Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program

(Short Title: GLS State/Tribal Youth Suicide)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-005

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due June 3, 2024.**
NOFO Application Guide	Throughout the NOFO, there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments and budget.
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 the application deadline. *See Section I of the Application Guide.*

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes:** 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A of the Application Guide*** (Registration and Application Submission Requirements) to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for the fiscal year (FY) 2024 Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program (Short Title: GLS State/Tribal Youth Suicide). The purpose of this program is to support states and Tribes with implementing youth (up to age 24) suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use and mental health programs, foster care systems, pediatric health programs, and other child- and youth-serving organizations. With this program, SAMHSA aims to: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

Funding Opportunity Title:	Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program (Short Title: GLS State/Tribal Youth Suicide)
Funding Opportunity Number:	SM-24-005
Due Date for Applications:	June 3, 2024
Estimated Total Available Funding:	$14,932,933
Estimated Number of Awards:	Up to 20
Estimated Award Amount:	Up to $735,000 per year
Cost Sharing/Match Required	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 5 years

Eligible Applicants:	Eligible applicants are States and territories; a public organization or private non-profit organization designated by a State or Indian Tribe to develop or direct a statewide youth suicide, early intervention, and prevention strategy; or a Federally recognized Indian tribe, tribal organization, or an urban Indian organization that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy. [See Section III-1 for complete eligibility information.] If applicable, documentation of State or Tribe designation is required. See Attachment 9.
Authorizing Statute:	Section 520E of the Public Health Service Act (42 USC 290bb-36).

I. PROJECT DESCRIPTION

1. PURPOSE

The purpose of the program is to support states and tribes with implementing youth (up to age 24) suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, pediatric health programs, and other child- and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

According to the 2022 National Survey on Drug Use and Health (NSDUH), among adults aged 18 or older, 5.2% (or 13.2 million people) had serious thoughts of suicide, 1.5% (or 3.8 million people) made a suicide plan, and 0.6% (or 1.6 million people) attempted suicide in the past year. Approximately 1 in 3 (30.6%) young adults between the ages of 18 and 25 experienced a mental, behavioral, or emotional health issue in the past year.[1] Additionally, 25.5% of adults ages 18–24 reported having seriously considered suicide in the past month. This is a higher percentage than any other adult age group.[2]

Suicide is the second-leading cause of death among youth and young adults ages 10–24 years old. Between the years 2000–2021, suicide rates within this age group increased an estimated 52%. Suicide rates among Black persons ages 10–24 years increased significantly between 2018 and 2021 (from 8.2 to 11.2, respectively; a 36.6%

[1] Substance Abuse and Mental Health Services Administration. (2021). Key Substance Use and Mental Health Indicators in the United States: Results from 2020 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

[2] Czeisler, M. É., Lane, R. I., Petrosky, E., et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report (MMWR)*, *69*(32):1049–1057. http://dx.doi.org/10.15585/mmwr.mm6932a1

increase).[3] The suicide rate of American Indian/Alaska Native youth between the ages of 10–24 increased 16.7 percent from 2018 to 2021.[4]

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by Executive Order 13985. Recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

The Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program are authorized under Section 520E of the Public Health Service Act (42 USC 290bb-36), as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, even if they do not receive a salary from the project. These staff members must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

Key Personnel for this program are the Project Director (at a minimum level of effort of 0.5 FTE) and the Evaluator. There is no minimum level of effort for the Evaluator. **These positions require prior approval by SAMHSA after a review of staff credentials and job descriptions.**

- The Project Director is responsible for oversight of the project.
- The Evaluator is responsible for conducting the data analysis.

If you receive an award, you will be notified if the individuals designated for these positions have been approved. If you need to replace Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

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[3] Stone, D. M., Mack, K., & Qualters, J. (2023). Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021. *Morbidity and Mortality Weekly Report (MMWR), 72*(6):160–132. http://dx.doi.org/10.15585/mmwr.mm7206a4

[4] Ibid.

3. REQUIRED ACTIVITIES

Required activities are the activities that you must implement. You must provide a description in B.2. of the Project Narrative of how you plan to implement all the required activities listed below.

Funds must be used primarily for capacity building to address youth (up to age 24) suicide and prevention.

1. Provide trauma-informed, evidence-based, and culturally and linguistically appropriate early intervention, assessment services, and screening programs to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt. These services must be integrated with school systems, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, public health systems, foster care systems, pediatric health programs, mobile crisis units, and other child and youth support organizations.
2. Provide immediate support and information resources (including information from the Suicide Prevention Resource Center [SPRC]) to families of youth who are at risk for or who have attempted suicide.
3. Implement a response system to ensure that timely referrals incorporating safety planning can be provided to appropriate community-based mental health care, treatment, and recovery support programs for youth who are at risk for suicide or suicide attempts in child-serving settings and agencies. This should include remaining in contact with at-risk youth during the referral process and include follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.
4. Ensure treatment and prevention services for diverse cultural populations address the cultural-specific risk and protective factors of the various populations they are serving.
5. Provide post-suicide intervention services, care, and information to families, friends, community organizations, faith-based organizations, educational institutions, juvenile justice systems, substance use disorder and mental health programs, foster care systems, pediatric health programs, and other child and youth support organizations involved with youth who have recently died by suicide.
6. Provide evidence-based training, where possible, to educators, childcare professionals, care providers, community members, natural community helpers (e.g., faith-based leaders, recreational coaches) and individuals in foster care and juvenile justice agencies on youth suicide early intervention and prevention strategies, and how to effectively identify youth who are at risk for suicide, including youth of diverse linguistic and cultural backgrounds.

7. Implement strategies to reduce access to lethal means among youth with identified suicide risk, including providing to parents, legal guardians, and family members of youth supplies to securely store means commonly used in suicide, if applicable, within the household.
8. Obtain input from individuals with lived experience in planning, implementing, and evaluating the project, including survivors of suicide attempts, youth, and families.
9. Secure prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. **NOTE:** This requirement does not apply in the following circumstances:
    - In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.
    - Other instances, as defined by the State, where parental consent cannot be reasonably obtained.
10. Collect and analyze data and report to SAMHSA on state-sponsored statewide or tribal youth suicide or early intervention and prevention strategies that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development.
11. If you are a State, territory, or a public or private non-profit organization designated by the State or Indian tribe, you must consult or confer with federally recognized Indian tribe or tribal organization or an urban Indian organization and Native Hawaiian Health Care Systems, as applicable, in the applicable State with respect to the development and implementation of a statewide early intervention strategy.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities:

- Support programs aimed at diverting suicidal youth from emergency departments to other appropriate crisis intervention programs or services, such as mobile crisis response teams, respite centers, or non-hospital crisis stabilization facilities.
- Utilize local, state, and federal youth suicide attempt and death data to prioritize prevention and intervention strategies focusing on the provision of culturally responsive care to diverse populations impacted by suicide deaths and attempts.
- Integrate the use of technology into the project (e.g., assist and enhance support for 988 and Lifeline crisis centers to develop crisis chat interventions; using text

messaging [SMS] to provide caring contacts following discharge; offering waterfall text messaging services to send messages strengthening protective factors to community members; enhancing electronic medical records to automate scoring and flagging of youth who score high on screening or assessment tools).

- Utilize trauma-informed, culturally appropriate and diverse training and public awareness and activation campaigns for populations, including youth, families, schools, educational institutions, pediatric health programs, and youth organizations that adhere to the National Action Alliance for Suicide Prevention's guidance on safe messaging, which are connected to action items (e.g., what to do if an individual is worried about another individual) and part of a more comprehensive suicide prevention plan.
- Develop collaborative partnerships with an array of other service providers for service delivery and stakeholders serving youth at risk for suicide.
- Provide training/workforce development activities for youth professionals and community providers on the latest youth suicide early intervention and prevention services, practices, including lethal means safety counseling, and strategies that are culturally appropriate and intellectually diverse.
- Provide activities that address behavioral health disparities and the social determinants of health as they relate to suicide attempts and deaths.
- Support peer and family support program efforts aimed at delivering trauma-informed, culturally appropriate suicide prevention activities.
- Utilize cultural practices as a prevention tool to promote community connectedness, empowerment, and behavioral health.

5. DATA COLLECTION/PERFORMANCE ASSESSMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

You must collect and report data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section D of your Project Narrative.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) project-level data on selected Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators on a quarterly basis. The CMHS IPP data collection and reporting tool and related guidance can be found at https://spars.samhsa.gov/content/cmhs-ipp-overview-guide. Training and technical assistance on SPARS data collection and reporting will be provided after award.

Recipients must collect and report data on the following IPP indicators:

- The number of individuals screened for suicidal ideation as a result of the grant.
- The number of individuals referred to crisis or other mental health-related services for suicide risk, ideation, or behavior.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number of individuals trained in suicide risk assessment.

Data are to be submitted quarterly in SPARS within 30 days of the end of each reporting period. Training and technical assistance on SPARS data collection and reporting will be provided after award. Recipients are expected to complete SPARS annual goals training and enter annual goals into SPARS within three months after award.

The data you collect allows SAMHSA to report on key outcomes. Performance measures are also used to assess the impact of SAMHSA's grant programs on reducing disparities in behavioral health access, service use, and outcomes nationwide. Performance measures data will be reported to the public as part of SAMHSA's Congressional Justification.

A national cross-site evaluation is required for this program. You must participate fully in all aspects of the cross-site evaluation. This may include collecting additional supporting data by the evaluation team, staff and client participation in focus groups, site visits, and/or submission of documents for review. You, including your subrecipients, staff, or contractors, as applicable, must participate in all aspects of the evaluation if selected as part of the evaluation design. You will be provided with details on the evaluation upon award, including the type of evaluation and research questions, and expectations for selected awards.

A recipient-led evaluation is also required for this program. You are required to report on evaluation questions and design, collect data, and report evaluation findings and recommendations. You will be provided with additional requirements on the scope and expectations of the evaluation upon award.

Project Performance Assessment

Recipients must periodically review the performance measures they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements).

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the *Application Guide, Section D- Developing Goals and Measurable Objectives and Section E - Developing the Plan for Data Collection and Performance Measurement.*

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

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.[5] These are part of SAMHSA's core principles, as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities such as a job or school; and
- *Community*—having 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 informed;
- supported through relationship and social networks;

[5] "Behavioral health" means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and based on respect.

Trauma-informed approaches recognize and intentionally 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 vehicles for establishing safety and hope, building trust, enhancing collaboration, and using their lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[6]

It is critical for recipients to promote the linkage to recovery and resilience for those individuals and families affected by trauma.

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction 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, and food and housing insecurity.

Behavioral Health Disparities

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[6] Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.

If your application is funded, you must submit a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. *See Section G of the Application Guide*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion for underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide, Section J - Administrative and National Policy Requirements*.)

Tribal Behavioral Health Agenda

SAMHSA, working with Tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard, and reserve service members, returning veterans, and military families in designing and implementing their programs. Where appropriate, you should consider prioritizing this population for services.

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve our processes and outcomes.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population faces, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the 988 Suicide & Crisis Lifeline, the SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

7. RECIPIENT MEETINGS

SAMHSA will hold an in-person meeting in years two and four. You must send a maximum of three staff members, including the Project Director and the Evaluator to these recipient meetings. You must also submit a detailed budget and narrative for this travel. These meetings are usually held in the Washington, D.C., metropolitan area for three days. If SAMHSA elects to hold a virtual meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$14,932,933
Estimated Number of Awards:	20
Estimated Award Amount:	Up to $735,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 5 years

Anticipated Start Date: No later than September 30, 2024

Proposed budgets cannot exceed $735,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

2. COOPERATIVE AGREEMENT REQUIREMENTS

Cooperative agreements are used for these awards because the program requires substantial federal programmatic participation in each project post-award. Under this cooperative agreement, the roles and responsibilities of recipients and SAMHSA staff are:

Role of Recipient:

The Recipient must:

- Comply with terms and conditions of the cooperative agreement.
- Submit performance measure data via SAMHSA's SPARS.
- Collaborate with SAMHSA staff in project implementation and monitoring.
- Attend and participate in monthly grantee calls with the Government Project Officer (GPO) on progress and challenges. The meetings will include key staff and the GPO.
- Respond to requests from SAMHSA on trends of suicide attempts and deaths among specific populations of youth and young adults, and youth and youth-serving systems (e.g., juvenile justice, child welfare).
- Inform the GPO of any relevant promising practices being implemented at the local level regarding youth suicide prevention.

Role of SAMHSA Staff**:**

The GPO will have overall programmatic responsibility for monitoring the conduct and progress of recipient sites, including conducting site visits. The GPO will provide substantial input, in collaboration with the recipients, both in the planning and implementation of the program and in both recipient and cross-site evaluation activities and will make recommendations regarding program continuance. In addition, GPOs will participate in the publication of results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

- Review or approve one stage of a project before work may begin on a subsequent stage during a current approved project period;

- Recommend outside consultants for training, recipient site-specific evaluation, and data collection;
- Oversee development and implementation of a cross-site evaluation in partnership with evaluation contractors and recipients;
- Review and approve all key personnel;
- Work with recipient and the Grants Management Specialist (GMS) to discuss fiscal and programmatic requirements; and
- Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the recipient.

The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure the project operates in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

3. OTHER REQUIREMENTS

There are no additional requirements for this program**.**

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State governments, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- A public organization or private non-profit organization designated by a State or tribe to develop or direct statewide youth suicide, early intervention, and prevention strategy. [**NOTE:** A public or private non-profit organization applying for the award must submit documentation in **Attachment 9** that it has been designated by a State or tribe to develop or direct the state-sponsored statewide youth suicide early intervention and prevention strategies.]
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, urban Indian organizations that are actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy, and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs that 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 AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

- Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V grants/contracts) means a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25 U.S.C. § 1603. UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

Recipients who received funding in FY 2020, FY 2021, FY 2022, or FY 2023 under the GLS State/Tribal Youth Suicide NOFO (SM-19-006 or SM-22-003) are not eligible to apply for funding under this NOFO.

For general information on eligibility for federal awards, see https://www.grants.gov/learn-grants/grant-eligibility.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

- **Recipients of prior GLS State/Tribal Youth Suicide Prevention funding must address how the funding under this NOFO shall build on and/or expand the work of the previous award. See Application Review Information, Section B.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in *Section A - 2.2 of the Application Guide (Required Application Components*). All files uploaded as part of the application must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration, the waiver of this requirement must be approved in advance. See *Section A 3.2 of the Application Guide (Waiver of Electronic Submission*).

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons ID).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 09/30/2024; b. End Date: 09/29/2029.
  - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the authorized official and should not be the same individual as the Project Director in line 8f.

  New applicants should review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  - **Section A –** Budget Summary: If cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  - **Section B** – Budget Categories: If cost sharing/match is **not required,** use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

- **Section C –** If cost sharing/match is **not required,** leave this section blank. If cost sharing/match **is required,** use the second row (line 9) to report non-federal match for the **first year** only.

- **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

- **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years in total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years) - (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

See *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- Sample SF-424A (No Match Required)

It is highly recommended that you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE** – **(Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE** –
  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). See *Section A – 2.2 of the Application Guide -Required Application Components*).

- **ATTACHMENTS 1 THROUGH 9**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace
- Other Narrative Attachments if applying with eRA ASSIST

- ***Attachment 1: Letters of Commitment***
  Letters of Commitment from organizations that will partner in the project. Do not include any letters of *support*. Reviewers will not consider them.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in the application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, include a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***
  Include, as appropriate, informed consent forms for:
  - service intervention;
  - exchange of information, such as for releasing or requesting confidential information

- ***Attachment 4: Project Timeline***
  Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide - Biographical Sketches and Job Descriptions* for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide (Intergovernmental Review*) for detailed information on E.O. 12372 requirements to determine if this applies.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide* and reviewers will assess the response.

- ***Attachment 8: Documentation of Non-profit Status.***

- ***Proof of non-profit status must be submitted by private non-profit organizations. 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 current and valid IRS tax exemption certificate.
    - A statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
    - A certified copy of the applicant 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.

- ***Attachment 9: Documentation of State Designation.*** If applicable*, a* statement from a State or tribe designating a public or private non-profit organization to develop or direct state-wide or tribe-wide youth suicide, early intervention, and prevention strategies.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (SAM)

Section A of the Application Guide has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **June 3, 2024**.

If you have been granted permission to submit a paper copy, the application must be received by the above date. See *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this**

application. The process could take up to six weeks. (*See Section A of the Application Guide* for all registration requirements.)

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO, THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons;**

  AND

- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project are as follows. Identify these expenses in your proposed budget.

- No less than 85 percent of the total award for each budget period must be used to provide youth suicide prevention activities.
- No funds can be used to refer to or pay for abortion.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H of the Application Guide.*

6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulations at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs.

See *Section I of the Application Guide (Intergovernmental Review)* for additional information on these requirements, as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting your application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A–D below. Your application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative use these instructions:

- The Project Narrative (Sections A–D) may be no longer than **10 pages.**
- You must use the four sections/headings listed below in developing your Project Narrative. **Before the response to each criterion, you must indicate the section letter and number, i.e., "A.1", "A.2", etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need
(30 points – approximately 2 pages)

1. Identify and describe the geographic area where the project will be implemented and the youth (up to 24 years) that will be impacted. To the extent possible, provide a demographic profile of the youth to be served in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Document the need to increase your capacity to implement, sustain, and improve effective suicide prevention services in the proposed catchment area that is consistent with the purpose of this NOFO. Include information on the service gaps and other problems related to the need for capacity building. Identify the source of the data. (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings & Roadmaps, Social Vulnerability Index, etc.).

SECTION B: Proposed Implementation Approach
(35 points – approximately 5 pages not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need outlined in A.2 (see the *Application Guide, Section D – Developing Goals and Measurable Objectives* for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound).

2. Describe how you will implement all the Required Activities in Section I, as well as *Other Eligibility Requirements* in Section III. In **Attachment 4,** provide no more than a two-page chart or graph depicting realistic timeline for the entire **5** years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I. **The timeline does not count towards the page limit for the Program Narrative.**

SECTION C: Staff and Organizational Experience
(15 points – approximately 1 page)

1. Describe the experience you have with similar projects and/or providing services to youth (up to 24 years). Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations.

2. Identify any other organization(s) that will partner with you on this project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Letters of Commitment from each

partner organization must be included in **Attachment 1.** Indicate in your response to this criteria if you are not partnering with any other organizations.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel. For each staff member describe their:
    - Role;
    - Level of Effort; and
    - Qualifications, including their experience providing services to youth (up to age 24), familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under-resourced populations.

SECTION D: Data Collection and Performance Measurement (20 points – approximately 2 page)

1. 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 (see the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. "Other support" is defined as funds or resources, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., sporting events, entertainment.

See *Section K of the Application Guide – Budget and Narrative* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. I**dentify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

Applications are peer-reviewed according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note that the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following;

- Approval by the Center for Mental Health Services (CMHS) National Advisory Council (NAC).
- Availability of funds;
- Recipients who have received their initial funding in FY 2020, FY 2021, FY 2022, or FY 2023 under the GLS State/Tribal Youth Suicide NOFO (SM-19-006 or SM-22-003) are not eligible to apply for funding under this NOFO.
- SAMHSA shall take into consideration the extent of the need of the applicant, including the incidence and prevalence of suicide in the State and among the populations of focus, including rates of suicide determined by the Centers for Disease Control and Prevention for the State or population of focus per Section 520E(b)(3) of the Public Health Service Act (42 USC 290bb-36), as amended;
- Equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size;
- Submission of any required documentation that must be received prior to making an award;
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and 2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. Review the *Application Guide, Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR § 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

You must periodically review your performance data to assess your progress and then use this information to guide and manage the grant project. This review allows you to determine if your goals, objectives, and outcomes are being achieved and if any changes need to be made. You must submit an annual Programmatic Performance Report (PPR) for Years 1–4 of the project within 90 days after the end of each budget period. Lastly, you must submit a final performance report within 120 days after the end of the project period. This final report must be cumulative and include all activities during the entire project period.

The PPR must be submitted in eRA Common using a standardized template (OMB Control Number 0930-0395). For more information on the PPR template and information required for your program, refer to https://omb.report/omb/0930-0395.

The PPR must address the following:

- Key personnel and staffing updates

- Changes in project budget, scope, and/or implementation
- Project activity accomplishments and challenges and plan/action for overcoming
- Progress towards goals set including capacity building completed and clients served (as applicable)
- Program specific questions (as determined by the program)
- Disparity Impact Statement (DIS) progress towards goals, barriers encountered and efforts to overcome, monitoring activities, and plan adjustments
- Other accomplishments or concerns [Optional]
- Success stories [Optional]
- Progress on, challenges in implementing, and required changes to the DIS quality improvement plan (if any).

Management of Award:

Recipients must also comply with standard award management reporting requirements unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Johari Eligan
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1096
johari.eligan@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1940
FOACMHS@samhsa.hhs.gov

For review process and application status questions, contact:

Angela Houde
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration

(240) 276-1091
Angela.Houde@samhsa.hhs.gov