



GREENLIGHTS GRANT INITIATIVE

A PROJECT OF THE JUST KEEP LIVIN FOUNDATION

SAMHSA School Safety Grants

February 20, 2024

Stacy Ruble, MS, GPC, River City Grants



MCALLISTER
& QUINN

AASA
THE SCHOOL SUPERINTENDENTS ASSOCIATION



Meet Your Facilitator



Stacy Ruble, MS, GPC
Owner
River City Grants

- ❖ Has been writing and reviewing federal, state, and foundation grants since 1995. Has had her own grant consulting business since 2011.
- ❖ Specializes in federal grants specifically in the justice, human services, and mental health fields.
- ❖ Previously served as the V-STOP Grant Administrator for the Commonwealth of Virginia and as a grants manager and writer for two statewide nonprofits.
- ❖ Holds a Grant Professional Credential from the national Grant Professional Certification Institute.

What We Will Cover:

Summary

- ✓ **Two Substance Abuse and Mental Health Services Administration (SAMHSA) Grants Related to School Safety and Mental Health**
 - ✓ Overall Intent of Each Grant
 - ✓ Specific Requirements
 - ✓ Budget Considerations
 - ✓ How to Prepare

NOTE: Information provided is based on the FY2023 Notice of Funding Opportunities. Future iterations are subject to change.

Acronyms

- ❖ **SAMHSA – Substance Abuse and Mental Health Services Administration**
- ❖ **AWARE – Advancing Wellness and Resiliency in Education**
- ❖ **MHAT – Mental Health Awareness Training**
- ❖ **LEA – Local Education Agency**
- ❖ **SEA – State Education Agency**
- ❖ **SMHA – State Mental Health Agency**
- ❖ **NOFO – Notice of Funding Opportunity**
- ❖ **FTE – Full-time Equivalent**



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A large, diverse group of young people and a man in a white shirt standing together outdoors. The man is holding a young boy in front of him. The group is smiling and looking towards the camera. The background shows a building with windows.

Comparing the Two Grant Programs

Advancing Wellness and Resiliency in Education (Project AWARE)	Mental Health Awareness Training (MHAT)
Up to \$1,800,000 per year	Up to \$200,000 per year
Up to 5-year period of performance	Up to 3-year period of performance
75 awards	22 awards
No match	No match
Suicide awareness and prevention priority	No priority
Grant	Grant

Requirements for Both Programs

- ❖ **Use of trauma-informed, recovery-oriented, and equity-based programs, practices, and policies (Defined in the NOFO)**
- ❖ **Using evidence-based practices**
- ❖ **Having partnerships**

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SAMHSA Project AWARE



Overall Purpose

The purpose of this program is to develop a sustainable infrastructure for school-based mental health programs and services. Recipients are expected to build collaborative partnerships with the State Education Agency (SEA), Local Education Agency (LEA), Tribal Education Agency (TEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Award recipients will leverage their partnerships to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. SAMHSA expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

Goals Page 1

- ❖ **Increase awareness of mental health, substance use, and co-occurring disorders among school-aged youth.**
- ❖ **Increase the mental health literacy of individuals who interact with school-aged youth to understand and detect the signs and symptoms of mental illness, substance use/misuse, and co-occurring disorders.**
- ❖ **Promote and foster resilience building and mental health well-being for all school-aged youth.**

Goals Page 2

- ❖ **Provide positive behavioral health supports; targeted services to those who need more support; and intensive services to those who need them.**
- ❖ **Connect school-aged youth who may have behavioral health issues, including serious emotional disturbance (SED) or serious mental illness (SMI), and their families to needed services.**
- ❖ **Increase and improve access to culturally relevant, developmentally appropriate, and trauma-informed school and community-based AWARE activities and services.**

Required Activities

- ❖ Develop a **collaborative partnership** between at least one LEA, the SEA, the SMHA, and at least one local community public or private non-profit provider of behavioral health services, including from those that serve primarily racial/ethnic and sexual gender-minority serving community-based organizations, community health centers, Certified Community Behavioral Health Clinics (CCBHCs), and community mental health centers to expand access to behavioral health services.
- ❖ In consultation with the required partners, conduct a **needs assessment** of the LEA(s) and its geographic catchment area of the risk and protective factors as well as current prevalence and incidence data, disaggregated by race/ethnicity; sexual orientation and gender identity status.
- ❖ **Develop partnerships** with racial/ethnic, sexual and gender minority serving community-based organizations, community health centers, CCBHCs, and community mental health centers to expand access to behavioral health services.

Sidebar: Key Personnel

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project and should reflect SAMHSA's expectation of diversity, equity, and inclusion in the selection of staff.

- ❖ 1.0 FTE for a LEA Project Director
- ❖ At least .25 FTE for a SEA Coordinator
- ❖ .25 FTE for a SMHA Coordinator

So these partnerships are important and include commitment and staffing.

Required Activities

- ❖ No later than six months after award, develop an **implementation plan** that is based on a **three-tiered public health model**:
- ❖ (Tier 1) universal prevention and mental health promotion;
- ❖ (Tier 2) secondary prevention and brief intervention services; and
- ❖ (Tier 3) tertiary intervention and behavioral health treatment.
- ❖ The three-tiered approach must be culturally competent, linguistically appropriate (<https://thinkculturalhealth.hhs.gov/clas/standards> Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)), grief and trauma-informed, developmentally appropriate, evidence-based, or evidence informed, and address the mental health effects of COVID-19.
- ❖ The implementation plan shall include the following with each item infused with an equity perspective:

Tier 1

Implementation Plan

Tier 1: A comprehensive mental health awareness program targeting youth, their families, and school staff that creates a de-stigmatized school climate that is conducive to addressing the mental health needs of students, such as a school-wide socio-emotional learning curriculum.

Tier 1: Establish and implement a school-based student suicide awareness and prevention training program.

Tier 1: A workforce capacity-building plan to increase the mental health awareness and literacy of school staff, administrators, parents, and others who interact with school-aged youth to recognize the signs and symptoms of mental health concerns, including those related to experiencing trauma or grief or being exposed to violence, and link them to appropriate services.

Tier 1: A comprehensive LEA school safety and threat/violence prevention program that includes training and processes for assessing safety and risk in the school. This will also consist of creating a multi-disciplinary risk assessment team to support the program.

Tier 2

Implementation Plan

Tier 2: The development of a process to screen and identify school-aged youth in need of mental health services and supports.

Tier 2: Brief intervention services to support school-aged youth who are experiencing distress, trauma, or bereavement, or are at-risk for development of mental health and substance use disorders.

Tier 3

Implementation Plan

Tier 3: Referral pathways to ensure that school-aged youth that require more intensive services are referred to and receive necessary school-based and/or community mental health, substance use, and co-occurring supports and services.

Tier 3: A crisis response plan that the LEA can implement to respond immediately if the school-aged youth exhibits behaviors warranting the need for emergent or urgent clinical attention.

Required Activities

- ❖ No later than six months after award, establish or maintain an **advisory board** to include key stakeholders to support improvement in school-aged youth and family serving school-based mental health systems. The advisory board shall include representatives from the LEAs, SEA, SMHA, family members, school personnel, and youth. Other members may include juvenile justice representatives, Statewide Family Network members, local National Alliance on Mental Illness (NAMI) representatives, child welfare agencies, and other coalition and community groups as appropriate. **(NOTE)**- An existing group or subgroup may be used to complete this activity provided they meet the requirements.
- ❖ No later than the end of Year 2, develop a **sustainability plan** that would include, but not be limited to, changes in policy that support the infrastructure needed to maintain and possibly expand behavioral health services and supports for school-aged youth when federal funding ends.
- ❖ Establish **collaborative relationships** with families, community groups, family and peer support services, somatic and behavioral health providers, and local businesses to broaden and link available community resources to school-aged youth and their families.

Allowable Activities

These are not required but can be undertaken.

- ❖ **Provide supports to assist teachers and school personnel to develop skills that promote staff wellness, mental well-being, and resilience to better support and refer school-aged youth with behavioral health issues to needed services.**
- ❖ **Provide trauma- and grief-informed evidence-based counseling and support services for LGBTQI+ children, adolescents, and their families/caregivers, including those who have survived sexual orientation or gender identity change efforts (SOGI Change Efforts).**
- ❖ **Provide developmentally-appropriate training to youth addressing healthy relationships, healthy sexuality, and prosocial communication, including issues of mutual respect, consent, and positive bystander intervention.**

Priority Activity – Extra 5 points

STANDUP Act of 2021

SAMHSA will prioritize funding by giving five additional points to SEAs, LEAs, and TEAs (submitted directly or through a State or Indian Tribe) who have implemented or plan to implement a student suicide awareness and prevention training policy in secondary schools. The student suicide awareness and prevention training policy may include, as applicable, youth suicide early intervention and prevention strategies found in Section 520-E of the PHS Act, as amended. Applicants must submit the requested information in **Attachment 9** to receive the five additional points.

Attachment 9 is simply the policy. It can be no more than 3 pages long.

Priority Continued

For SEAs, LEAs, TEAs, States, tribes only: establish and implement a school-based student suicide awareness and prevention training policy which addresses the following:

- ❖ Is evidence-based and culturally and linguistically appropriate;
- ❖ Provides evidence-based training to students in grades 6 through 12, in coordination with school-based mental health resources, regarding:
 - (1) suicide prevention education and awareness, including associated risk factors;
 - (2) methods that students can use to seek help; and
 - (3) student resources for suicide awareness and prevention.
- ❖ Provides periodic re-training of students.

Note this information is listed under “Allowable Activities” in the NOFO

Budget Considerations

- ❖ **No required in-person meetings to budget for.**
- ❖ **There is no match (but this can be confusing because they say “if match is required” in multiple places. There is NO match requirement. Do not include match.).**
- ❖ **Cannot purchase marijuana, vaping materials, firearms, or syringes for illegal drugs.**
- ❖ **Cannot pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.**
- ❖ **Cannot pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized for up to 25% of a given budget period or \$150,000 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: Increase the floor area; and/or, change the function and purpose of the facility. All minor A&R must be approved by SAMHSA.**

Budget Considerations

- ❖ **Cannot provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.**
- ❖ **Cannot pay for housing other than recovery housing which includes application fees and security deposits.**
- ❖ **A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview.**
- ❖ **There is a salary cap of \$212,100 (excluding fringe) for recipients and subrecipients. This does not apply to consultants.**

How to Prepare

- ❖ **Read the 2023 NOFO**
- ❖ **Contact SEA and SMHA about the project**
- ❖ **Identify families, community groups, family and peer support services, somatic and behavioral health providers, and local businesses who will serve as collaborative partners**
- ❖ **Determine if your LEA has the capacity for a project this size**
- ❖ **Collect data - quantitative and qualitative - about your need**
- ❖ **Create a demographic profile of your LEA**
- ❖ **Identify evidence-based practices/tools you can use**
- ❖ **Determine if you are going to go for the priority, and if so begin work on the policy, if needed**



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SAMHSA Mental Health Awareness Training (MHAT)



Overall Purpose

The purpose of this program is to:

- (1) train individuals** (e.g., school personnel and emergency services personnel including fire department and law enforcement personnel, veterans, armed services members and their families, etc.) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness and
- (2) provide education on resources available in the community for individuals with a mental illness** and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies.

With this program, SAMHSA aims to increase the number of individuals prepared and trained on how to respond to individuals with mental disorders appropriately and safely.

In accordance with Executive Order 14074, this program will help build secure, safe, and healthy communities; reinforce partnership between law enforcement and communities; and increase public trust and enhance public safety.

Populations of Focus

- ❖ **Teachers and relevant school personnel (e.g., school resource officers, security officers, truancy officers, support staff, transportation providers, afterschool providers) who interact with children and youth in a school setting.**
- ❖ **Law enforcement and emergency services personnel (e.g., paramedics, firefighters, emergency medical technicians) who are in regular contact with the general public and may need to safely de-escalate crisis situations.**
- ❖ **Institutions of higher education personnel who interact with college students.**
- ❖ **Families, caregivers, and service providers in contact with armed services personnel, veterans, and their families.**

Populations of Focus Continued

- ❖ **Parents and caregivers of children and youth with or at risk for a serious emotional disturbance or youth experiencing a first episode of psychosis.**
- ❖ **Primary and specialty providers of medical care who provide prevention and treatment services to the general public (e.g., obstetricians who treat women with post-partum depression; general practitioners who interact with patients with co-occurring disorders).**
- ❖ **Community leaders, faith-based leaders, and other trusted individuals and organizations within diverse racial, and ethnic, sexual and gender minority communities.**

Sidebar

- ❖ **You can pick one population of focus, you are not required to do more than one.**
- ❖ **This grant is not specifically for LEAs.**
- ❖ **An LEA could work with their county or city, including local law enforcement, to apply for the grant so the LEA does not have to be the lead. Or the LEA could be the lead of a collaborative project or simply focus on their own schools.**
- ❖ **Only key personnel is a 1.0 FTE Project Director.**

Required Activities

- ❖ Implement in-person, virtual, or hybrid evidence-based **mental health awareness training** to include recognizing the signs and symptoms of mental illness and identifying resources available in the community for individuals with a mental illness and other relevant resources. Training should also emphasize safely de-escalating a crisis situation involving an individual with a mental illness. [NOTE: Refer to the SAMHSA MHAT Advisory (link in NOFO) for examples of evidence-based programs]
- ❖ **Identify the population of individuals to receive mental health awareness training and the population of focus** (e.g., children, college students, veterans, armed services personnel and their families, adults, individuals with co-occurring disorders, first responders, general public) for whom they are being trained to recognize the signs and symptoms of mental illness and how to respond appropriately and safely.

Required Activities Continued

- ❖ Identify resources and supports in the geographic catchment area and **develop written and electronic materials for the individuals being trained so they may assist the selected population** of focus. Ensure these materials are provided in multiple languages to meet the language needs of individuals with non-English preference and take into consideration those with varying physical and/or sensory abilities.
- ❖ Establish mechanisms that increase the ability of the individuals trained **to refer and link the population of focus to behavioral health resources** and services that are culturally and linguistically appropriate for diverse populations.

Required Activities Continued

- ❖ Develop and implement a **mental health awareness training plan** that includes:
 - ❖ The curriculum and/or evidence-based practice(s) to be used for mental health awareness training that are culturally and developmentally appropriate for the population of focus and the communities they interface with.
 - ❖ The processes to be used to refer and link the population of focus to mental health resources and services.
 - ❖ Identification of de-escalation strategies that can be used by individuals trained in mental health awareness to safely and appropriately de-escalate crisis situations involving the population of focus.
 - ❖ The process to evaluate improvements in domains of knowledge, attitudes, and beliefs as a result of receiving mental health awareness training.

Required Activities Continued

Mental health awareness training plan continued

Develop and implement a mental health awareness training plan that includes:

- ❖ The process to be used to track the number of linkages of the population of focus to mental health resources and services.
- ❖ Identification of community outreach and engagement strategies to ensure that participation in mental health awareness training results in: (1) a broad representation of community members and (2) broad representation of individuals who reflect the diversity of the selected population of focus.
- ❖ A description of culturally and linguistically appropriate resources to include, but not limited to, mental health services agencies and other appropriate resources that can be used by individuals trained in mental health awareness.

Required Activities Continued

- ❖ Develop collaborative partnerships with relevant community agencies to assist with responding to mental health issues and improve coordination of services for the population of focus. At least one partnering agency should be an identified licensed mental health provider with staff available who can respond to referrals for screening, assessment, and/or services. [NOTE: Letter(s) of Commitment (LOCs) between the recipient and relevant community agencies must be submitted in Attachment 1. Each LOC should attest to their support for the project and describe how the community agency will work with the recipient to ensure that a sufficient number of individuals within the agency are trained in mental health awareness and/or describe the services that will be provided to the population of focus].
 - ❖ At least one partnering agency should have an identified licensed mental health provider on staff able to respond to training referrals made as a result of the award.
- ❖ Utilize social media for the dissemination of mental health awareness information, resources, training opportunities, community outreach activities to decrease stigma related to mental health.

Allowable Activities

These are not required but can be undertaken.

- ❖ Access and leverage federal, state, county, and other funding mechanisms and resources to support the sustainability of mental health awareness training and delivery of mental health services to the population of focus.
- ❖ Develop and implement evidence-based social marketing and awareness campaigns to reduce stigma about persons with mental illness and raise awareness of the need for culturally competent and developmentally appropriate services for the population of focus. [**NOTE:** If selected, no more than 5 percent of the award can be used for this activity.]
- ❖ Build capacity to sustain community-based mental health strategies to support the provision of mental health services for the population of focus.

Budget Considerations – same as AWARE

- ❖ **No required in-person meetings to budget for**
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How to Prepare

- ❖ **Read the 2023 NOFO**
- ❖ **Identify at least one local community-based behavioral health partner that has licensed mental health provider(s)**
- ❖ **Collect data - quantitative and qualitative - about your need – what are the training gaps and needs?**
- ❖ **Create a demographic profile of your LEA**
- ❖ **Identify evidence-based trainings you can use**
- ❖ **Pick population(s) of focus**



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A large, diverse group of young people, mostly students, are gathered in front of a building. A man in a white shirt stands in the center, holding a young boy. The group is smiling and looking towards the camera. The background shows a building with large windows and a red door.

Questions?



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Contact Information

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