Follow the 5-step process to apply.

- \bigcirc Review the opportunity.
- 2 Prepare your application.
- 3 Submit your application.
- (4) Understand review, selection, and award.
- (5) Review post-award requirements.

- $^{\scriptsize{(4)}}$ Timing and Deadlines
- Contacts for Questions

Substance Abuse and Mental Health Services Administration (SAMHSA)

Cooperative Agreement for the Refugee and Migrant Behavioral Health Technical Assistance Center

Review the opportunity.

See Contacts for Questions

See Timing and Deadlines

This section provides an overview of the funding opportunity, issue background, and SAMHSA requirements to implement the program.

Cooperative Agreement for the Refugee and Migrant Behavioral Health Technical Assistance Center

Funding Opportunity Number: SM-23-023

This opportunity creates a Technical Assistance (TA) center to grow the capacity of healthcare providers and organizations that serve refugee and migrant people in the US.

The TA Center will:

(5)

- Provide learning opportunities, training, and technical assistance, including:
 - clinical consultation
- interactive online learning modules
- learning communities
- targeted TA and coaching
- online educational materials and resources
- an approach that is culturally relevant, language-relevant, resiliency-focused, and trauma-informed
- Focus on identifying, assessing, and treating behavioral health conditions. This includes their connections to gender-based violence, human trafficking, and child abuse.

Eligible applicants:

- State, local, Tribal, and territorial governments
- Tribal organizations
- · Nonprofit community-based entities
- Primary care and behavioral health organizations

See Eligibility Information

Type: Cooperative agreement

Expected funding: \$15M

Expected awards: 1

Cost share or match required: None

Estimated start date: 11/30/23

Estimated award date: 11/13/23

Funding range: Up to \$3M per year

Period of performance: Up to 5 years

Assistance Listing: 93.243

Step 1 Review the opportunity: Important Reminders and Program Description

Get Registered

To apply, you must first be registered in three systems. See <u>Registration</u> <u>Requirements</u> on the SAMHSA website for fuller instructions. If you are already registered, make sure your registration is active and up to date.

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. **Begin that process today.**

To register, go to SAM.gov <u>Entity Registration</u> and click "Get Started".

Click on the Entity Registration Checklist for the information you will need to register in SAM.gov.

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Grants.gov

You must also have an active account with Grants.gov.

eRA Commons

You must register with NIH's eRA Commons.

Apply by August 29, 2023

Applications are due by 11:59 Eastern Time on August 29, 2023. SAMHSA will not review applications received after the application due date and time.

If you wait until the last minute, you may find that your application has errors that keep you from submitting it. Apply early.

Issue Background

Every day, refugee and migrant people come to the United States. Since 1975, over three million have made this country their home. They face many challenges like finding a job, housing, and learning a new culture and language.

Many have gone through traumatic experiences, and they could be more likely to face depression, anxiety, and suicide risk. The COVID-19 pandemic caused even more stress as it became harder to find services, childcare, work, and educational opportunities.

Refugee and migrant people often face challenges accessing affordable, culturally sensitive, and trauma-informed healthcare services. They may not have insurance, transportation, or the ability to fluently communicate in English, and there are not enough healthcare providers who are comfortable and skilled enough to help them. Through this funding opportunity, SAMHSA seeks to build provider capacity across the country to offer evidence-based behavioral health services and increase equitable access to care for this population.

"Behavioral health care" means:

- Promoting mental health
- Preventing substance misuse; and
- Providing treatments and supports to foster recovery while ensuring equitable access and better outcomes.



Eligibility Information

Eligibility is statutorily limited to states, local, Tribal, and territorial governments; Tribal organizations; nonprofit community-based entities; and primary care and behavioral health organizations.

Required Activities

Recipients will be required to carry out each of the following required activities, described in more detail on the pages that follow:

- 1 Developing and Maintaining an Advisory Board
- 2 Conducting a Needs Assessment
- 3 Completing a Literature Review
- 4 Creating a Strategy and Marketing Plan
- Creating and Implementing a Clinical Case Consultation (CCC) Service
- 6 Creating Interactive Online Learning Modules
- 7 Establishing Learning Communities
- 8 Providing Targeted TA and Coaching
- Developing Partnerships and Services Directory
- 10 Developing a Website



Developing and Maintaining an Advisory Board

When: Within four months of project start

Develop and maintain an advisory board that provides guidance on the priorities and work plan of the TA center.

The advisory board should include people who work with refugee and migrant populations in:

- · Community mental health service delivery
- Substance use disorders
- · Gender-based violence
- Human trafficking
- · Child abuse
- Psychopharmacology
- Crisis services
- Research and evaluation
- Immigration procedures
- · Legal issues related to immigration status

At least one advisory board member should have lived experience as a refugee or migrant person with a behavioral health condition.



Conducting a Needs Assessment

When: Within four months of project start and repeated in the third year

Assess current resources and gaps for refugee and migrant populations and the providers that serve them. Include input from stakeholders, including:

 healthcare providers such as those working in behavioral health, primary care, OB/GYN, emergency rooms, nursing, social work, and counseling

organizations serving people eligible for benefits through the HHS
 Office of Refugee Resettlement, school staff, resettlement agencies,
 legal, behavioral health, and social services organizations



Completing a Literature Review

When: Within four months of project start and repeated in the third year Complete a literature review to learn what is known about the behavioral health needs of refugee and migrant populations in the United States.

Examples of topics to include are:

- · What makes it harder or easier to access or provide care.
- How often gender-based violence, human trafficking, and child abuse happen, and ways to help.
- Promising and emerging practices and treatments that work.
- Recommendations on how to adapt treatments to meet this population's cultural and linguistic needs.



Creating a Strategy and Marketing plan

When: Within six months of project start

Create a strategy and marketing plan that uses data to get service providers interested in what you are doing, which must be updated throughout the period of performance.

The plan should say:

- · The types of providers you want to include.
- How you will use technology and data to engage different types of providers in ways that make sense for them.
- How you will align development and engagement efforts with training and technical assistance efforts.



Creating and Implementing a Clinical Case Consultation (CCC) Service

When: Within six months of project start

Create and implement a Clinical Case Consultation (CCC) service that responds to providers within three days and saves, posts, and organizes the answers in a user-friendly way so others can use them.

The service will help providers to:

- Find ways to help refugee and migrant people through psychosocial and clinical interventions.
- Screen, assess, and treat behavioral health conditions.
- Identify and respond to gender-based violence, human trafficking, and child abuse.
- Reach out to and engage refugee and migrant people in need of behavioral health services.
- Make decisions on which medications to prescribe, learn best practices for changing doses, improve treatment plans, and determine what to do when a treatment isn't working.
- Adapt or implement psychotherapies appropriate for refugee and migrant people.



Creating Interactive Online Learning Modules

When: Within six months of project start, with at least two new modules made available each year.

Create interactive online learning modules. These can cover topics like:

- How to care for refugee and migrant people with behavioral health conditions.
- · How to assess suicide risk.
- How to identify and respond to child abuse, human trafficking, and gender-based violence.











Establishing Learning Communities

When: Within six months of project start, with at least three communities offered each year.

Learning Communities are highly interactive, multi-session virtual events that bring 20 or fewer people with expertise on a given topic. During each session, subject matter experts provide tailored content followed by a discussion that fosters sharing and allows participants to build beneficial relationships with peers across the country.

See Learning Communities on the SAMHSA website.

These groups could focus on topics like:

- Adapting treatments.
- Discussing cases.
- · Peer consultation.
- Best practices for teachers to meet the behavioral health challenges of refugee and migrant children in schools.

8

Providing Targeted TA & Coaching

When: Within six months of project start

Create and implement a plan to provide targeted TA and coaching for organizations that serve refugee and migrant people. This plan includes foundational and advanced opportunities for training, long- or short-term coaching, and follow-up on topics like:

- · Addressing substance use and mental health issues.
- Supporting survivors of gender-based violence, human trafficking, and child abuse.
- Providing trauma-informed care that is responsive to culture. This
 includes support for trauma-specific interventions and dealing with
 the effects of grief and loss. It also involves helping practitioners to
 manage vicarious trauma.

- Training in strengths and resiliency-based approaches.
- · Training in cultural humility for staff, management, and providers.
- · Training in best practices for working with interpreters.
- · Creating policies and protocols on behavioral health issues.
- Implementing new treatment and early intervention practices for working with recently arrived refugee and migrant people.
- Assessing suicide risk.
- Addressing processes to use when changing existing practices.
 For example, new clinic screening practices, best practices for accessing and using interpreter services, and introducing a refugee and migrant-specific case manager for a hospital.
- Working with LGBTQI+ migrants and refugees.
- Creating developmentally appropriate interventions and gaining parental consent.

9

Developing Partnerships and Services Directory

When: Within eight months of project start

Create partnerships with public and private organizations that offer legal and social services to develop a comprehensive directory of the resources available to refugee and migrant people.

In developing your partnership plans, consider SAMHSA programs and other federal programs like:

- 988 Suicide and Crisis Lifeline
- · Certified Community Behavioral Health Clinics
- · Community Mental Health Centers
- · Infant and Early Childhood Mental Health
- Health Resources and Services Administration's Federally Qualified Health Centers (FQHCs) on school-based mental health
- · Assisted Outpatient Treatment
- · Residential Treatment for Pregnant and Postpartum Women







10

Developing a Website

When: By the end of the first project year

Develop and maintain a website that includes:

- A list of culturally and linguistically appropriate resources that address the behavioral health, gender-based violence, human trafficking, and child abuse concerns that arise during the migration, resettlement, and community integration process. It includes the following:
 - Mental health and substance use disorders, psychoeducation, suicide prevention and risk assessment, sleep disorders, interpreter access and use, and related issues.
 - Resources for school staff on the behavioral health of refugee and migrant youth and their families.
 - Education on how behavioral health relates to gender-based violence, human trafficking, and child abuse. It should cover ways to prevent, intervene, treat, and recover.
- A list along with explanations of the legal rights and benefits associated with different immigration statuses, like refugee, asylum seeker, U visa, and parolee.
- Links to SAMHSA resources like the 988 Suicide and Crisis Lifeline,
 National Child Traumatic Stress Network, the SAMHSA Treatment Locator, and other SAMHSA technical assistance and training resources.
- A catalog of research updates and best practices. Include evidencebased, promising, emerging practices, research updates, clinical guidelines, recent study outcomes, upcoming studies, and legal and reporting guidelines. These should focus on refugee and migrant populations' behavioral health, suicide risk assessment, gender-based violence, human trafficking, and child abuse.

Align the information with credible sources of information such as federal agencies like Administration for Children and Families, the National Institutes of Mental Health, the Centers for Disease Control and Prevention, and the Administration for Community Living.

Collecting Data and Assessing Performance

Recipients must collect and report performance data each quarter on Infrastructure Development, Prevention, and Mental Health Promotion (IPP) measures OR information about each training and technical assistance (TTA) event and follow-up data using a uniform data collection tool provided by SAMHSA. A determination on which tool will be used will be provided upon award.

You will gather this information using the <u>IPP tool</u> or the <u>TTA event tool</u> and submit it via SAMHSA's Performance Accountability and Reporting System (SPARS). See additional information at <u>SPARS Resources Search</u>. SAMHSA may add other data collection requirements after award.

Additionally, you must report on your progress in addressing the goals and objectives described in your <u>project narrative</u>. You must also periodically review the performance data you report to SAMHSA, assess your progress, and use this information to improve the management of your project.











Cooperative Agreement Requirements

When: Ongoing

Cooperative agreements require substantial SAMHSA project involvement after an award is made. There are specific roles for both the recipient and SAMHSA.

The recipient must:

- · Comply with the terms and conditions of the award.
- Collaborate with SAMHSA staff to implement and monitor the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, and financial reports to SAMHSA.
- Attend and take part in monthly calls with the Government Project Officer (GPO) on progress and challenges. The meetings will include key personnel and the GPO.
- Attend and take part in any virtual meetings.

SAMHSA will:

- Have overall programmatic responsibility for monitoring the project's conduct and progress, including site visits.
- Collaborate with the recipient and provide substantial project planning and implementation input.
- Provide substantial input in evaluation activities.
- · Make recommendations on continuing the project.
- Participate in publishing results, including disseminating products and materials to make any findings available to the field.
- Review and approve website content before launch and updates.
- · Review and approve all key personnel.
- Maintain regular communication with the recipient through at least monthly conference calls and providing technical assistance (TA) and consultation.
- Review and provide feedback on all required performance assessment reports.
- · Review and approve all required SPARS data.
- Participate on committees, such as policy and steering work groups responsible for helping to guide the course of long-term projects or activities.







Prepare your application.

? See Contacts for Questions

See Timing and Deadlines

Get ready to apply:

Download the Application Package

You can access the application package for this funding opportunity through <u>Grants.gov Workspace</u> or <u>eRA ASSIST</u>.

See <u>Writing and Completing Your Application</u> on the SAMHSA website if you need a paper copy.

Application Checklist How to upload			
Project Abstract	Use the Project Abstract Summary form		
Project Narrative	Use the Project Narrative Attachment form		
Budget Narrative	Use the Budget Narrative Attachment form		

Application Contents and Format

Overview

(5)

This section outlines the standard and supporting documents you must submit with your application.

All files uploaded as part of the application must be in an Adobe PDF format.

SAMHSA will not accept paper applications except under rare circumstances. SAMHSA must approve the waiver of this requirement in advance. See <u>Submitting Your Application</u>.

Standard Forms 4 total)	Upload using each required form.

Attachments

(8 total)



You can find these forms on the funding opportunity's application package.
You can also view them and see their instructions at <u>Grants.gov Forms</u>.

Insert each in a single

Other Attachments form.

Project Abstract

Keep the abstract to only one page Include:

- · The project name.
- No more than a five-line summary of your project that we can use publicly if you get an award. Place it at the top of the abstract.
- Populations you will serve, including demographics and clinical characteristics.
- Strategies and interventions.
- Project goals and measurable objectives, including the number of people you plan to train each year of the project.

Required Format: Project Abstract

1

Page limit: 1 page

File name: "Project Abstract"

File format: PDF

Font Size: 12-point

Color: Black

Spacing: Single-spaced

Margins: 1-inch

Page Size: 81/2 x 11

Upload in the Project Abstract Summary Form

□ Project Narrative

In your project narrative, describe your proposed project. The instructions in this section are also the criteria that merit reviewers will use to assess your application. Include four required sections, lettered A through D. You may not combine two or more sections or refer to another section of the project narrative in your response, like indicating that the response for A.2 is in B.2. When scoring a section, reviewers will only consider information in the same section of your project narrative.

Required Format: Project Narrative



Page limit: 10 pages

File name: "Project Narrative"

File format: PDF. Do not compress

or encrypt

File size: Under 6 MB

Font size: 12-point or 10-point

for tables and charts

Font: Times New Roman

Font color: Black

Spacing: Single-spaced

Margins: 1-inch

Page Size: 81/2 x 11

Include page numbers

Upload in the Project Narrative Attachment Form

Project Narrative Sections

Please use the exact headings, subheadings, and numbering below in your project narrative.

Section A: Focus Population and Need Statement

25 points - approximately two pages.

1. Focus population

Identify the refugee and migrant populations whose needs you will address. To the extent possible, provide a demographic profile of their race, ethnicity, language, sex, gender identity, sexual orientation, age, socioeconomic status, and geographic locations. Identify all sources of data.

2. Need statement

Describe the service and knowledge gaps, barriers, and other challenges faced by these refugee and migrant populations that would generate a need for training and technical assistance for providers and organizations.



You can find the Project Abstract Summary and the Project Narrative Attachment Form on the funding opportunity's application package. You can also view them and see their instructions at Grants.gov Forms.



Section B: Proposed Implementation Approach

35 points – approximately five pages, not including Attachment 4 - Project Timeline

1. Goals and measurable objectives

Describe the goals and measurable objectives. See <u>Developing Goals</u> and <u>Measurable Outcomes</u> on the SAMHSA website. Align them with the Statement of Need described in A.2. and identify the number of unduplicated individuals who will receive training and technical assistance through the TA center. Document your plan for data collection and reporting.

Number of Unduplicated Individuals to be Trained with Award Funds

Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Required activities

Describe how you will implement all the <u>Required Activities</u> in the Program Description.

3. Project timeline

In <u>Attachment 4</u>, 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 <u>Required Activities</u>. The timeline does not count towards the page limit for the Program Narrative.

Section C: Organizational Experience and Staffing

30 points - approximately two pages

1. Relevant experience

Describe the experience of your organization with providing culturally and linguistically appropriate, state-of-the-art, research-based training and technical assistance to providers serving refugee and migrant populations or with other similar projects.

Identify any other organizations that will partner in the proposed project and describe their experience with similar projects and their specific roles and responsibilities. You must include a letter of commitment from each partnering organization in <u>Attachment 1</u> of your application.

2. Staff positions

Provide a complete list of staff positions for the project, including key personnel. "Key personnel" are staff members who must be involved in the project, even if not paid with award funds. For this program, key personnel must include a full-time project director who oversees the entire project.

Describe how you will ensure that all staff members are knowledgeable about cultural factors about behavioral health and that these staff members have training in cultural humility and competence, strengths and resiliency-based care models, and trauma-informed care.

Additionally, at least one staff member should have lived experience as a refugee or a migrant. Please identify this person.

For each staff member, describe their:

- · Role relevant to the proposed project
- Level of effort
- Qualifications including their experience providing services to refugee and migrant populations and familiarity with their culture(s) and language(s)









The project's staffing and organizational plan should include the following areas of expertise:

- Diagnosing and treating behavioral health conditions
- · Licensure and scope of practice that includes prescribing authority
- Relevant models of psychotherapy
- Expertise in refugee and migrant resettlement, community integration, and recovery support
- Understanding of gender-based violence, human trafficking, and child abuse as they relate to behavioral health conditions
- Curriculum development, clinical teaching, consultation, and clinical supervision
- Communications and marketing to promote the TA center resources
- Working with the behavioral health needs of refugee and migrant children, youth, and families
- Use of dissemination and implementation science to assess the impact of the TA center on individual providers and organizational practice change

If you get an award, SAMHSA will tell you if the staff you proposed as key personnel in the Notice of Award have been approved. Later changes in key personnel will also require SAMHSA approval.

Section D: Collecting Data and Assessing Performance

10 points - approximately one page

Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program and demonstrate the impact on improving practice in the field.

For more information, see <u>Collecting Data and Assessing Performance</u> in Step 1 or <u>Developing Goals and Measurable Objectives</u> and <u>Developing the Plan for Data Collection and Performance Measurement</u> on the SAMHSA website.

■ Budget Narrative

You must submit an itemized budget narrative and the budget form SF-424A.

You will provide a line-item budget by category that shows the calculation used, like item cost, number, etc. Each category also includes a justification for the costs. It must match the costs on the SF-424A and the total costs on the SF-424. These are two of the <u>standard forms</u> you will be required to submit with your application.

See <u>Budget and Justification</u> and <u>Standard Funding Restrictions</u> on the SAMHSA website before preparing your budget. Also see <u>Funding</u> Limitation Restrictions.

You can find SAMHSA's recommended template and helpful guidance, including a sample, at <u>Application Forms and Resources</u> on the SAMHSA website.

Required Format: Budget Narrative



Page limit: None

File name: "BNF"
File format: PDF

Font size: 12-point

Font color: Black

Spacing: Single-spaced for

narrative portions

Margins: 1-inch

Page Size: 8½ x 11

Include page numbers

Upload in the Budget
Narrative Attachment Form



You can find the Budget Narrative Attachment Form on the funding opportunity's application package. You can also view it and see instructions at <u>Grants.gov Forms</u>.



Attachments There are eight required attachments. Do not use attachments to extend or replace any of the sections of the project narrative. Reviewers will not consider them if you do. Name the attachment files Attachment 1, Attachment 2, etc. To upload them use the: · Other Attachments Form if applying with Grants.gov Workspace. Other Narrative Attachments if applying with eRA ASSIST. **Attachment 1: Letters of Commitment** Include letters of commitment from any partner organizations in the proposed project. Do not include any letters of support. Reviewers will not consider them if you do. **Attachment 2: Data Collection Instruments and Interview Protocols** Describe the data collection instruments and interview protocols you are using. If you are using standardized instruments or protocols, you do not need to include the details; simply provide web links. If web links are not available, you must include a copy. **Attachment 3: Consent Forms** Include, as appropriate, informed consent forms for:

Participation in the data collection component of the project.

· The exchange of confidential information, such as for releasing or

Participation in service intervention.

requesting it.

Attachment 4: Project Timeline Reviewers will assess this attachment when scoring Section B of your project narrative. See instructions in Section B: Proposed Implementation Approach. Maximum of two pages. 2 **Attachment 5: Biographical Sketches and Position Descriptions** See Biographical Sketches and Position Descriptions on the SAMHSA website for instructions. **Position descriptions should** Biographical sketches should be be one page each. no more than two pages each. 2 **Attachment 6: Letter to the Single State Agency (SSA)**

This NOFO requires you to submit application information for intergovernmental review under Executive Order 12372. In this attachment, submit a copy of the cover letter you sent to the appropriate state agency. See Intergovernmental Review

Requirements on the SAMHSA website for instructions.

Attachment 7: Confidentiality and SAMHSA Participant Protection and Human Subjects Guidelines

You must provide an attachment that addresses the elements in Confidentiality, Participant Protection, and Human Subjects Protections on the SAMHSA website.

There is no page limit.

Attachment 8: Documentation of Non-Profit Status

Proof of non-profit status must be submitted by private nonprofit organizations with the application. Any of the following is acceptable evidence of non-profit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- · A copy of a currently valid IRS tax exemption certificate.
- A statement from a state taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status.
- A certified copy of the organization's certificate of incorporation or similar document that establishes non-profit status.
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

Standard Forms

You must complete the four standard forms identified below. You can also view them and see their instructions at <u>Grants.gov Forms</u>.

Application for Federal Assistance (SF-424)

You must complete all sections of the SF-424. Special instructions include:

- In Line #4 (i.e., Applicant Identifier), put the eRA Commons user name of the PD/PI.
- In Line #17, put the following information: Start Date: 11/30/2023; End Date: 11/29/2028.
- In Line #21, review the Assurances and Certifications on the <u>Applications Forms and Resources</u> page of the SAMHSA website, then click "I agree."
- · New applicants should review the sample of a completed SF-424.

Budget Information for Non-Construction Programs (SF-424A)

Complete all sections of the SF-424A. Review the sample <u>SF-424A</u> to ensure your SF-424A is completed correctly.

Special instructions include:

- For sections A, B, and D, include only the funds for the first year.
 The total for each of the sections must be the same.
- Leave section C blank because this program has no match requirement.
- For section E, include the funds requested for years two through five of the period of performance.

See <u>Budget and Narrative</u> on the SAMHSA website for more information on completing the budget and narrative.

Project/Performance Site Location(s) Form

This form collects physical location information on the sites where you will perform the funded work. The address cannot be a P.O. Box.

Disclosure of Lobbying Activities (SF-LLL) Form

Submit a signed copy of the SF-LLL form. If your organization does not take part in lobbying activities, indicate "Not Applicable" on the form.





Submit your application.

See Contacts for Questions

See Timing and Deadlines

Submission Requirements and Deadlines

Submit your application by August 29, 2023 at 11:59 PM

Try to submit your application well before the due date allowing time to avoid denial of your application in case errors occur and the system cannot validate it.

SAMHSA will not review applications received after the application due date and time.

Submission Methods

(5)

You must submit your application electronically unless you have an approved exemption from electronic submission. See <u>Submitting</u> <u>Your Application</u> on the SAMHSA website.

You can use eRA ASSIST, Grants.gov Workspace, or another system-to-system provider.

Review the <u>application checklist</u> to make sure that your application is complete.

Both the <u>eRA ASSIST</u> and <u>Grants.gov Workspace</u> systems conduct validations. After you submit, check the status to make sure the validation is complete. Once the application passes all validations, you can view your application in <u>eRA Commons</u>. It will then move to SAMHSA for further review.

You are responsible for viewing and tracking your applications in the eRA Commons.

eRA ASSIST

The Application Submission System and Interface for Submission Tracking (ASSIST) helps you to prepare your application, submit it through Grants.gov, and track it. You must have an eRA Commons ID to use this system.

See eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)

Grants.gov Workspace

You can use the shared online environment of the Grants.gov Workspace to work collaboratively.

To submit using the Grants.gov Workspace: see <u>Get Started on Your Workspace Application</u>.

Grants.gov validates all applications before moving to the NIH eRA Commons system and validations.

System Validation

After submitting your application, first Grants.gov validates it and then eRA Commons conducts its own validation.

?

See Contacts for Questions

Grants.gov

After you submit your application:

- You will receive an email that Grants.gov is processing your application.
- You will receive two additional e-mails from Grants.gov within the next 24-48 hours:
 - One email will confirm receipt of the application in Grants.gov.
- The next will tell you that Grants.gov successfully validated your application or if it rejected it because of errors. See below if rejected. It will also include a tracking number. Keep this tracking number. It is your proof that Grants.gov successfully received your application. If you don't receive one, contact the Grants.gov Support Center.

If Grants.gov identifies any errors, it rejects your application with a "Rejected with Errors" status. You must address the errors and resubmit.

Resubmitting Applications

If you must resubmit your application, see <u>Application Tracking After Submission</u> on the SAMHSA website.

Getting Help

Make sure you get a case or ticket reference number that documents the issues.

See Contacts for Questions

eRA Commons

After you are successful in Grants.gov, eRA will retrieve the application. Your application will then go through validations.

If you use ASSIST, you can validate your application and fix errors before you submit it. If you do not use ASSIST, see Formatting Requirements and System Validations and Submitting Your Application on the SAMHSA website for more information on formatting requirements and system validations.

If the eRA Commons validation finds problems, you will receive a system error or warning notification.

It is a good idea to <u>contact the eRA Service Desk</u> to submit a web ticket to document your good faith attempt to submit your application and determine the next steps.

WARNINGS You do not have to resubmit the application if you receive a warning notification. The reason for the warning will be in the notification. You can decide to resubmit, but you do not have to.

ERRORS You must correct and resubmit your application if you receive an error notification. You must fix the errors and resubmit the application through Grants.gov before the due date and time. Check the status to make sure it passes both Grants.gov and eRA Commons validations.



Understand review, selection, and award.

- See Contacts for Questions
- See Timing and Deadlines

This section is intended to help you understand the process and criteria for review, selection, and award.

Disqualifying Factors

SAMHSA will not move your application to merit review if:

- $\boldsymbol{\cdot}$ Your organization does not meet the eligibility criteria.
- · Your project narrative exceeds the page limit.
- You submit a paper application without an approved exemption from electronic submission. See <u>Submitting Your Application</u> on the SAMHSA website.
- You submit your application after the <u>deadline</u>. Each time an application is submitted via Grants.gov, the submission will generate a new date and time-stamp email.

Merit Review

Merit reviewers use the criteria in the <u>Project Narrative</u> instructions to evaluate each application.

- The number of points after each heading is the maximum number of points a review committee may assign to that section.
 Reviewers consider the sub-criteria in assigning scores, but they do not have scores of their own.
- If you propose cost sharing in your application, reviewers will not consider it when assigning scores.

(3)

Step 4 Understand review, selection, and reward.

Selection Process

The program office and approving official make the final determination for funding. SAMHSA makes funding decisions based on:

- The application's strengths and weaknesses identified by merit reviewers. The results of the merit review are advisory only.
- · The availability of funds.
- Submission of all required documentation needed before making an award.
- For any award over \$250,000, review and approval of the Center for Mental Health Services, National Advisory Council.
- · The level of risk. See Risk Review below.

Risk Review

SAMHSA must consider applicant information in the Federal Awardee Performance and Integrity Information System (FAPIIS). This information is also known as Responsibility/Qualification at SAM.gov.

The following policies apply:

- SAMHSA does this review for any award over \$250,000 during the period of performance.
- SAMHSA uses the 45 CFR 75.205(a)(2) criteria to decide whether the
 applicant organization represents too much risk. If so, the application
 cannot move forward to award, and SAMHSA must report the
 decision to FAPIIS.
- You may review and comment on any information about your organization in FAPIIS.
- SAMHSA will consider applicant comments before making a judgment about the applicant's integrity, ethics, and performance record under federal awards.
- For more on risk review, see 45 CFR 75.205.

Award Notices

SAMHSA will email you through NIH's eRA Commons with instructions on how to view the general results of the review, including the score that your application received.

If SAMHSA approves your application, they will also email you with a link to your Notice of Award (NoA). The following people will receive the email:

- The business official, also known as the authorized organization representative. SAMHSA will use the email address found on page 3 of the SF-424.
- The project director. SAMHSA will use the email address associated with the eRA Commons account, which should be the address on page 1 of the SF-424.

The NoA is the only document that obligates funds and allows you to begin work. For more information about what is in a NoA, see <u>Notice of Award</u> on the SAMHSA website.







Review the post-award requirements.

See Contacts for Questions



This section is intended to help you understand what is required of recipients after they receive an award.

Recipient Meetings

SAMHSA expects recipients to participate fully in virtual recipient meetings. If SAMHSA chooses to hold an in-person meeting, you may need a budget revision.

Behavioral Health Disparities

If we fund your application, you must develop a behavioral health <u>Disparity Impact Statement (DIS)</u> no later than 60 days after your award. See <u>Addressing Behavioral Health Disparities</u> on the SAMHSA website.

Progress and evaluation of activities for tracking DIS efforts are also part of the annual progress reports. See <u>Post-Award Reporting</u>
<u>Requirements</u> on the SAMHSA website.

Administrative and National Policy Requirements

If your application is funded, you must follow all terms and conditions of the Notice of Award.

See the <u>Standard Terms and Conditions</u> and <u>Administrative and National</u> Policy Requirements on the SAMHSA website.

Reporting

To see the reporting required for awards, go to <u>Post-Award Reporting</u> Requirements on the SAMHSA website.

Recipients will submit a semi-annual progress report in years 1 and 2 and an annual progress report in years 3, 4, and 5.

The progress reports must describe:

- Progress achieved, including qualitative and quantitative data to demonstrate programmatic progress, updates on required activities, successes, challenges, and changes or adjustments that have been made to the project.
- The impact of the training and technical assistance on the provider community with regard to practice improvement, improved capacity, and knowledge transfer. This should ideally be done using the dissemination and implementation science framework of RE-AIM.
- Evaluation activities for tracking DIS efforts.

Funding Limitation Restrictions

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

The indirect cost rate may not exceed 8 percent of the <u>proposed</u> <u>budget</u>. Even if an organization has an established indirect cost rate, under training awards, 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. (45 CFR Part 75.414)

Statutory Authority

The Refugee and Migrant Behavioral Health Technical Assistance Center (RMBH-TAC) is authorized under the American Rescue Plan Act of 2021 (P.L. 117-002 Sec. 2707).











Step 5 Review the post-award requirements: SAMHSA Values that Promote Positive Behavioral Health

Recovery- Trauma- Equity-Oriented Informed Based

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.

Recovery-Oriented

Recovery is a process of change. During the process, people:

- · improve their health and wellness
- live a self-directed life
- strive to reach their full potential

Recovery-oriented recipients promote partnerships with people in recovery from behavioral and substance use disorders and their family members. These partnerships guide the behavioral health system and promote individual, program, and systemlevel approaches that foster:

- level approaches that loster.
- Health-managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being
- · Home-a stable and safe place to live
- · Purpose-meaningful daily activities such as a job or school
- Community-supportive relationships with families, friends, and peers

Recovery-oriented systems of care embrace recovery as:

- · emerging from hope
- · person-driven
- · occurring via many pathways
- holistic
- supported by peers and allies
- · culturally based and influenced
- · supported through relationships and social networks
- involving individual, family, and community strengths and responsibility
- · supported by addressing trauma
- · based on respect

Trauma-Informed

Trauma-informed approaches recognize and purposefully respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- Safety—Participants and staff feel physically and psychologically safe.
- Peer support
 Peer support and mutual self-help are key to establishing safety and hope, building trust, enhancing collaboration, and using their lived experience to promote recovery and healing.
- **Trustworthiness and Transparency**—Organizational decisions build and maintain trust with participants and staff.
- Collaboration and Mutuality—Importance is placed on partnering and leveling power differences between staff and service participants.
- Cultural, Historical, & Gender Issues—Culture and genderresponsive services are offered while moving beyond stereotypes and biases.

Step 5 Review the post-award requirements: SAMHSA Values that Promote Positive Behavioral Health

 Empowerment, Voice, and Choice—Organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

See <u>SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.</u>

Recipients must promote the link to recovery and resilience for people and families impacted by trauma.

Equity-Based

Behavioral health equity is the right to access high-quality and affordable healthcare services and supports for all populations regardless of the person's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location.

Recipients can make sure that everyone has a fair and just opportunity to be as healthy as possible by:

- · Improving access to behavioral health care.
- · Promoting quality behavioral health programs and practice.
- Reducing persistent disparities in mental health and substance use services for underserved populations and communities.

Together with promoting access to high-quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as:

- · social exclusion
- unemployment
- · adverse childhood experiences
- · food and housing insecurity

(5)

Timing and Deadlines



Application

Remember to submit your application early.

Deadline for applications 08/29/23

Estimated award date 11/13/23

60-Day Deadline 12/30/23

Develop a behavioral health <u>Disparity</u> <u>Impact Statement</u> (DIS)

First Year of Performance

Estimated start date 11/30/23

- **4-Month Deadlines**
- Develop and maintain an advisory board
- Conduct a needs assessment
- Complete a literature review

Collect and report performance data

- **6-Month Deadlines**
- ► Creating and implementing a Clinical Case Consultation (CCC) service
- Create a strategy and marketing plan
- Create interactive online learning modules
- Establish learning communities
- Provide targeted TA and coaching

8-Month Deadlines

Develop partnerships

Collect and report performance data

12-Month Deadlines

Develop website

Collect and report

Collect and report performance data

Total Period of Performance: Up 5 Years

Quarterly Deadline

Collect and report performance data

Ongoing Cooperative Agreement Requirements

See Cooperative Agreement for details.

(5)

Contacts for Questions



Program and Eligibility Questions

SAMHSA

E-mail: Nima.Sheth@samhsa.hhs.gov Nima Sheth, Center for Mental Health Service

Online System Questions

eRA ASSIST

Online: ASSIST Online Help

Online: eRA Service Desk

Phone: 301-402-7469 or (toll-free) 1-866-504-9552.

Press menu option 6 for SAMHSA.

The NIH eRA Service desk is open Monday–Friday, 7 a.m. to 8 p.m. ET, other than federal holidays.

SAM.gov

Phone: 866-606-8220

Live Chat: Federal Service Desk

Application Submission Problems, Errors or Questions

Using eRA Commons:

Online: ASSIST Online Help

Online: eRA Service Desk

Phone: 301-402-7469 (toll-free) 1-866-504-9552.

Press menu option 6 for SAMHSA.

The NIH eRA Service desk is open Monday–Friday, 7 a.m. to 8 p.m. ET, other than federal holidays.

Using Grants.gov:

E-mail: support@grants.gov

Phone: (toll-free) 1-800-518-4726

(1-800-518-GRANTS).

The Grants.gov Support Center is available 24 hours a day, seven days a week, excluding federal holidays.

Review Process and Application Status Questions

SAMHSA

E-mail: sherresa.bailey@samhsa.hhs.gov

Phone: (240) 276-1359

Sherresa Bailey, Office of Financial Resources, Division of Grant Review

Financial and Budget-related Questions

SAMHSA

E-mail: FOACMHS@samhsa.hhs.gov Office of Financial Resources, Division

of Grants Management



(5)