DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Behavioral Health

Office of Clinical and Preventive Services

Zero Suicide Initiative – Support

Announcement Type:

Federal Program Award Opportunity

Key Dates

Application Deadline Date: October 12, 2017

Review Date: October 16-20, 2017

Earliest Anticipated Start Date: November 1, 2017

Signed Tribal Resolution Due Date: October 12, 2017

Proof of Non-Profit Status Due Date: October 12, 2017

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), Office of Clinical and Preventive Service, Division of Behavioral Health (DBH), is accepting applications for cooperative agreements for **Zero Suicide Initiative** (ZSI) – to develop a comprehensive model of culturally-informed suicide care within a system of care framework. This program was first established by the Consolidated Appropriations Act of 2017, Pub. L. No. 115-31, 131 Stat. 135 (2017). This program is authorized under the Snyder Act, 25 U.S.C. § 13 and the Indian Health Care Improvement Act, Subchapter V-A (Behavioral Health Programs), 25 U.S.C. § 1665 *et seq*.

Background

For at least the past fifteen years deaths by suicide has been steadily increasing. On April 22, 2016, the Centers for Disease Control and Prevention's National Center for Health Statistics released a data report, *Increase in Suicide in the United States, 1999–2014,* which underscores this fact.

- From 1999 through 2014, the age-adjusted suicide rate in the United States increased 24%, from 10.5 to 13.0 per 100,000 population, with the pace of increase greater after 2006.
- Suicide rates increased from 1999 through 2014 for both males and females and for all ages 10–74.
- The percent increase in suicide rates for females was greatest for those aged 10–14, and for males, those aged 45–64.

- The most frequent suicide method in 2014 for males involved the use of firearms (55.4%), while poisoning was the most frequent method for females (34.1%).

There is also a sizable disparity when comparing the rate for the general U.S. population to the rate for AI/AN. During 2007–2009, the suicide rate for AI/ANs was1.6 times greater than the U.S. all-races rate for 2008 (18.5 vs. 11.6 per 100,000 population). [1]

The 'Zero Suicide' initiative is a key concept of the National Strategy for Suicide Prevention (NSSP) and is a priority of the National Action Alliance for Suicide Prevention (*Action Alliance*). The 'Zero Suicide' model focuses on developing a system-wide approach to improving care for individuals at risk of suicide that are currently utilizing health and behavioral health systems. This award will support implementation of the 'Zero Suicide' model within federal, Tribal and urban Indian health care facilities and systems that provide direct care services to American Indians and Alaska Natives (AI/AN) in order to raise awareness of suicide, establish integrated system of care, and improve outcomes for such individuals.

Applicants are encouraged to visit: https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf to access a copy of the 2012 National Strategy.

[1] Trends in Indian Health U.S. Dept. of Health and Human Services, Public Health Service, Indian Health Service, Office of Planning, Evaluation and Legislation, Division of Program Statistics.

Purpose

The purpose of this cooperative agreement is to improve the system of care for those at risk for suicide by implementing a comprehensive, culturally-informed, multi-setting approach to suicide prevention in Indian health systems. This award represents a continuation of IHS's efforts to implement the Zero Suicide approach in Indian Country. Existing efforts have focused on training, technical assistance and consultation for several 'pilot' AI/AN Zero Suicide communities. As a result of these efforts, both the unique opportunities and challenges of implementing Zero Suicide in Indian country have been identified. To best capitalize on opportunities and surmount such challenges, this award focuses on the core **Seven Elements** of the Zero Suicide model as developed by the Suicide Prevention Resource Center (SPRC):

- **Lead** – Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles;
- **Train** – Develop a competent, confident, and caring workforce;
- **Identify** – Systematically identify and assess suicide risk among people receiving care;
- **Engage** – Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means;
- **Treat** – Use effective, evidence-based treatments that directly target suicidal

thoughts and behaviors;

- **Transition** – Provide continuous contact and support, especially after acute care; and
- **Improve** – Apply a data-driven, quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

More specifically, each applicant will be required to address the following goals in their project narrative.

- Establishment of a leadership-driven commitment to transform the way suicide care is delivered within AI/AN health systems. Associated activities should describe the organizational steps to broaden the responsibility for suicide care to the entire system and emphasize the specific role of leadership to ensure that it is achieved.
- Assessment of training needs and creation of a training plan to develop and advance the skills of health care staff and providers at all levels. The aim of such trainings must target increased competence and confidence in the delivery of culturally-informed, evidence-based suicide care.
- Implementation of policies and procedures for comprehensive clinical standards, including universal screening, assessment, treatment, discharge planning, follow-

up, and means restriction for all patients under care and at risk for suicide (see https://www.jointcommission.org/sea_issue_56/).

- Development of strategy to collect, analyze, use, and disseminate data to enhance and better inform suicide care across the health system.
- Application of evidence-based practices to screen, assess, and treat individuals at risk for suicide that incorporates culturally-informed practices and activities.
- Development of a Suicide Care Management Plan for every individual identified as at risk of suicide to include continuous monitoring of the individual's progress through their electronic health record (EHR) or other data management system, and adjust treatment as necessary. The Suicide Care Management Plan must include the following:
  - Protocols for safety planning and reducing access to lethal means;
  - Rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after being discharged from a treatment facility e.g., local emergency departments, inpatient psychiatric facilities, including direct linkage with appropriate health care agencies to ensure coordinated care services are in place;
  - Protocols to ensure client safety, especially among high-risk adults in health care systems who have attempted suicide, experienced a suicidal crisis, and/or have a serious mental illness. This must include outreach telephone contact

within 24 to 48 hours after discharge and securing an appointment within 1 week of discharge.

Applicants are encouraged to visit http://zerosuicide.sprc.org to review the Zero Suicide strategies and tools required for this federal program award.

Because relatively few resources currently exists that promote the use of culturally-informed practices and activities for use with Evidence Based Practices (EBPs) in the treatment of suicide risk, applicants are also encouraged to explore, develop, and catalogue culturally-informed practices and activities, and, utilize such activities and practices in conjunction with EBPs where appropriate. Applicants are expected to include how they plan to incorporate the use of culturally-informed practices and activities, in the Project Narrative.

In addition to the website noted above, applicants may provide information on research studies to show that the services/practices applicants plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, applicants may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

II. Award Information

Type of Award: Federal Program Award

Estimated Funds Available

The total amount of funding identified for the fiscal year (FY) 2018 is approximately $1,200,000. Individual award amounts are anticipated to be approximately $400,000. The amount of funding available for non-competing and continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

Approximately three (3) federal program awards will be issued under this funding announcement.

Project Period

The project period is for three years and will run consecutively from November 1, 2017 to October 31, 2020.

Program Agreement

DBH will have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required for

both DBH and the awardee. DBH will be responsible for activities listed under section A and the awardee will be responsible for activities listed under section B as stated.

Substantial Involvement Description for Cooperative Agreement

IHS is interested in assessing the extent to which strategies employed by awardees are consistent with the Zero Suicide model, assessing the feasibility of implementing the Zero Suicide model in health care settings, and determining the outcomes associated with implementation. Enhanced evaluation questions may also be required of awardees to address these key evaluation goals.

The following is a partial list of the level of involvement by IHS and other expectations of the awardee:

A. DBH Programmatic Involvement

1) Approve proposed key positions/personnel.
2) Facilitate linkages to other IHS/federal government resources and help awardees access appropriate technical assistance.
3) Assure that the awardee's projects are responsive to IHS's mission, specifically the implementation of Zero Suicide Initiative.
4) Coordinate cross-site evaluation participation in awardee and staff required monitoring conference calls.
5) Promote collaboration with other IHS and federal health and behavioral health

initiatives, including the Substance Abuse Mental Health Services Administration (SAMHSA), the National Action Alliance for Suicide Prevention (NAASP), the National Suicide Prevention Lifeline (NSPLL), and the Suicide Prevention Resource Center (SPRC).

6) Provide technical assistance on sustainability issues.

B. Awardee Cooperative Agreement Award Activities

1) Seek IHS's approval for key positions to be filled. Key positions include, but are not limited to, the Project Director and Evaluator.
2) Consult and accept guidance from IHS staff on performance of programmatic and data collection activities to achieve the goals of the cooperative agreement.
3) Maintain ongoing communication with IHS including a minimum of one call per month, keeping federal program staff informed of emerging issues, developments, and problems as appropriate.
4) Invite the IHS Program Official to take part in policy, steering, advisory, or other task forces.
5) Maintain ongoing collaboration with the IHS National Evaluation contractor, the Suicide Prevention Resource Center, and the National Suicide Prevention Lifeline.
6) Provide required documentation for monthly and annual reporting, and data surveillance around suicidal behavior in selected health and behavioral health

care systems.

The following are examples of types of direct services that could be provided using the award (be sure to describe your use of program award funds for these activities in Project Narrative):

- Hire new staff or pay for salary;
- Universal Screening of all individuals receiving care to identify risk of suicidal thoughts and behaviors;
- Conducting comprehensive risk assessment of individuals identified at risk for suicide, and ensure reassessment as appropriate;
- Implementation of effective, evidence-based treatments that specifically treat suicidal ideation and behaviors;
- Training of clinical staff to provide direct treatment in suicide prevention and evaluate individual outcomes throughout the treatment process;
- Training of the health care workforce in suicide prevention evidence-based, best-practice services relevant to their position, including the identification, assessment, management and treatment, and evaluation of individuals throughout the overall process;
- Ensuring that the most appropriate, least restrictive treatment and support is provided, including brief intervention and follow-up from crisis, respite and residential care, and partial or full hospitalization;

- Developing protocols for every individual identified as at risk of suicide to continuously monitor the individual's progress through their electronic health record (EHR) or other data management system to include the following:
  - Protocols for safety planning and reducing access to lethal means;
  - Rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after being discharged from a treatment facility e.g., local emergency departments, inpatient psychiatric facilities, including direct linkage with appropriate health care agencies to ensure coordinated care services are in place;
  - Protocols to ensure client safety, especially among high-risk adults in health care systems who have attempted suicide, experienced a suicidal crisis, and/or have a serious mental illness. This must include outreach telephone contact within 24 to 48 hours after discharge and securing an appointment within 1 week of discharge.

The following are examples of types of program operations and development that could be provided using the award (be sure to describe your use of program award funds for these activities in Project Narrative):

- Hire new staff or pay for salary;
- Transforming the health system to include a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, and

to accept and embed the Zero Suicide model within their agencies;

- Developing partnerships with other service providers for service delivery;
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes;
- Training/education/workforce development to aid current staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of this federal program award;
- Developing policy(ies) to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements).

III. Eligibility Information

1. Eligibility

To be eligible for this federal program award, the applicant must be an IHS Federal facility (for example, IHS hospital, IHS clinic or IHS Area Office).

2. Other Requirements

If application budgets exceed the highest dollar amount outlined under the **Estimated Funds Available** section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by e-mail by DBH of this decision.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found

at https://www.ihs.gov/suicideprevention/zerosuicide/fundingannouncement/

Questions regarding the electronic application process may be directed to Sean Bennett at Sean.Bennett@ihs.gov or (301) 443-0104.

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Table of contents.
- Abstract (one page) summarizing the project. Includes the Federal facility/organization background information.

- Budget Justification and Narrative (must be single-spaced and not exceed 5 pages).
- Project Narrative (must be single-spaced and not exceed 20 pages).
  - Background information on the organization.
  - Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page Timeframe Chart.
- Letters of Support from organization's Chief Executive Officer (or relevant equivalent), Local Organizational Partners and Tribal or Urban Indian Organizational and Community Partners.
- Biographical sketches for all Key Personnel.
- Contractor/Consultant resumes or qualifications and scope of work.
- Organizational Chart (optional).

Public Policy Requirements

All Federal-wide public policies apply to these program awards.

Requirements for Proposal

A. Project Narrative: This narrative should be a separate Word document that is no longer than 20 pages and must: be single-spaced; type written; have consecutively numbered pages; use black type not smaller than 12 points; and be printed on one side only of standard size 8-1/2" x 11" paper.

Be sure to succinctly answer all questions listed under the evaluation criteria (refer to Section V.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they will not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant's activities and accomplishments prior to this possible cooperative agreement award. If the narrative exceeds the page limit, only the first 20 pages will be reviewed. The 20-page limit for the narrative does not include the work plan, timeline, table of contents, budget, budget justifications, narratives, and/or other appendix items.

Applicants must include the following required application components:

- Cover letter.
- Table of contents.
- Abstract (must be single-spaced and should not exceed one page).
- Project Narrative (must be single-spaced and not exceed 20 pages total).
    - Includes: (A) Population of Focus and Statement of Need; (B) Organizational Structure and Capacity; (C) Implementation Approach; and (D) Local Data Collection and Performance Measurement.

B. Budget/Budget Narrative (Not to exceed 4 pages)

This must include a line item budget with a narrative justification for all expenditures identifying reasonable allowable, allocable costs necessary to accomplish the goals and objectives as outlined in the project narrative. Budget should match the scope of work described above.

3. Submission Dates and Times

Applications must be submitted electronically to: fundingopportunities@ihs.gov by 11:59 p.m. Eastern Daylight Time (EDT) on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. DBH will notify the applicant via e-mail if the application is rejected.

4. Funding Restrictions

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one cooperative agreement will be awarded per applicant.
- IHS will not acknowledge receipt of applications.

5. Electronic Submission Requirements

Applications must be submitted electronically via email to DBH at fundingopportunities@ihs.gov by 11:59 p.m. Eastern Daylight Time (EDT)

on the application deadline date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. DBH will notify the applicant via e-mail if the application is rejected.

V. Application Review Information

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 20-page narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See "Multi-year Project Requirements" at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 70 points is required for funding. Points are assigned as follows:

1. Criteria

Applications will be reviewed and scored according to the quality of responses to the required application components in Sections A-E outlined below. In developing the required sections of this application, use the instructions provided

for each section, which have been tailored to this program. The application must use the five sections (Sections A-E) listed below in developing the application. The applicant must place the required information in the correct section **or it will not be considered for review.** The application will be scored according to how well the applicant addresses the requirements for each section listed below. The number of points after each section heading is the maximum number of points the review committee may assign to that section. Although scoring weights are not assigned to individual bullets, each bullet is assessed deriving the overall section score.

A. Population Focus/Statement of Need (20 points)

The criteria in this section being evaluated includes the scope and scale of suicide behavior within the community served and systems challenges to providing comprehensive (see 7 Elements), culturally-informed suicide care to those at risk for suicide. The following aspects will be assessed:

- A clear description of the proposed catchment area and demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, Federally recognized Tribe, language, age, socioeconomic status, sex, and other relevant factors, such as literacy.
- Presentation of the prevalence of suicidal behavior (i.e., ideation,

attempts, and deaths) within the population(s) of focus, including any current limitations of data collection in the health system. In addition, discuss how the proposed project will address disparities in access, service use, and outcomes for the population(s) of focus.

- Documentation of the need for an enhanced infrastructure (system/process improvements) to increase the capacity to implement, sustain, and improve comprehensive, integrated, culturally-informed, evidence-based suicide care within the identified health care system that is consistent with the purpose of the program as stated in this announcement. This may also include a clear description of any service gaps, staff/provider training deficits, service delivery fragmentations, and other barriers that could impact comprehensive suicide care for patients seen in the health system.

Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data (Tribal Epidemiology Centers, IHS Area offices), state data (e.g., from state needs assessments), and/or national data (e.g., SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and census data). Additionally, you may also submit data obtained as a result participating in any previous Zero Suicide model

training or technical assistance activity (e.g., Zero Suicide Academy, Community of Learning, Workforce Survey, Organization Self Study, etc.). This list is not exhaustive; applicants may submit other valid data, as appropriate for the applicant's program.

B. Organizational Infrastructure/Capacity (25 points)

This section focuses on how the organization may capitalize on existing resources, such as human capital, quality initiatives, collaborative agreements, and surveillance capabilities, as a means of overcoming barriers to a comprehensive, culturally-informed, system of suicide care. The following aspects will be assessed:

- Thorough description of experience (successes and /or challenges) with the Zero Suicide model (e.g., attended a Zero Suicide Academy, etc.) or similar collaborative efforts (e.g. patient centered medical home, behavioral integration, trauma-informed systems, and improving patient care, etc.).
- Discussion of the applicant organization experience with and capacity (or detailed plan) to provide culturally-informed practices and activities for specific populations of focus.
- Identification of how all departments/units/divisions will be involved in administering this project. May also include how applicant

organization currently (or plans to) collaborate with other organizations and agencies to provide care, including critical transition of care.

- Describe the resources available for the proposed project (e.g., facilities, equipment, information technology systems, and financial management systems, data sharing agreement, MOUs, etc.).
- Listing of all staff positions for the project, such as Project Director, project coordinator, and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for Project Director, Project Coordinator, and other key staff.

Include position descriptions as attachments to the application for the Project Director, project coordinator, and all key personnel. Position descriptions should not exceed one page each. [Note: Attachments will not count against the 20 page maximum.] For individuals that are currently on staff, include a biographical sketch (not to include personally identifiable information) for Project Director, project coordinator, and other key positions. Describe the experience of identified staff in suicide care, behavioral health & primary care integration, quality and process improvement, and related work within the community/communities.

Include each biographical sketch as attachments to the project proposal/application. Biographical sketches should not exceed one page per staff member. Reviewers will not consider information past page one. [Note: Attachments will not count against the 20 page maximum.] Do not include any of the following:

- Personally Identifiable Information;
- Resumes; or
- Curriculum Vitae.

C. Implementation Approach/Plan (30 points)

The criteria being evaluated is the quality of your strategic approach and logical steps to implement a Zero Suicide Initiative within your health system. The following aspects will be assessed:

- A viable plan to address each of the 7 Elements in a systematic, measureable, and interrelated manner. Evidence of plan to the identification, use, and measurement of the use of culturally-informed practices and activities. Please include a Project Timeline as part of this section.
- A clear description of strategies to engage the highest levels of leadership and a broad cross section of the hospital system in order to develop organizational commitment, participation and sustainability

(Letters of Commitment should be included as attachments). If the program is to be managed by a consortium or Tribal organization, identify how the project office relates to the member community/communities.

- A contingency plan that addresses short-term maintenance and long-term sustainability. How will continuity will be maintained if/when there is a change in the operational environment (e.g., health care system leadership, staff turnover, change in project leadership, change in elected officials, etc.) to ensure project stability over the life of the award. Additionally, describe long-term plan for sustainability of the ZSI model beyond the life of Cooperative Agreement project period.
- Describe: a) how achievement of goals will increase the health system's capacity to provide timely, integrated, culturally-informed, evidenced-based system of suicide care; b) how project activities will increase the capacity of the health system to collaborate with community-based organizations to plan and improve the overall delivery of suicide care; and c) what overall impact that the successful implementation of this ZSI model will have on the specific AI/AN community served.
- Include input of survivors of suicide attempts and suicide loss in assessing, planning and implementing your project.

D. Data Collection, Performance Assessment & Evaluation (20 points)

In this area applicants need to clearly demonstrate the ability to collect and report on required data elements associated with Zero Suicide and this particular project; and engage in all aspects of local and national evaluation. The following aspects will be assessed:

- Ability to collect and report on the required performance measures specified in the Data Collection and Performance Management section.
- A clear, specific plan for data collection, management, analysis, and reporting. Indication of the staff person(s) responsible for tracking the measureable objectives that are identified above.
- Description of your plan for conducting the local performance assessment as specified above and evidence of your ability to conduct the assessment.
- Description of the quality improvement process that will be used to track progress towards your performance measures and objectives, and how these data will be used to inform the ongoing implementation of the project and beyond.

E. Categorical Budget and Budget Justification (5 points)

Applicants must provide a budget and narrative justification for proposed project budget. The following aspects will be assessed:

- Evidence of reasonable, allowable costs necessary to achieve the objective outlined in the project narrative.
- Description of how the budget aligns with the overall scope of work.
- Please use Budget/Budget Narrative Template Worksheet to support your responses in this section.

The Biographical Sketch, Timeline Chart, Local Data Collection Plan Worksheet, and Budget /Budget Narrative templates can be downloaded at the ZSI website.

Multi-Year Project Requirements

Projects requiring a second and third year must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project.

Review and Selection

Each application will be prescreened by the DBH staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation

criteria in this funding announcement. The ORC could be composed of both Tribal and Federal reviewers appointed by the IHS Program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via e-mail of this decision DBH Staff. Applicants will be notified by DBH, via e-mail, to outline minor missing components (i.e., budget narratives, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DBH on or before the due date listed in the e-mail of notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Director of the Division of Behavioral Health and serves as the official notification of the federal program award. The NoA will be provided to the awardee via email. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the program award, the

terms and conditions of the award, the effective date of the award, and the budget/project period.

Disapproved Applicants

Applicants who received a score less than the recommended funding level for approval, 70 points, and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the DBH within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application submitted. The DBH will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance, if desired.

Approved But Unfunded Applicants

Approved but unfunded applicants that met the minimum scoring range and were deemed by the ORC to be "Approved", but were not funded due to lack of funding, will have their applications held by DBH for a period of one year. If additional funding becomes available during the course of FY 2018, the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

Note: Any correspondence other than the official NoA signed by the Director of Behavioral Health announcing to the project director that an award has been made to their federal facility/organization is not an authorization to implement their program on behalf of IHS.

2. Reporting Requirements

The awardee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active program award, withholding of additional awards for the project, or other enforcement actions such as withholding of funds or withdraw of the program award by the DBH. Continued failure to submit required reports may result in one or both of the following: 1) the imposition of special award provisions; and 2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the program awardee federal facility/organization or the individual responsible for preparation of the reports. Per the requirements of the program award, all reports are required to be submitted electronically to the ZSI Program Official.

The reporting requirements for this program are noted below.

A. Progress Reports

Program progress reports are required annually, within 30 days after the

budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the period, a summary of progress to date or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Reports

Federal Financial Report (FFR or SF-425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the ZSI Program Official. Failure to submit timely reports may cause a disruption in timely payments to the organization.

Awardees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Report.

VII. Agency Contact

1. Questions on the programmatic issues may be directed to:

   Sean Bennett, LCSW, BCD

   Public Health Advisor

   ZSI Program Official

   Division of Behavioral Health

5600 Fishers Lane, Mail Stop: 08N34

Rockville, MD 20857

Telephone: (301) 443-0104

Fax: (301) 443-5610

Email: Sean.Bennett@ihs.gov

VIII. Other Information

The Public Health Service strongly encourages all cooperative agreement and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.