Project AWARE: Advancing Wellness And Resiliency in Education (SM-22-001)

Thursday, March 31, 2022
2 PM EST

Please Stand By – This webinar will begin shortly.

To access the audio portion of this webinar,
https://www.zoomgov.com/j/1602414183?pwd=UnFSdlBEQUpOYXF3eiJSE80SThDQT09

Application Link: https://www.samhsa.gov/grants/grant-announcements/sm-22-001
Basic Information

Estimated Award Amount: Up to $1,800,000 per year, per award

Length of Project Period: Up to 5 years

Due Date: May 2, 2022

Anticipated Start Date: 9/30/2022
The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs and services. It is expected that the recipient will build a collaborative partnership that includes the State Education Agency (SEA), the Local Education Agency (LEA), Tribal Education Agency (TEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Based on a public health model, this partnership will implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that students have access and are connected to appropriate and effective behavioral health services. SAMHSA expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.
Eligible applicants include:

- States
- Political subdivisions of States (e.g., county, LEA)
- Indian tribes or tribal organizations (as defined in section 5304 of title 25)
- Health Facilities
- Programs operated by or in accordance with a contract or grant with the Indian Health Service
- Other domestic public or private nonprofit entities

Recipients who received funding under the Project AWARE–SEA NOFOs #SM-21-006, #SM-20-016 and/or #SM-19-003 are not eligible to apply under this NOFO.
Required Application Components

- Budget Information (NOFO, p. 18-19)
- SF-424A
- Budget Justification and Narrative – See Appendix L (p. 74)
- Project Narrative – no longer than 10 PAGES (p. 23-26)
- Attachments 1-9 (see p. 20-21 for page limitations)
- Attachment 1: Letters of Commitment: A Letter of Commitment (LOC) from each agency/behavioral health service provider **must** be included in Attachment 1. Applicants who do not submit the required LOCs will be **screened out and not reviewed**
- Attachment 2: Data Collection Instruments/Interview Protocols
- Attachment 3: Sample Consent Forms
- Attachment 4: Project Timeline
Required Application Components

- Attachment 5: Biographical Sketches and Position Descriptions – See Appendix G (p. 59)
- Attachment 6: Letter to the SSA – if applicable. See Appendix J (p. 66-67)
- Attachment 7: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines – See Appendix D (p. 49-52)
- Attachment 8: Documentation of Non-Profit Status. All non-profit entities must submit documentation of their non-profit status (p. 21)
- Attachment 9: Student Suicide Prevention and Awareness Training (p.21)
  - This attachment is only for SEAs, LEAs, and TEAs that plan to implement, or have implemented, the allowable activity described in Section I.4 of this NOFO. The attachment should be no more than 3 pages and must be submitted to receive the 5 additional points.
All applicants must register with NIH’s eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, start the registration process immediately. Do not wait to start this process.

SEE APPENDIX A
FOR DETAILED INSTRUCTIONS
Application Submission

You are required to complete four (4) registration processes:

- Dun & Bradstreet Data Universal Numbering System (DUNS number)
  Please review the information in Appendix A on the DUNS number transitioning to a new Unique Entity Identifier (UEI) effective April 2022.
- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons.

If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in eRA Commons.

SEE APPENDIX A FOR DETAILED INSTRUCTIONS
Key Personnel

• Project Director with a level of effort of 1.0 FTE.

• Additional Key Personnel:
  • If the SEA is the applicant:
    o At least 0.25 FTE for a SMHA Coordinator and
    o A 1.0 FTE Project Manager for each of the LEA(s).

  • If the LEA is the applicant:
    o At least .25 FTE for a SEA Coordinator and
    o A 0.25 FTE a SMHA Coordinator.

  • If the applicant is a domestic community based non-profit provider of behavioral health services:
    o At least .25 FTE for a SEA Coordinator,
    o A 0.25 FTE for a SMHA Coordinator, and
    o A 1.0 FTE Project Manager for each of the LEA(s).

  • If the applicant is a political sub-division of the state:
    o At least 0.25 FTE for a SEA Coordinator,
    o At least 0.25 FTE for a SMHA Coordinator, and
    o A 1.0 FTE Project Manager for each of the LEA(s).
Develop a collaborative partnership between at least one Local Education Agency (LEA), the State Education Agency (SEA), the State Mental Health Agency (SMHA), and at least one local community public or private non-profit provider of behavioral health services. A Letter of Commitment (LOC) from each agency/behavioral health service provider must be included in Attachment 1.

In consultation with the required partners, conduct a needs assessment of the LEA(s) and its geographic catchment area to identify the service gaps and extent of the need with current prevalence rates and incidence data.
No later than six months after award, develop an implementation plan that includes the following:

- A three-tiered public health model for providing supports to school-aged youth.
- The referral pathways to ensure that school-aged youth in need of more assistance than brief intervention are referred to and receive necessary school-based and/or community mental health, substance use, and co-occurring supports and services.
- A workforce capacity-building plan to increase the mental health awareness and literacy of school staff, administrators, parents, and others who interact with school-aged youth to recognize the signs and symptoms of mental health issues and link them to appropriate services.
- A plan to ensure that the LEA can respond immediately if a school-aged youth exhibits mental health issues warranting the need for clinical attention.
- A description of the school safety and threat/violence prevention plan for each LEA identified in the application.
No later than the end of Year 2, develop a sustainability plan that would include, but not be limited to, changes in policy that support the infrastructure to maintain and possibly expand behavioral health services and supports for students when federal funding ends.

Establish an advisory board that includes key stakeholders to support improvement in school-aged youth and family-serving school-based mental health systems.

Establish collaborative relationships with families, community groups, and local businesses to broaden and link available community resources to school-aged youth and their families.

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

• Providing supports to assist teachers and school personnel to develop skills that promote staff wellness, mental well-being, and resilience to better support and refer school-aged youth with behavioral health issues to needed services.

• For SEAs, LEAs, and TEAs only, establishing and implementing a school-based student suicide awareness and prevention training policy which must:
  o Be evidence-based
  o Be culturally and linguistically appropriate
  o Provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health resources, regarding:
    i. Suicide prevention and education and awareness, including associated risk factors;
    ii. Methods that students can use to seek help; and
    iii. Student resources for suicide awareness and prevention.
  o Provide for period re-training of students.
In alignment with the STANDUP Act of 2021 (P.L. 117-100), which amends the PHS Act to include Section 520B (42 USC 290bb-32). SAMHSA will prioritize funding by giving 5 additional points to SEAs, LEAs, and TEAs (submitted directly or through a State or Indian Tribe) who have implemented or plan to implement a student suicide awareness and prevention training policy in secondary schools.

The student suicide awareness and prevention training policy may include as applicable youth suicide early intervention and prevention strategies found in Section 520-E of the PHS Act, as amended. Applicants must submit the requested information in Attachment 9 to receive the 5 additional points. See Section I.4 Allowable Activities for more information.
ALL recipients are required to report performance on the following measures:

- The number of individuals who have received training in prevention or mental health promotion.
- The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUS/ MOAS) to improve mental health-related practices/activities that are consistent with the goals of the grant.
- The number of policy changes completed as a result of the grant.
- The number of individuals screened for mental health or related interventions.
- The number of individuals referred to mental health or related services.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number and percentage of individuals who have demonstrated improvement, between pre and post-test, in knowledge/attitudes/beliefs related to prevention and/or mental health promotion as a result of the training activity.
The SEAs, LEAs, and TEAs that have selected the allowable activity described in Section I.4 – **establishing and implementing a school-based student suicide awareness and prevention training policy** – are required to report performance on the additional following measures in their annual performance assessment report:

- Number of trainings conducted, including the number of student trainings conducted and the training delivery methods used.
- The number of students trained, disaggregated by age and grade level.
- Number of help-seeking reports made by students after implementation of the policy.
Funding Restrictions

No more than 15 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA recipients must also comply with SAMHSA’s standard funding restrictions, which are included in Appendix I – Standard Funding Restrictions.
Application Evaluation Criteria

Section A: Population of Focus and Statement of Need (15 points – 1 page)

Section B: Proposed Implementation Approach (40 points – 5 pages; not including attachment 4- Project Timeline or Attachment 9, if applicable)

*Applicants that are SEAs, LEAs, or TEAs (submitted directly or through a State or Indian Tribe) and chose the allowable activity as described in Section I.4 must submit Attachment 9 to receive the 5 additional points. All other applicants may not receive more than 35 points for this section.

Section C: Staff and Organizational Experience (25 points – 2 pages)

Section D: Data Collection and Performance Measurement (20 points – 2 pages)
Section A: Statement of Need

Identify and describe the proposed geographic catchment area where the project will be implemented and the population(s) that will be impacted by the infrastructure development in the targeted systems or agencies.

Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services and/or substance use prevention and/or treatment services in the proposed catchment area that is consistent with the purpose of this NOFO.
Describe the goals and measurable objectives (see Appendix E) of your proposed project and describe how they align with the Statement of Need outlined in A.2.

Describe how you will implement the Required Activities as stated in Section I.3. of this NOFO.

In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I.3.
Section C: Staff and Organizational Experience

Describe the proposed or existing collaborative partnerships between the SEA, the SMHA, and at least one local community public or private non-profit provider of behavioral health services, and school-aged youth and their families.

Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO.

Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, SEA Coordinator [if your organization is not a SEA], SMHA Coordinator, and Project Manager for each LEA) and other significant staff members. Describe the role of each, their level of effort, and qualifications, including their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). See Section I.2 for more information on Key Personnel.
Section D: Data Collection and Performance Measurement

Provide specific information about your how you will collect the required data for this program, how such data will inform your management and monitoring, and how you will use this data to improve your program.
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