/about/mental-health-first-aid/>

For more information about YMHFA, please go to:

<http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth>

For more information and guidance on how to set up MHFA/YMHFA training program in your community, please go to:

<http://www.integration.samhsa.gov/mental-health-first-aid>

For more information about MHFA or YMHFA Instructor training provided by the Maryland Department of Health and Mental Hygiene, please go to:

<http://www.mhamd.org/mhfa/>

For more information about MHFA or YMHFA Instructor training provided by the Missouri Department of Mental Health, please go to:

<http://mhfamissouri.org>

Appendix III: Sample Needs Assessment and Environmental Scan Template

NEEDS ASSESSMENT				ENVIRONMENTAL SCAN		
Geographic Catchment Area(s)	Population of focus	Risk and Protective Factors	Data Sources	Current Resources and Services	Organizational and Staff Capacity	Existing and Potential Partnerships