

**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**FY 2023 Certified Community Behavioral Health Clinic  
Improvement and Advancement Grant**

**(Short Title: CCBHC-IA)**

**(Initial Announcement)**

**Notice of Funding Opportunity (NOFO) No. SM-23-016**

**Assistance Listing Number: 93.696**

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 22, 2023.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days of the application deadline.</b>

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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) 2023 Certified Community Behavioral Health Clinic (CCBHC) Improvement and Advancement Grant (Short Title: CCBHC-IA) program. The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by (a) enhancing and improving CCBHCs that meet the [CCBHC Certification Criteria](#); (b) providing a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery supports based on a needs assessment with fidelity to the CCBHC Certification Criteria; and (c) supporting recovery from mental illness and/or substance use disorders by providing access to high-quality mental health and substance use services, regardless of an individual's ability to pay. The CCBHC-IA program supports CCBHCs that have been certified by their states or that participated in a previous CCBHC-Expansion award to further expand or improve their CCBHC services. With this program, SAMHSA aims to improve access to community-based mental health and substance use disorder treatment and support, including 24/7 crisis services, to anyone in their service area who needs it, regardless of their ability to pay or place of residence.

<b>Funding Opportunity Title:</b>	Certified Community Behavioral Health Clinic (CCBHC)–Improvement and Advancement Grants (Short Title: CCBHC-IA Grants)
<b>Funding Opportunity Number:</b>	SM-23-016
<b>Due Date for Applications:</b>	May 22, 2023
<b>Estimated Total Available Funding:</b>	\$61,800,000
<b>Estimated Number of Awards:</b>	62
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per year, per award
<b>Cost Sharing/Match Required:</b>	No
<b>Anticipated Project Start Date:</b>	9/30/2023
<b>Anticipated Award Date:</b>	8/31/2023
<b>Length of Project Period:</b>	Up to four years

<b>Eligible Applicants:</b>	Community-based behavioral health non-profit organizations, or organizations that are either (a) part of a local government behavioral health authority; or (b) operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).  [See <a href="#">Section III-1</a> for complete eligibility information.]
<b>Authorizing Statute:</b>	Section 520A (42 USC 290bb-32) of the Public Health Service Act, as amended.

**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 [Appendix A](#) of this NOFO for all registration requirements).

**If you are not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, you MUST begin the registration process immediately. If you are already registered in these systems, please confirm your SAM registration is still active and you are able to access your Grants.gov and eRA Commons accounts.**

**WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING 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. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.**

## **I. PROGRAM DESCRIPTION**

### **1. PURPOSE**

The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by (a) enhancing and improving CCBHCs that meet the [CCBHC Certification Criteria](#); (b) providing a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery supports based on a needs assessment with fidelity to the CCBHC Certification Criteria; and (c) supporting recovery from mental illness and/or substance use disorders by providing access to high-quality mental health and substance use services, regardless of an individual's ability to pay. The intent of the CCBHC-IA program is to improve access to community-based mental health and substance use disorder treatment and support, including 24/7 crisis services, to anyone in their service area who needs it, regardless of their ability to pay or place of residence. This includes any individuals with a mental or substance use disorder who seeks care, including those with a serious mental illness (SMI), substance use disorders (SUD), including opioid use disorder; children and adolescents with a serious emotional disturbance (SED);

individuals with a co-occurring disorder (COD); and individuals experiencing a mental health or substance use-related crisis. SAMHSA expects that applicants will include a focus on groups facing health disparities as identified in the community needs assessment in the population of focus.

The CCBHC–IA program supports CCBHCs that have been certified by their states or that participated in a previous CCBHC-Expansion award to further expand or improve their CCBHC services. This funding opportunity is available to eligible organizations who are in compliance with the CCBHC Certification Criteria as demonstrated by state certification OR by SAMHSA acceptance of CCBHC Certification Attestation of meeting the CCBHC Certification Criteria within the past two years. **Applications that do not comply with this requirement will be screened out and will not be reviewed.**

**Note:** SAMHSA has updated the [CCBHC Certification Criteria](#) and the revised Criteria are posted on SAMHSA’s website. CCBHCs that receive awards are expected to comply with the updated criteria by July 1, 2024.

SAMHSA expects that this program will improve behavioral health care for individuals across the lifespan by supporting providers to operate in accordance with the Federal CCBHC criteria and:

- Increase access to and availability of high-quality services that are responsive to the needs of the community;
- Support recovery from mental health and substance use disorder challenges via comprehensive community-based mental and substance use disorder treatment and supports;
- Use evidence-based practices that address the needs of the individuals the CCBHC serves;
- Continually work to measure and improve the quality of services; and
- Meaningfully involve consumers and family members in their own care and the broader governance of the CCBHC.

CCBHC-IA Grants are authorized under Section 520A (42 USC 290bb–32) of the Public Health Service Act, as amended.

## **2. 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.



The Key Personnel for this program will be the Project Director with a minimum level of effort of 0.5 FTE and the Evaluator with a minimum level of effort of 0.5 FTE.

The Project Director is responsible for oversight of the entire project. For this program, the Project Director is expected, at a minimum to, (a) have decision-making authority within the organization for project-related matters; (b) maintain knowledge of and experience with behavioral health services and service delivery; (c) provide overall oversight and leadership for all aspects of the project, (d) ensure and report to SAMHSA on key program requirements, and (e) meet on a regular basis with the SAMHSA Government Project Officer.

As key staff, the Evaluator maintains required education, expertise, and experience to provide leadership and oversight of evaluation-related activities, including (a) collection and reporting of performance measures and Infrastructure, Prevention and Promotion data, (b) collection of data on the clinic-level quality measures required under the CCBHC Certification Criteria and reporting on these data in the annual progress performance report, (c) participation in all aspects of the National Evaluation of the program, and (d) measurement of progress towards the stated goals and objectives.

**If awarded, recipients will be notified by SAMHSA about whether the individuals designated for these positions have been approved.** If recipients need to replace a Key Personnel during the project period, the individual proposed for the vacant position requires prior approval by SAMHSA after a review of the credentials of the staff member and the job description.

### **3. REQUIRED ACTIVITIES**

**Required activities are the activities that every award recipient must implement. They must be reflected in the Project Narrative of your application. This is in response to [Section V](#) of this NOFO.**

The project shall start implementation, service delivery and data collection as soon as possible but no later than four months after award.

**In the Project Narrative (B.1), applicants must indicate the total number of unduplicated individuals that will be served each year of the award and over the total project period. Recipients are expected to achieve the numbers that are proposed.**

Award recipients must use SAMHSA's funds to support direct services primarily. This includes the following activities:

- Throughout the project period operate in compliance with the [CCBHC Certification Criteria](#). Recipients will be expected to comply with the updated criteria by July 1, 2024.

- If operating under a state CCBHC certification program, collaborate with the state to maintain state CCBHC certification.
- Provide all nine core CCBHC services, as described in the Certification Criteria, Program Area 4, Scope of Services:
  - Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
  - Screening, assessment, and diagnosis, including risk assessment.
  - Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
  - Outpatient mental health and substance use services.
  - Outpatient clinic primary care screening and monitoring of key health indicators and health risk (e.g., BMI, blood pressure, tobacco use, HIV/Viral Hepatitis).
  - Targeted case management.
  - Psychiatric rehabilitation services.
  - Peer support and counselor services and family supports.
  - Intensive, community-based mental health care for members of the armed forces and veterans.
- Conduct at least one (1) and possibly two (2) community needs assessments over the life of the project as provided for below:
  - Within three years of the most recent CCBHC needs assessment (as specified in Certification Criteria 1.a.1. and every three years thereafter, conduct a needs assessment for the population(s) of focus, including: (1) the availability and accessibility of services; and (2) the cultural, linguistic, and treatment needs, including the needs of sub-populations (e.g., racial, ethnic, sexual and gender minorities) who experience disparities in access to and outcomes from behavioral health services. Input from consumers<sup>1</sup> and family members shall be integrated into the assessment.

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<sup>1</sup> Per the federal CCBHC Certification Criteria, the term **consumer** “refers to clients, persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services, are provided by CCBHCs. Use of the term ‘patient’ is restricted to

- Within six months of completing each needs assessment, submit to SAMHSA an attestation that you have met the CCBHC Certification Criteria and provide additional adjustments to the attestation, as necessary, to demonstrate compliance; OR if participating with the state to maintain CCBHC certification, submit to SAMHSA documentation demonstrating state certification compliance.
- Implement infrastructure development activities needed to address operational activities needed to continue meeting the certification criteria and improve the quality and effectiveness of CCBHC services. **[NOTE: No more than 15 percent of the annual funding award may be used for infrastructure]**. The infrastructure activities are the following:
  - Maintaining Health Information Technology (HIT) systems to facilitate care coordination (Certification Criteria 3.b).
  - Supporting electronic health information exchange to improve care transition (Certification Criteria 3.b).
  - Updating and maintaining care coordination agreements with partners (Certification Criteria 3.c).
  - Supporting processes and procedures for collecting, reporting, and tracking encounter, outcome, and quality data (Certification Criteria 5.a).
  - Updating and implementing a CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management (i.e., Certification Criteria 5.b).
- As described in the CCBHC Certification Criteria, meaningfully involve consumers<sup>2</sup> and family members in designing, providing, monitoring, and evaluating program services, and participating in or providing meaningful input to the CCBHC board (Certification Criteria 1.a, 1.c, 3.a, 4.j, and 6.b).
- Within one year of award, develop and implement a sustainability plan to support delivery of services once federal funding ends. The sustainability plan shall be updated annually.

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areas where the statutory or other language is being quoted. Elsewhere, the word ‘consumer’ is used.” See pg. 4 of the CCBHC Certification Criteria, Definitions: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf). Note: in the revised Criteria, the term “consumer” has been updated as follows: “People with lived experience of mental and/or substance use conditions and/or person/people receiving services from the clinic”.

<sup>2</sup> Ibid.

- Participate in SAMHSA provided CCBHC Technical Assistance Center activities. CCBHC Technical Assistance will provide guidance to CCBHC-IA recipients to promote adherence to the CCBHC model, certification, sustainability, and the implementation of processes that support access to care and evidence-based practices.

[NOTE: In some areas of the Certification Criteria (as described [here](#)), discretion is given to states in how the states implement parts of the certification criteria. CCBHC-IAs that are not participating in a state certification program may determine their own approach to meeting the criteria in the areas where discretion is given to states, consistent with any federal guidance.

#### **4. ALLOWABLE ACTIVITIES**

Allowable activities are an allowable use of funds but are not required. Allowable activities may include:

- Incorporate measurement-based care into program implementation. Measurement-based care (MBC) is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision-making. Routine data collection as part of MBC processes has been demonstrated to inform treatment planning and improvements in treatment outcomes.
- Implement activities that address behavioral health disparities and the social determinants of health within the scope of services and activities described under the CCBHC Certification Criteria.
- Partnership development with other service providers and stakeholders
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the CCBHC model.
- Develop and implement tobacco cessation programs, activities, and/or strategies.
- Provide cultural competency and implicit bias reduction training to service providers to increase awareness and acknowledgment of differences in language, age, culture, racial and ethnic disparities, socio-economic status, religious beliefs, sexual orientation and gender identity, and life experiences in order to improve the inclusiveness of the service delivery environment and ultimately improve behavioral health outcomes.
- Provide activities that address behavioral health disparities and the social determinants of health.

- Implement efforts aligned to the award that may expand diversity equity, inclusion, and accessibility.
- Develop and implement outreach and referral pathways that engage/target all demographic groups representative of your community.
- Use data to understand who is served and disproportionately served (e.g., overserved or underserved).
- Work with implementation-based science professionals/researchers to enhance implementation of the elements of the program.

## 5. USING EVIDENCE-BASED PRACTICES

SAMHSA's awards for the provision of services are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by documented research evidence. Applicants are encouraged to visit the SAMHSA Evidence-Based Practice Resource Center ([www.samhsa.gov/ebp-resource-center](http://www.samhsa.gov/ebp-resource-center)) and SAMHSA's National Network to Eliminate Disparities in behavioral health (NNED) (<https://nned.net/>) to identify evidence-informed and culturally appropriate mental illness and substance use prevention and treatment practices that can be implemented in your project.

Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

In your Project Narrative, in response to [Section C](#) of Section V of this NOFO, you will need to identify the evidence-based practice(s) and/or interventions that are evidence-informed and/or culturally promising that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and address how you will monitor and ensure the fidelity of EBPs and other appropriate interventions. In situations where an EBP is appropriate but requires additional culturally-informed engagement practices, this should be discussed in the application.

## 6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

### *Data Collection/Performance Measurement*

All SAMHSA recipients are required to collect and report certain 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 your Project Narrative in response to [Section E: Data Collection and Performance Measurement](#) in Section V of this NOFO.

Recipients are required to report performance on the following measures, including but not limited to number of individuals receiving services; types of services received; diagnoses of individuals served; physical health measurements requested in physical examination; use of emergency room services and in-patient psychiatric and substance use treatment services, mental health functioning outcomes; employment status; substance use characteristics; and housing status.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool (i.e., National Outcome Measures (NOMs) or NOMS client level services tool) can be found here <https://spars-ta.samhsa.gov/Resources/DocumentDetails>. SPARS access, guidance, and technical assistance on data collection and reporting will be provided upon award.

The collection of these data enables SAMHSA to report on key outcome measures relating to the program. In addition to these outcomes, performance measures collected by recipients will be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.

Quarterly, you will also be expected to collect and report in SPARS Infrastructure, Prevention, and Promotion (IPP) data to include, but not limited to, the following:

- The number of organizations collaborating/coordinating/ sharing resources with other organizations as a result of the grant.
- The number and percentage of work group/advisory group/council members who are consumers/family members as a result of the grant.
- The number of people receiving evidence-based mental health-related services as a result of the grant.
- The number and percentage of individuals receiving mental health or related services after referral.

Recipients are required to collect data on the clinic-level quality measures required under the CCBHC Certification Criteria and report on these data in the annual progress

performance report each year. Collection of clinic-level measures data should begin in the first year. Guidance on collection and reporting of clinic-level quality measures will be provided following award. Recipients must adhere to any guidance and adjustments related to the measures provided by HHS.

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

An evaluation is required to build the evidence base for this program. Recipients are required to participate fully in all aspects of the evaluation. National evaluation activities can include but are not limited to: (1) identifying and providing access to existing data sources and data analysis results; (2) assisting with organizing evaluation team on-site visits; (3) participating in interviews or focus groups; (4) reviewing and providing input into and feedback on evaluation plans and reports; and (5) helping the evaluation team to arrange for any necessary direct data collection that the evaluation team will conduct. This may include collection of additional client-level data and participation of sub-recipients. Details on the evaluation, including type of evaluation and research questions, will be provided upon award.

For the duration of the project period, provide requested information to the Behavioral Health Services Information System (BHSIS) through their state and participate in the SAMHSA treatment locator by completing the annual National Substance Use and Mental Health Services Survey (N-SUMHSS). For more information, go to: <https://info.nsumhss.samhsa.gov/>.

#### *Project Performance Assessment*

In addition, recipients are required to report on their progress addressing the goals and objectives identified in your Project Narrative. Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project.

Performance assessments should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Recipients should also review the behavioral health Disparities Impact Statement (DIS) submitted within the first two months of the award. See [Section VI.3](#) for information on required progress reports.

**Note: See [Appendix E](#) and [Appendix F](#) of this NOFO for more information on responding to this section.**

## 7. 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 as a means of improving behavioral health.<sup>3</sup>

**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. Recovery-oriented 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 wellbeing; *Home*—a stable and safe place to live; *Purpose*—meaningful daily activities such as a job or school; and *Community*—supportive relationships with families, friends and peers. Recovery-oriented systems of care embrace recovery as: emerging from hope; person-driven; occurring via many pathways; holistic; supported by peers and allies; culturally-based and informed; supported through relationship and social networks; 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. SAMHSA defines a trauma-informed approach through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer support*: peer support and mutual self-help are key as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: Organizational decisions are conducted to build and maintain trust with participants and staff;
- *Collaboration and Mutuality*: importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;

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<sup>3</sup> **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.



- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.<sup>4</sup>

It is critical recipients promote the linkage to recovery and resilience for those individuals and families impacted 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 practice, 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 reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

**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 and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See [Appendix K](#))

### *Behavioral Health Disparities*

If your application is funded, you will be expected to develop a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. ([See Appendix H –Addressing Behavioral Health Disparities](#)). Progress and evaluation of DIS activities will 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, and to identify racial, ethnic, sexual and gender minority, and rural populations at the highest risk for experiencing behavioral health disparities as part of their projects. The purpose of the DIS is for recipients to identify and address health disparities<sup>5</sup> and to develop and

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<sup>4</sup> [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

<sup>5</sup> Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

implement an action plan with a disparity reduction and quality improvement process to close the identified gap(s). The aim is to achieve targeted behavioral health equity<sup>6</sup> for disparate populations and improve systems.

The behavioral health disparity impact statement is in alignment with the expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

### *Tribal Behavioral Health Agenda*

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their application. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.

### *Tobacco and Nicotine-Free Policy*

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

### *Reimbursements for the Provision of Services*

Recipients must utilize third-party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are responsible for determining affordability and insurance coverage and must have policies and procedures in place to address these areas. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to

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<sup>6</sup> Behavioral health equity 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. Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with quality services, this involves addressing social determinants of health, such as employment and housing stability, insurance status, proximity to services, and culturally responsive care – all of which have an impact on behavioral health outcomes.

meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

### *Behavioral Health for Military Service Members and Veterans*

SAMHSA encourages all recipients to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

### *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 face, SAMHSA encourages all recipients to address the behavioral health needs of the LGBTQI+ population in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

## **8. RECIPIENT MEETINGS**

Recipient meetings will be held virtually, and recipients are expected to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

## **II. FEDERAL AWARD INFORMATION**

### **1. GENERAL INFORMATION**

<b>Funding Mechanism:</b>	Grant Award
<b>Estimated Total Available Funding:</b>	\$61,800,000
<b>Estimated Number of Awards:</b>	62
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per year per award
<b>Length of Project Period:</b>	Up to four years
<b>Anticipated Start Date:</b>	9/30/2023

**Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely

submission of required data and reports, and compliance with all terms and conditions of award.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

Eligible applicants are organizations operating existing state-certified CCBHCs or CCBHCs that have successfully met all certification criteria as part of a prior CCBHC award.

For the purposes of this NOFO, a CCBHC is defined as a behavioral health provider clinic that is individually responsible for meeting the six CCBHC criteria requirements and all nine services in a manner that meets or exceeds the standards set in the CCBHC certification criteria.

Applicants must submit one of the following:

- A copy of their application for state certification and a copy of the state's certification notice or approval;
- OR**
- If not certified by the state, a copy of communication from SAMHSA accepting an attestation as a part of a previous CCBHC-Expansion award along with any supporting documentation provided to SAMHSA that demonstrated certification compliance.

Eligible organizations may submit separate applications for more than one clinic (e.g., a state or provider organization applying on behalf of multiple clinics). CCBHC-IA awards shall only be awarded to existing clinics as described above in this section. In addition:

- Each clinic receiving an award must meet the CCBHC Certification Criteria independently.
- Each clinic must serve a different non-overlapping geographic catchment area.
- **Each clinic shall only receive one award from either this NOFO or the concurrent CCBHC Planning, Development, and Implementation (PDI) NOFO (SM-23-024).**
- **No clinic shall have two concurrent CCBHC awards (from either IA or PDI competitions). If a clinic received an award from SM-22-002 (PDI) or SM-22-012 (IA) then they cannot apply for this award.**
- Each award shall only support one clinic, not multiple clinics.

Please see [Section III.3](#) (Other Requirements) and [Section V.3](#) (Review and Selection Process) for additional information on review and selection of applications based on previous funding and other factors.

It is recommended that you review the information on eligibility in [Appendix C](#) of this NOFO.

## 2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

## 3. OTHER REQUIREMENTS

Eligible applicants must meet the following requirements and provide supporting documentation:

1. Be a community-based behavioral health non-profit organization, or organization that are either
  - (a) part of a local government behavioral health authority<sup>7</sup>; or
  - (b) operate under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or
  - (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

AND

2. Be an existing state-certified CCBHC or CCBHC that have successfully met all certification criteria under a prior SAMHSA CCBHC-Expansion award. Applicants must submit one of the following:
  - a. A copy of their application for state certification **and** a copy of the state's certification notice or approval, OR
  - b. If not certified by the state, a copy of communication from SAMHSA accepting confirmation under a previous CCBHC-Expansion award **along with** any supporting documentation (i.e., attestation) provided to SAMHSA that demonstrated certification compliance.
- Applicants must submit a letter from the state or territory Mental Health Authority in **Attachment 10** indicating approval of the applicant's proposal to improve and advance a clinic within the state/territory and whether the state will assume responsibility for CCBHC certification. **This requirement is waived for Tribal applicants.**

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<sup>7</sup> As provided for in the CCBHC Certification Criteria, a CCBHC is considered part of a local government behavioral health authority when a locality, county, region, or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services.

- If the applicant received funding in a FY 2022 CCBHC award under CCBHC-PDI (SM-22-002) and/or CCBHC-IA (SM-22-012) NOFOs, the proposed project must be to advance or improve an independent clinic that serves a different service area. **Applicants supporting an independent clinic serving a different service area from the funding they received in SM-22-002 and/or SM-22-012 must submit a letter as described in [Appendix O](#) of this NOFO with their application in Attachment 12 or the application will not be reviewed.**
- If submitting applications for both CCBHC-PDI (SM-23-024) and CCBHC-IA (SM-23-016) NOFOs, the application for CCBHC-IA must improve or advance an existing, independent CCBHC that serves a different service area from the CCBHC being developed under the CCBHC-PDI application. **Applicants submitting applications for both CCBHC-IA (SM-23-016) and CCBHC-PDI (SM-23-024) must submit a letter as described in Appendix P of this NOFO with their application under Attachment 13 or the application will not be reviewed.**
- The Project Narrative must not exceed 10 pages. If the Project Narrative is over 10 pages, the application will not be considered for review.
- **Evidence of Experience and Credentials**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide the required services quickly and effectively. All Required Activities must be provided by applicants directly, by subrecipients, or through referrals to applicant partner agencies. Applicants must submit evidence in **Attachment 1** of their application meeting three additional requirements related to the provision of services.

The three requirements are:

1. The applicant organization must be licensed, certified, and/or approved by the state to provide mental health services and SUD services across the lifespan at the time of application and comply with all state and local licensing, accreditation, and certification requirements, as of the due date of the application. If the applicant is proposing to have Designated Collaborating Organizations (DCOs), each DCO must be licensed, certified, and/or approved by the state to provide the relevant scope of services appropriate to the project.
2. Each mental health/SUD treatment provider organization (this includes the applicant organization performance sites and any DCOs participating in the project) must have at least two years of experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last

two years) to ensure that the organization has experience in providing relevant services.

3. Each mental health/SUD treatment provider organization (this includes the applicant organization performance sites and any DCOs participating in the project) must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

**The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted instead of a provider organization's license. Eligible tribes and tribal organization mental health/substance use disorder treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.**

Following application review, if your application's score is within the fundable range, the Government Project Officer (GPO) may contact you to request that additional documentation be sent by email or uploaded through eRA Commons, or to verify that the documentation you submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

The application forms package specific to this funding opportunity can be accessed through [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See [Appendix A](#) for more information on obtaining an application package.

### **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

#### **REQUIRED APPLICATION COMPONENTS:**

The standard and supporting documents that must be submitted with the application are outlined below and in [Appendix A - 2.2](#) Required Application Components of this NOFO.

All files uploaded as part of the application must be in Adobe PDF file format. See [Appendix B](#) of this NOFO for formatting and validation requirements.

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance. See [Appendix A](#) - 3.2 Waiver of Electronic Submission of this NOFO.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line #4** (i.e., Applicant Identifier), input the Commons Username of the PD/PI.
  - In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 9/30/2023; b. End Date: 9/29/2027).

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, you must 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: Input 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, and Year 4). For example, if you are requesting funds for four years in total, enter the requested budget amount for each budget period in columns b, c, and d (i.e., 3 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. Use Line 16 for federal funds and Line 17 for non-federal funds; (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 [Appendix B](#) of this NOFO to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

The following pdfs are samples of completed SF-424A forms:

- [Sample SF-424A \(No Match Required\)](#)
- [Sample SF-424A \(Match Required\)](#)

See [Appendix L](#) for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.**

- **PROJECT NARRATIVE – (Maximum 10 pages total)**  
The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V.1](#) – Application Review Information.
- **BUDGET JUSTIFICATION AND NARRATIVE**  
The budget justification and narrative must be submitted as a file entitled “BNF” (Budget Narrative Form) when you submit your application into Grants.gov. (See [Appendix A](#) – 2.2 Required Application Components.)
- **ATTACHMENTS 1 THROUGH 13**

Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Label the attachments as: Attachment 1, Attachment 2, etc. (Use the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

- ***Attachment 1: Direct Service Provider Organizations***
  1. A list of direct service provider organizations to include all DCOs and other entities that have established Memoranda of Agreement or Understanding to support the proposed project.
  2. Letters of Commitment from these direct service provider organizations.
- ***Attachment 2: Data Collection Instruments/Interview Protocols***

If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3: Sample Consent Forms**  
Forms to be submitted include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.
- **Attachment 4: Project Timeline**  
**This attachment is scored by reviewers. Maximum of 2 pages.** See instructions in Section V, [B.3](#) of this NOFO.
- **Attachment 5: Biographical Sketches and Position Descriptions**  
See [Appendix G](#) of this NOFO 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 Single State Agency (SSA)**  
See [Appendix J](#) of this NOFO for Intergovernmental Review (E.O. 12372) Requirements, if applicable.
- **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**  
This attachment is in response to [Appendix D](#) of this NOFO and is a **required attachment**.
- **Attachment 8: Documentation of Non-profit Status**  
**All non-profit entities must submit documentation of their non-profit status.** Any of the following is acceptable documentation:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code;
  - A copy of a currently valid Internal Revenue Service tax exemption certificate;
  - A statement from a state taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status;
  - A certified copy of the organization's certificate of incorporation or similar document that establishes non-profit status; or

- 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: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.** You are required to complete Form SMA 170 if your project is offering substance use prevention or treatment services. This form is posted on SAMHSA’s website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachment 10: Letter from the State/Territory Mental Health Authority**  
A letter from the state or territory Mental Health Authority indicating approval of the applicant’s proposal to improve and advance a CCBHC within the state/territory and whether the state will assume responsibility for CCBHC certification. **This requirement is waived for Tribal applicants.** The purpose of this letter is to facilitate state awareness of clinics that are applying for SAMHSA CCBHC funding and for states to provide general concurrence with organization’s decision to apply. There is no expectation that states will perform in-depth reviews of applications or be required to support or sustain successful applicants post award. In addition, the state has the option of indicating intent to serve as the CCBHC certifying body for the applicant organization; however, the state is not required to certify CCBHCs, and applicants will not be penalized if the state does not affirm intent to certify.
- **Attachment 11: Documentation of Meeting CCBHC Certification Criteria Requirements**  
Attach both (a) a record of state certification OR communication from SAMHSA accepting an attestation as a part of a previous expansion award **and** (b) any supporting documentation provided to the state or SAMHSA that demonstrated certification compliance. **Applications that do not comply with this requirement will be screened out and will not be reviewed.** See Section III.3 for more information.
- **Attachment 12: Letter for Recipients of FY2022 CCBHC PDI/IA Awards, if applicable (See [Appendix O](#) for Format)**  
Attach a letter confirming that the applicant organization plans to support one clinic that meets the CCBHC Certification Criteria independently and serves a different geographic catchment area from other clinics. **Applications that do not comply with this requirement will be screened out and will not be reviewed.**
- **Attachment 13: Letter for Organizations Submitting Multiple Applications Under CCBHC-IA (SM-23-016) and CCBHC-PDI (SM-23-024), if applicable (See Appendix P)**

Attach a letter with clarifying information for the clinics for each application, including name, location, geographic area served, and status for meeting CCBHC Certification Criteria requirements. **This attachment is only required for applicant organizations that are submitting applications under both SM-23-016 and SM-23-024. Applications that do not comply with this requirement will be screened out and will not be reviewed.**

### **3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT**

See [Appendix A](#) for information about the three registration processes that must be completed including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must continue to maintain an active SAM registration with current information during the time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)).

### **4. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **May 22, 2023**. If an organization is submitting more than one application, the project title should be different for each application.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. See [Appendix A](#) of this NOFO 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 [Appendix A](#) of this NOFO for all registration requirements).

**If you are not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, you MUST begin the registration process immediately. If you are already registered in these systems, please confirm your SAM registration is still active and you are able to access your Grants.gov and eRA Commons accounts.**

**WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING 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. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.**

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

The funding restrictions for this project are below. Be sure to identify these expenses in your proposed budget.

- No more than 15 percent of the total award for the budget period may be used for developing the infrastructure necessary for the expansion of services.
- No more than 20 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- Award funds may not be used to provide services for in-patient settings, residential/inpatient substance abuse treatment facilities, or jails and prisons with the exception of in-reach, treatment planning, and transitional service to facilitate seamless coordination with community-based mental health and SUD services.

- No more than \$30,000 per year may be used for the purchase of prescribed or over-the-counter medications.

**SAMHSA recipients must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix I](#) – Standard Funding Restrictions.**

## **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) regulation 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 [Appendix J](#) for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

## **7. OTHER SUBMISSION REQUIREMENTS**

See [Appendix A](#) for specific information about submitting your application.

# **V. APPLICATION REVIEW INFORMATION**

## **1. EVALUATION CRITERIA**

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to your response to the requirements in Sections A-E.

In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-E) together may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You do not need to type the full criterion in each section. You only need to include the letter and number of the criterion. You may not combine two or more questions 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. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual questions, each question is assessed in deriving 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 (10 points – approximately 1 page)**

1. Identify and describe your population(s) of focus (i.e., all individuals across the lifespan in need of behavioral health services in the geographic catchment area served by the CCBHC) and the geographic catchment area where services will be delivered that align with the intended population of focus of this program. Include a description of specific population(s) (i.e., race, ethnicity, sex, sexual orientation, gender identity, age, socioeconomic status) for which the project seeks to address behavioral health disparities and the disparities that the project will impact.
2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Identify the source of the data, including how your most recent CCBHC needs assessment was used to identify these issues.

**SECTION B: Proposed Implementation Approach (30 points – approximately 6 pages not including Attachment 4 – Project Timeline)**

1. Describe the goals and measurable objectives (see [Appendix E](#)) of the proposed project and align them with the Statement of Need described in A.2.

<b>Number of Unduplicated Individuals to be Served with Award Funds</b>				
Year 1	Year 2	Year 3	Year 4	Total

2. Describe how you will implement all of the Required Activities and if applicable, chosen Allowable Activities described in Section I, including:
  - a. A description of the specific services you will be implementing or improving as a result the project.
  - b. Plans to conduct additional needs assessments during the project period as described under the Required Activities section of this NOFO

- c. Your plan to maintain adherence to the CCBHC Certification Criteria throughout the project period. [**NOTE:** Be sure to describe the specific area(s) of advancement/improvement for the CCBHC that will be the focus of the project].
3. In **Attachment 4**, provide a chart or graph depicting a realistic timeline for the entire four years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I [**NOTE:** Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than four months after award. **The timeline cannot be more than two pages and should be submitted in Attachment 4.**] The recommendation of pages for this section does not include the timeline.

**SECTION C: Proposed Evidence-Based Service/Practice (15 points approximately 1 page)**

1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications (e.g., cultural) that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
2. Describe how you will monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices that will be implemented.

**SECTION D: Staff and Organizational Experience (25 points – approximately 1 page)**

1. Describe your organization's capacity to deliver CCBHC services including:
  - a. Past CCBHC state certifications or CCBHC attestations to SAMHSA and the timeline of your past CCBHC certifications or attestations.
  - b. Capacity to provide services to the population(s) of focus for this NOFO: mental health and substance use disorder services for children, youth, and families as well as adults.
  - c. Capacity to provide treatment and recovery support for mental illness, including serious mental illness and serious emotional disturbances, substance use disorder, and co-occurring mental and substance use disorders.
2. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. Letters of Commitment from direct service provider organizations to include all DCOs and other entities



that have established memorandums of agreement or understanding to support the proposed project must be included in **Attachment 1** of your application. If you are not partnering with any DCOs indicate so in your response.

- 3 Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel. Describe the role of each, their level of effort, and qualifications, including their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

## **SECTION E: Data Collection and Performance Measurement (20 points – approximately 1 page)**

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program (See [Appendix F](#)). Describe your quality improvement efforts and explain how you will use the data to address your identified behavioral health disparity(ies) and close the gap(s).
2. Provide specific information about how you will collect the required CCBHC quality measures and how quality measure data will be used to manage, monitor, and improve the program.

## **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 proposed budget. You must also provide a narrative description of existing resources and other support you expect to receive for the proposed 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., meals, sporting events, entertainment.

Although a non-federal share may not be required, if an applicant proposes non-federal resources in their budget, they will be held to submission of the non-federal resources. These must be reported on the financial reports. If recipients fail to meet their proposed amount or percentage, that could be grounds for a cost disallowance.

See [Appendix L](#) for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your proposed budget must reflect the funding limitations/restrictions specified in [Section IV-5](#). **Specifically identify the items associated with these costs in your budget.**

### 3. REVIEW AND SELECTION PROCESS

The Project Narratives of SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund an award are based on the strengths and weaknesses of the application as identified by peer reviewers. The results of the peer review are advisory in nature.

The program office and approving official make the final determination for funding based on the following:

- When the individual award is over \$250,000, approval by the Center for Mental Health Services, National Advisory Council.
- Availability of funds.
- If the applicant received funding in a FY2022 under the CCBHC-PDI (SM-22-002) and/or CCBHC-IA (SM-22-012) NOFOs, the proposed project must be to support an independent CCBHC that meets the CCBHC Certification Criteria requirements and serves a different service area.
- If submitting applications for both CCBHC-PDI (SM-23-024) and CCBHC-IA (SM-23-016) NOFOs, the application for CCBHC-IA must advance and improve an independent CCBHC that serves a different service area from the CCBHC being developed under the CCBHC-PDI application. Individual CCBHCs are eligible to receive one award per CCBHC.
- 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 submitted prior to making an award.
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization located 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). If SAMHSA chooses not to award a fundable application in accordance with 45 CFR 75.205(a)(2), SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently, the Contractor Performance Assessment Reporting System (CPARS) ]. You may review and comment on any information 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 SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general 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 BO's email address identified in the Authorized Representative section email field on page 3 of the SF-424; and 2) the email associated with the Commons account for the Project Director (section 8 Item f on page 1 of the SF-424). Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the project. Information about what is included in the NoA can be found at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa>.

If your application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website - . <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. See [Appendix K](#) for specific information about administrative and national policy requirements.

### **3. REPORTING REQUIREMENTS**

You will be required to submit an annual progress report on project performance within 90 days of the end of each budget period. The report must discuss:

- Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving populations of focus;
- Efforts to overcome these barriers;
- Evaluation activities for tracking DIS efforts; and

- A revised quality improvement plan if the DIS does not meet the quality-of-care requirements as stated in the DIS.

A final performance report must be submitted within 120 days after the end of the final budget period. The final performance report must be cumulative and report on all activities during the entire project period.

### **Management of Award:**

Successful applicants must also comply with the following standard award management reporting requirements at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>, unless otherwise noted in the NOFO or NoA.

## **VII. AGENCY CONTACTS**

For program and eligibility questions contact:

Mary Blake  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
(240) 276-1747  
[ccbhc@samhsa.hhs.gov](mailto:ccbhc@samhsa.hhs.gov)

For fiscal/budget questions contact:

Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1400  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

For review process and application status questions contact:

Emily Chan  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276-2446  
[Emily.Chan@samhsa.hhs.gov](mailto:Emily.Chan@samhsa.hhs.gov)

# Appendix A – Application and Submission Requirements

## 1. GET REGISTERED

You are required to complete three **(3) registration processes**:

- 1.1) System for Award Management (SAM);
- 1.2) Grants.gov; and
- 1.3) eRA Commons.

If you have already completed registrations for SAM and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons (see 1.3)**.

You must register in eRA Commons and receive a Commons Username in order to have access to electronic submission, receive notifications on the status of your application, and retrieve award information.

**WARNING: If your organization is not registered and does not have an active eRA Commons PI/PD account by the deadline, the application will not be accepted. No exceptions will be made.**

### 1.1 System for Award Management Registration

You must register your organization with the System for Award Management (SAM). A Unique Entity Identifier (UEI) will be assigned as part of the registration process. (The UEI replaced the Dun and Bradstreet Number (DUNS Number). If your organization is currently registered in SAM.gov, the UEI has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity Identifier is currently located below the DUNS Number on your entity registration record. You must be signed in to your SAM.gov account to view entity records.

You must continue to maintain active SAM registration with current information during the period your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to <https://www.sam.gov>. It takes 7-10 business days for a new SAM entity registration to become active.

It is important to initiate this process well before the application deadline. You will receive an email alerting you when your registration is active.

It is also highly recommended that you renew your account before the expiration date. **SAM information must be active and up-to-date and should be updated at least**

**every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, **it will take 48 to 72 hours to complete the validation processes.** **Grants.gov rejects electronic submissions from applicants with expired registrations.**

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as required for a new account.

## **1.2 Grants.gov Registration**

[Grants.gov](http://www.grants.gov) is an online portal for submitting federal award applications. It requires a one-time registration to submit applications. eRA Commons registration is separate but can be done concurrently. You can register to obtain a Grants.gov username and password at <http://www.grants.gov/web/grants/register.html>.

If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, go to the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov "[Applicants](#)" tab.

The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific UEI number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

## **1.3 eRA Commons Registration**

eRA Commons is an online data platform managed by NIH that allows applicants, award recipients, and federal staff to securely share, manage, and process award-related information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** before the application due date.

Organizations applying for SAMHSA funding must register in eRA Commons. This is a one-time registration separate from Grants.gov registration. Note: Grants.gov and eRA Commons Registration may occur concurrently. In addition to the organization registration, the Business Official (BO) named in the Authorized Representative section field on page 3 of the SF-424 and the Project Director details entered in the Applicant Information item f on page 1 of the SF-424 (Name and contact information of the person to be contacted on matters involving this application) must have accounts in eRA Commons and receive a Commons ID to have access to electronic submission and retrieval of application/award information. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, the BO named in the Authorized Representative section of the SF-424 must complete the [Register Institution](#)

online process. Instructions on how to complete the online Institution Registration Form are provided on the [Register in eRA Commons](#) page.

After the BO named as the Authorized Representative completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from [era-notify@mail.nih.gov](mailto:era-notify@mail.nih.gov) with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the BO will receive an email with an eRA Commons User ID for the Signing Official account (SO) role. The representative will receive a separate email about this SO account containing a temporary password to be used for the first-time login. The representative will need to log into eRA Commons with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the BO/SO signs the registration request, the organization will be active in eRA Commons. The BO/SO can then create additional accounts for the organization as needed. Organizations can have multiple user accounts with the SO role, and any user with the SO role will be able to create and maintain additional accounts for the organization's staff, including accounts for those designated as Project Director/Principal Investigator (PD/PI) and other Signing Officials.

**Important:** The eRA Commons requires organizations to identify at least one BO/SO, who is the BO entered in the Authorized Representative section on the SF-424, and a PD/PI to submit an application. The primary BO/SO must create the account for the PD/PI listed as the person to contact regarding the application on page 1 of the SF-424 assigning that person the 'PI' role in eRA Commons. Note that you must also enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document (Line 4). **The individual designated as the BO cannot also be a PD.**

## **2. WRITE AND COMPLETE THE APPLICATION**

**SAMHSA strongly encourages you to sign up for Grants.gov email notifications regarding this NOFO. If the NOFO is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.**

### **2.1 Obtaining Paper Copies of Application Materials**

If your organization has difficulty accessing high-speed internet and cannot download the required documents, you may request a paper copy of the application materials.

Contact the Division of Grant Review at [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov) for additional information on obtaining paper copies.

## 2.2 Required Application Components

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Directions for creating PDF files can be found on the Grants.gov website. See [Appendix B](#) for all application formatting and validation requirements.

### **Standard Application Components**

Applications must include the following required application components listed in the table below. This table consists of a full list of standard application components, a description of each required component, and where you can find each document.

#	Standard Application Components	Description	Where to Find Document
1	SF-424 (Application for Federal Assistance) Form	<p>This form must be completed by applicants for all SAMHSA awards. The names and contact information for Project Director (PD) and Business Official (BO) are required for SAMHSA applications and are to be entered on the SF-424 form.</p> <ul style="list-style-type: none"> <li>The PD must have an eRA Commons account: the PD's Commons Username must be entered in field <b>4. Applicant Identifier</b>; and the PD's name, phone number and email address must be entered in Section <b>8. APPLICANT INFORMATION: item f. Name and contact information of person to be contacted on matters involving this application.</b> <u>The PD listed in the SF-424 must match the PD in the Personnel Costs section in the budget.</u></li> <li>The BO name, title, email address and phone number must be entered in the <b>Authorized Representative</b> section fields on page three of the SF 424. The organization mailing address is required in section 8. <b>APPLICANT INFORMATION item d. Address.</b></li> </ul> <p>All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH's eRA Commons to the Project Director/Principal Investigator (PD/PI), and the Signing Official/Business Official (SO/BO).</p>	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, D and E of the SF-424A. Section C should only be completed if applicable. <b>It is highly recommended that you use the budget template. (See Section IV.2)</b>	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>



#	Standard Application Components	Description	Where to Find Document
3	Project/Performance Site Location(s) Form	The purpose of this form is to collect physical location information on the site(s) where work funded under this announcement will be performed. The address cannot be a P.O. Box.	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>
4	Project Abstract Summary	It is recommended the abstract is no more than one page. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.	
5	Project Narrative Attachment	The Project Narrative is your response to the Evaluation Criteria found at Section V.1 of this NOFO. It cannot be longer than 10 pages. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	
6	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to Budget Form SF-424A. In preparing the budget, adhere to any existing federal award or agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file name " <b>BNF</b> " when you submit your application into Grants.gov.	<a href="https://www.samhsa.gov">SAMHSA Website</a>
7	SF-424 B (Assurances for Non-Construction) Form	You must read the list of assurances provided on the SAMHSA website and check the box marked 'I Agree' before signing the first page (SF-424) of the application.	<a href="https://www.samhsa.gov">SAMHSA Website</a>
8	Disclosure of Lobbying Activities (SF-LLL) Form	Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. <b>For SAMHSA to determine whether or not your organization participates in lobbying activities, a signed copy of the SF-LLL form must be submitted.</b> If your organization does not participate in lobbying activities, indicate "Not Applicable" on the form.	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>

#	Standard Application Components	Description	Where to Find Document
9	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below.	

### Supporting Documents

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application. **For each of the following application components, attach each document (Adobe PDF format only) using the Other Attachments Form in ASSIST, Workspace, or other S2S provider.**

#	Supporting Documents	Description	Where to Find Document
1	HHS 690 Form	Every applicant must have a completed <a href="#">HHS 690 form (PDF   291 KB)</a> on file with the Department of Health and Human Services.	<a href="#">SAMHSA Website</a>
2	Charitable Choice Form SMA 170 (Attachment 9)	See Section IV-1 of the NOFO to determine if you are required to submit Charitable Choice Form SMA 170.	<a href="#">SAMHSA Website</a>
3	Biographical Sketches and Job Descriptions (Attachment 5)	See Appendix G of this document for additional instructions for completing these sections. Formatting requirements outlined in Appendix B are not applicable for these documents.	<a href="#">Appendix G</a> of this document.
4	Confidentiality and SAMHSA Participant Protection/Human Subjects (Attachment 7)	See the NOFO for requirements related to confidentiality, participant protection, and the protection of human subject's regulations.	<a href="#">Appendix D</a> of this document.
5	Additional Documents in the NOFO	The NOFO will indicate the attachments you need to include in your application.	NOFO: Section IV.

### 2.3 Additional Documents for Submission (SAMHSA Website)

You will find additional materials you will need to complete your application on the SAMHSA website at <http://www.samhsa.gov/grants/applying/forms-resources>.

### 3. SUBMIT APPLICATION

#### 3.1 Electronic Submission (eRA ASSIST, Grants.gov Workspace, or other S2S provider)

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Workspace, or another system to system (S2S) provider. Information on each of these options is below:

- 1) **ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH-sponsored online interface used to prepare applications using the SF-424 form set, submit electronically through Grants.gov to SAMHSA and other participating agencies, and track applications. [Note: ASSIST requires an eRA Commons ID to access the system]
- 2) **Grants.gov Workspace** – You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

The specific actions you need to take to submit your application will vary by submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: [eRA Modules, User Guides, and Documentation | Electronic Research Administration \(eRA\)](#)

To submit to Grants.gov using the Grants.gov Workspace:

<http://www.grants.gov/web/grants/applicants/workspace-overview.html>

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons. All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

#### 3.2 Waiver from Electronic Submission

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance.

If you do not have the technology to apply online, or your physical location has no Internet connection, you may request a waiver of electronic submission. **You must send a written request to the Division of Grant Review at least 15 calendar days before the application due date.**

Direct any questions regarding the submission waiver process to the Division of Grant Review at [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov).

### 3.3 Deadline

On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than 11:59 PM Eastern Time on the application due date. Applications submitted in Grants.gov after the application due date will not be considered for review.

**You are strongly encouraged to allocate additional time prior to the submission deadline to submit your application and to correct errors identified in the validation process. You are also encouraged to check the status of your application submission to determine if the application is complete and error-free.**

### 3.4 Resources for Assistance

If you encounter problems when submitting your application in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Service Desk at the following:

- By e-mail: [support@grants.gov](mailto:support@grants.gov)
- By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

**Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.**

Additional support is also available from the NIH eRA Service desk at:

- To submit a service request ticket: <http://grants.nih.gov/support/index.html>
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA). The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST (see below), you can:

- Access the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist/>
- Or contact the NIH eRA Service Desk

SAMHSA highly recommends that you submit your application 24-72 hours before the submission deadline. Many submission issues can be fixed within that time, and you can attempt to re-submit.

## 4. AFTER SUBMISSION

### 4.1 System Validations and Tracking

After you complete and comply with all registration and application requirements and submit your application, the application will be validated by Grants.gov. You will receive a notification that your application is being processed. You will receive two additional e-mails from Grants.gov within the next 24-48 hours (one notification email will confirm receipt of the application in Grants.gov, and the other notification email will indicate that the application was either successfully validated by the Grants.gov system or rejected due to errors). It is important that you retain this Grants.gov tracking number. **Receipt of the Grants.gov tracking number is the only indication that Grants.gov has successfully received and validated your application.** If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance (see Resources for Assistance in Section 3.4).

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and resubmit. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons validations). If you use ASSIST to complete your application, you can validate your application and fix errors before submission.

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. If no errors are found, the application will be assembled in eRA Commons. At this point, you can view your application in eRA Commons. It will then be forwarded to SAMHSA as the receiving institution for further review.

If errors are found during eRA Commons validation, you will receive a System Error and/or Warning notification regarding the problems found in the application (see 4.2 below). You must take action to make the required corrections and resubmit the application through Grants.gov before the application due date and time (**See 4.4 below**). Do not assume that if your application passes the Grants.gov validations that it will successfully pass eRA validations and will be received by SAMHSA. You must check your application status in eRA Commons to ensure that no errors were identified. It is critical that you allow for sufficient time to resubmit the application if errors are detected.

**You are responsible for viewing and tracking your applications in the eRA Commons after submission through Grants.gov to ensure accurate and successful submission.** Once you can access your application in the eRA Commons, be sure to review it carefully as this is what reviewers will see.

### 4.2 eRA Commons: Warning vs. Error Notifications

You may receive a System Warning and/or Error notification after submitting an application. Take note that there is a distinction between System Errors and System Warnings.

**Warnings** – If you receive a Warning notification after the application is submitted, you are not required to resubmit the application. The reason for the Warning will be identified in the notification. It is at your discretion to choose to resubmit, but if the application was successfully received, it does not require any additional action.

**Errors** – If you receive an Error notification after the applications is submitted, you must correct and resubmit the application. The word Error is used to characterize any condition which causes the application to be deemed unacceptable for further consideration.

### 4.3 System or Technical Issues

If you encounter a system error that prevents you from completing the application submission process on time, the BO from your organization will receive an email notification from eRA Commons. SAMHSA highly recommends contacting the eRA Service Desk and submitting a web ticket to document your good faith attempt to submit your application and determining next steps. See Section 3.4 for more information on contacting the eRA Service Desk.

### 4.4 Resubmitting a Changed/Corrected Application

If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or NIH's eRA Commons systems, you must contact the Division of Grant Review within **one business day after the official due date at: [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov)** and provide the following:

- A case number or email from SAM, Grants.gov, and/or NIH's eRA system that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** you followed Grants.gov and NIH's eRA requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met NOFO requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or NIH's eRA to fail. No exceptions for submission are allowed when user error is involved. Note that system errors are extremely rare.

[Note: When resubmitting an application after revisions have been made, ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.] In addition, check the Changed/Corrected Application box in #1.

## Appendix B - Formatting Requirements and System Validation

### 1. SAMHSA FORMATTING REQUIREMENTS

SAMHSA's goal is to review all applications submitted for funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. See below for a list of formatting requirements required by SAMHSA:

- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables.
- **You must submit your application and all attached documents in Adobe PDF format, or your application will not be forwarded to eRA Commons and will not be reviewed. See Section 3 below for more details on PDF requirements.**
- To ensure equity among applications, the 10-page limit for the Project Narrative cannot be exceeded. If an application exceeds the 10-page limit, the application will not be reviewed.
- Citations can be put in an Attachment. They do not have to be placed in the Project Narrative.
- Black print should be used throughout your application, including charts and graphs (no color).
- If you are submitting more than one application under the same announcement number, you must ensure that the Project Title in Field 15 of the SF-424 is unique for each submission.

### 2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS

- Grants.gov allows the following list of UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, and period. Other UTF-8 characters should not be used as they will not be accepted by NIH's eRA Commons, as indicated in item #9 in the table below.
- Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a PDF file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

- Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename. In addition, the use of compressed file formats such as ZIP, RAR or Adobe Portfolio will not be accepted.

### 3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS

The following are formatting requirements and system validations required by eRA Commons and will result in errors if not met. The application must be 'error free' to be processed through the eRA Commons. There may be additional validations which will result in Warnings, but these will not prevent the application from processing through the submission process. (See Appendix A, Section 4.2)

#### ASSIST File Formatting Requirements

The eRA system contains file formatting requirements for uploading documents in ASSIST. The only accepted file type for submission is PDF and each file may be no larger than 6 MB. Fillable forms must be 'flattened' and saved as a PDF prior to upload. Adobe Portfolio file types will not be accepted.

Files for Upload to ASSIST must be:

- PDF Format
- Under 6MB in File Size
- 8.5 x 11 Page Size
- Flat (*No Fillable/Editable Fields*)

Files must **NOT** contain:

- Password-Protection
- Live hyperlinks (*only plain text URLs*)
- Bookmarks or Signature Boxes
- A filename exceeding 50 Characters (*including spaces*)

#### Flatten Fillable Forms Prior to Upload in ASSIST

A completed fillable form (an electronic document that can be filled out and edited digitally—also called fillable, dynamic, or interactive forms) should not only be saved as a PDF; it must also be flattened to remove the interactive fields so that the final answers are saved. Flattening a form is not the same as “locking” it; locking a form restricts access to editing, printing, and copying the document.



Flattening a PDF document:

- **Keeps form values permanent.** When an interactive PDF is uploaded or emailed, every field remains open to accidental or deliberate revision. Flattening the form ensures that only the completed version of the form is visible.
- **Removes values on drop down lists.** A flattened document will show only the selected text or value, no other values and options are shown and there is no indication that options were present.
- **Simplifies the PDF.** Interactive forms are larger than normal files, which may prevent upload for submission. Flattening reduces the file size which makes it easier to render and view.

To flatten a file, follow the steps below.

1. Ensure that the form is completed, and the information is correct. Go to the print settings by selecting **File > Print**.
2. On the pull-down menu of printer options, choose Adobe PDF or Microsoft Print to PDF, then click OK.
3. After clicking **OK**, a pop-up will open with options to save the PDF. Be sure to select a specific location to save the document where it can easily be found and give it a unique file name. Use a file name that clearly differentiates the completed form from the original fillable form. File names cannot exceed 50 characters.
4. The flattened form should appear in the new location with the new file name. Open it to check once more for any changes and to confirm that the conversion worked.

If you do not adhere to these requirements, you will receive an email notification from [era-notify@mail.nih.gov](mailto:era-notify@mail.nih.gov) to take action and adhere to the requirements so that your application can be processed successfully. It is highly recommended that you submit your application 24-72 hours before the submission deadline to allow for sufficient time to correct errors and resubmit the application. If you experience any system validation or technical issues after hours on the application due date, contact the eRA Service Desk and submit a Web ticket to document your good faith attempt to submit your application.

### **eRA Commons Validation Table**

The following table shows formatting requirements and system validations required by eRA Commons and will result in errors if not met.

eRA Validations	eRA Error Messages
<p><b>#1: Applicant Identifier (Item 4 on the SF-424):</b></p> <p>The PD/PI Credentials must be provided</p> <p>Username provided must be a valid Commons account</p> <p>Username must be affiliated with the organization submitting the application and/or have the PI role</p>	<p>The Commons Username must be provided in the Applicant Identifier field for the PD/PI.</p> <p>The Commons Username provided in the Applicant Identifier is not a recognized Commons account.</p> <p>The Commons account provided in the Applicant Identifier field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly.</p>
<p><b>#2. The UEI number provided must include valid characters (12 numbers)</b></p>	<p>The UEI number provided has invalid characters (other than 12 numbers)</p>
<p><b>#3. The documentation (forms) required for the NOFO must be submitted</b></p>	<p>The format of the application does not match the format of the NOFO. Contact the eRA Service Desk for assistance.</p>
<p>(#4 If a change or correction is made to address an error, "Changed/Corrected" must be selected. Item #1 on the SF-424). Refer to <a href="#">Appendix A II-4.4</a> for more information on resubmission criteria.</p>	<p>This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.</p>
<p><b>#5. The application cannot exceed 1.2GB.</b></p>	<p>The application did not follow the agency-specific size limit of 1.2 GB. Resize the application to be no larger than 1.2 GB before submitting.</p>
<p><b>#6. The correct Notice of Funding Opportunity (NOFO) number must be provided</b></p>	<p>The Funding Opportunity Announcement number does not exist.</p>
<p><b>#7 All documents and attachments must be submitted in PDF format.</b></p>	<p>"The &lt;attachment&gt; attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a>."</p>
<p><b>#8. All attachments must comply with the following formatting requirements: PDF attachments cannot be empty (0 bytes).</b></p> <p>All PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.</p>	<p>The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted.</p> <p>The &lt;attachment&gt; attachment contained formatting or features not currently supported by NIH: &lt;condition returned&gt;.</p>

eRA Validations	eRA Error Messages
<p>The size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically). [Note: It is recommended that you limit the size of attachments to 35 MB.]</p> <p>PDF attachments must have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, period.</p>	<p>Filename &lt;file&gt; cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf/guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf/guidelines.htm</a></p> <p>The &lt;attachment&gt; attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.</p>
<p>#9. The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars &lt; &gt; ( ) [ ] \ , ; : are not valid.</p>	<p>The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars &lt; &gt; ( ) [ ] \ , ; : are not valid.</p>
<p>#10. Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b)</p>	<p>Congressional district &lt;Congressional District&gt; is invalid. To locate your district, visit <a href="http://www.house.gov/">http://www.house.gov/</a></p>

<b>Budget Errors</b>	
<b>eRA Validations</b>	<b>eRA Error Messages</b>
<p><u>SF424-A: Section A – Budget Summary</u> The total fields at the end of rows or at the bottom of columns must equal the sum of the elements for that row or column</p>	<p>Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field</p>
<p><u>SF424-A: Section B – Budget Categories</u> The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g).</p>	<p>Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.</p>
<p><u>SF424-A: Section D – Forecasted Cash Needs</u> The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g)</p> <p>The Non-Federal Total for 1st Year sum must equal Estimated Unobligated Funds Non-Federal Totals in Section A (d-5) + New or Revised Budget Non-Federal Totals (f-5)</p>	<p>Ensure that the Federal Total for 1st year, in Section D- Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount.</p> <p>Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A.</p>
<p>The Total for 1st Year TOTAL in Section D must equal the Total (Row 5, Column G) in Section A</p>	<p>Ensure that the Forecasted Cash Needs: 15 TOTAL equals to SECTION A – Budget Summary: Line 5. Totals, Column (g).</p>
<p><u>SF424-A: Section E – Budget Estimates of Federal Funds Needed for Balance of The Project</u></p> <p>The number of budget years/periods must match the span of the project. The number of years in the project period in Block 17 on the SF-424 must align with the future funding periods.</p>	<p>Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF-424A. Enter data for the first budget period in Section D and enter future budget periods in Section E.</p>

## Appendix C – General Eligibility Information

Determining whether you are eligible to apply for and receive a SAMHSA award is very important. If you are not legally eligible for a specific funding opportunity, you would spend considerable time and money completing the application process when you cannot receive the award.

There are many types of organizations generally eligible to apply for SAMHSA funding opportunities. However, eligibility is strictly tied to the statutory authority governing this award. Please be sure to double check the NOFO for eligibility. Eligibility for this NOFO may include the following:

### Government Organizations

- State governments and territories
- County governments
- City or township governments
- Special district governments
- Native American tribal governments (federally recognized)
- Native American tribal governments (other than federally recognized)
- State-Recognized Tribes

### Other Tribal Entities

- Tribal organizations
- Consortia of tribes or tribal organizations
- Urban Indian Organizations

### Education Organizations

- Independent school districts
- Public and state-controlled institutions of higher education
- Private institutions of higher education
- Education agencies/authorities serving children and youth residing in federally recognized American Indian/Alaska Native (AI/AN) tribes

### Non-profit Organizations

- Non-profits having a 501(c)(3) status with the Internal Revenue Service (IRS), other than institutions of higher education
- Non-profits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education, including entities with 501(c)(4) status (civic leagues, social welfare organizations, and local associations of employees) and 501(c)(5) status (labor organizations).

**Please note: For-profit organizations and foreign entities are not eligible to apply for SAMHSA awards.**

# Appendix D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

## CONFIDENTIALITY AND PARTICIPANT PROTECTION:

It is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. **As part of Attachment 7 of the application, all applicants (including those who plan to obtain Institutional Review Board (IRB) approval) must address all of the elements below.** If some elements are not applicable to the proposed project, explain why the element(s) is not applicable.

In addition to addressing these elements, you will need to determine if the section below titled “Protection of Human Subjects Regulations” applies to your project. If so, you must submit the required documentation as described below. There are no page limits for your response to the elements in this appendix.

### 1. Protect Participants and Staff from Potential Risks

- Identify and describe the foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects **participants** may be exposed to because of the project.
- Identify and describe the foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects **staff** may be exposed to as a result of the project.
- Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.
- Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and/or staff.

*Responses that will be considered unacceptable or incomplete:*

- *Indicating that there are **no risks** to participants. If services are being delivered as part of the project, it is **very unlikely** that there will be no foreseeable physical, medical, psychological, social, or legal risks or potential adverse effects as a result of their involvement in the project.*
- *Addressing potential risks to participants but not addressing risks to staff*
- *Neglecting to describe how the organization will provide guidance and assistance in the event there are adverse effects to participants and whether alternative treatments will be available to participants.*

## 2. Fair Selection of Participants

- Explain how you will recruit and select participants ensuring all populations have equitable opportunities to participate in the program.
- Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

*Responses that will be considered unacceptable or incomplete:*

- *Not explaining reasons for including or excluding participants*
- *Not identifying how participants will be selected*

## 3. Absence of Coercion

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you plan to implement a contingency management program, specify the evidence-based model you will use and briefly justify its use with your population(s) of focus. If you have included funding for incentives in your budget, you **must** address this item. (For specific information about incentives, see <https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>)
- Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.
- Describe how you will inform participants in a culturally competent manner that they may receive services even if they choose to not participate in or complete the data collection component of the project.

*Responses that will be considered unacceptable or incomplete:*

- *Indicating that you do not plan to compensate participants, such as through incentives, but including funding for incentives in the budget or describing the use of incentives in the Project Narrative.*
- *Not specifying how participants will be told that they may receive services even if they choose not to participate in the data collection component of the project.*

## 4. Data Collection

- Identify from whom you will collect data (e.g., participants, clients, family members, teachers, others).
- Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.
- In **Attachment 2**, “Data Collection Instruments/Interview Protocols,” you **must** provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the standardized instrument(s)/protocol(s). Include any culturally adapted data collection instruments and interview protocols.

*Responses that will be considered unacceptable or incomplete:*

- *Not clearly identifying all the entities from which data will be collected.*
- *Describing the use of drug testing in the Project Narrative but not providing the requested information about specimen collection.*
- *Not including data collection instruments/interview protocols (or links to websites for the instruments) in Attachment 2.*
- *Not including how the data collection will occur (i.e., paper surveys versus electronic survey links; at a school setting or at the organization’s clinic, etc.).*

## 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Describe:
  - Where data will be stored,
  - Who will have access to the data collected, and
  - How the identity of participants will be kept private, for example, using a coding system on data records, limiting access to records, or storing identifiers separately from data.
- **NOTE:** Recipients must maintain the confidentiality of substance use disorder client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II, Subpart B.**

*Responses that will be considered unacceptable or incomplete:*



- *Not providing detailed information about where data is stored and how the identity of participants will be kept confidential.*
- *Not clearly identifying the individuals who will have access to the data.*
- *Not specifying that you agree to maintain the confidentiality of substance use disorder client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.*

## 6. Adequate Consent Procedures

- Include, as appropriate, sample consent forms\* that provide for:
  1. informed consent for participation in service intervention;
  2. informed consent for participation in the data collection component of the project, including information that participants are informed that they may receive services even if they choose not to participate in or complete this component of the project; and
  3. informed consent for the exchange (releasing or requesting) of confidential information.
  4. Informed consent for youth participants.

\*Consent forms should be written at no higher than 8<sup>th</sup> grade reading level.

- The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, provide translated forms.
- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

**NOTE:** The consent forms should never imply that the participant waives or appears to waive any legal rights. The forms should also not imply that individuals cannot end involvement with the project or that your project or its agents will be released from liability for negligence.

*Responses that will be considered unacceptable or incomplete:*

- *Not providing copies of sample consent forms in Attachment 3.*
- *Not providing details on how consent/assent will be obtained for youth participants.*

- *Not providing details on how consent will be obtained for non-English speaking priority populations identified in the application.*

**7. Risk/Benefit Discussion**

- Discuss why the risks you have identified in **Element 1. Protect Participants and Staff from Potential Risks** are reasonable compared to the anticipated benefits to participants involved in the project.

- Responses that will be considered unacceptable or incomplete:*
- *Indicating there are no risks to participants in the first element and noting that this element is therefore not applicable.*
  - *Not mentioning any anticipated benefits to participants involved in the project.*

**PROTECTION OF HUMAN SUBJECTS REGULATIONS**

SAMHSA expects that most recipients funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed project may meet the regulation’s criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## Appendix E – Developing Goals and Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This appendix provides information on developing goals and objectives for use in your Project Narrative. It also provides examples of well-written goals and measurable objectives.

### GOALS

**Definition** – a goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.
- Goals are concise.

### Examples

Unclear Goal	Critique	Improved Goal
Increase the substance use and HIV/AIDS prevention capacity of the local school district	This goal could be improved by <i>specifying an expected program effect in reducing a health problem</i>	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance use and/or HIV/AIDS
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use.	This goal is not concise	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

### OBJECTIVES

**Definition** – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single

goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2020, 75% of program participants will be *placed* in permanent housing. To be effective, objectives should be clear and leave no room for interpretation.

**SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound***:

***Specific*** –

Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

***Measurable*** –

How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/20 increase by 10% the number of 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grade students who disapprove of marijuana use as measured by the annual school youth survey.

***Achievable*** –

Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

***Realistic*** –

Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

***Time-bound*** –

Provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**Examples:**

Non-SMART Objective	Critique	SMART Objective
<p>Teachers will be trained on the selected evidence-based substance use prevention curriculum.</p>	<p>The objective is not SMART because it is not <i>specific</i>, <i>measurable</i>, or <i>time-bound</i>. It can be made SMART by <i>specifically</i> indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.</p>	<p><b><i>By June 1, 2022, LEA supervisory staff</i></b> will have trained <b><i>75% of health education</i></b> teachers <b><i>in the local school district</i></b> on the selected, evidence-based substance use prevention curriculum.</p>
<p>90% of youth will participate in classes on assertive communication skills.</p>	<p>This objective is not SMART because it is not <i>specific</i> or <i>time-bound</i>. It can be made SMART by indicating <i>who</i> will conduct the activity, <i>by when</i>, and <i>who</i> will participate in the lessons on assertive communication skills.</p>	<p>By the <b><i>end of the 2022 school year, district health educators</i></b> will have conducted classes on assertive communication skills for 90% of youth <b><i>in the middle school</i></b> receiving the <b><i>substance use and HIV prevention curriculum</i></b>.</p>
<p>Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.</p>	<p>This objective is not SMART as it is not <i>specific</i>, <i>measurable</i> or <i>time-bound</i>. It can be made SMART by specifically indicating <i>who</i> is responsible for the training, <i>how many</i> people will be trained, <i>who</i> they are, and by <i>when</i> the training will be conducted.</p>	<p><b><i>By the end of year two of the project, the Health Department</i></b> will have trained <b><i>75% of EMS staff in the County Government</i></b> on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.</p>

## Appendix F – Developing the Plan for Data Collection and Performance Measurement

Information in this Appendix should be taken into consideration when developing a response for criteria in Section E of the Project Narrative.

### **Data Collection:**

In describing your plan for data collection, consider addressing the following points:

- Electronic data collection software that will be used
- Frequency of data collection?
- Organizational processes that will be implemented to ensure the accurate and timely collection and input of data.
- Staff that will be responsible for collecting and recording the data.
- Data source and data collection instruments that will be used to collect the data.
- How well the data collection methods will take into consideration the language, norms, and values of the population(s) of focus.
- Processes and policies to keep data secure.
- If applicable, the data collection procedures to ensure that confidentiality is protected, and that informed consent is obtained.
- If applicable, data collection procedures from partners and/or sub-recipients.

It is not necessary to provide information related to data collection and performance measurement in a table, but the following samples may give you some ideas about how to display the information.

**Table 1 [provides an example of how information for the required performance measures could be displayed]**

Performance Measures	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis

**Table 2 [provides an example of how information could be displayed for the data that will be collected to measure the objectives that are included in B.1]**

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a				
Objective 1.b				

## **Data Management and Performance Monitoring**

Points to consider:

- Data protection policies and procedures, including information about storage, retention, and access.
- Frequency of reviews and monitoring of performance data
- Staff conducting data analysis, including evaluation.
- Data analysis methods and how you will use data to monitor and evaluate activities and processes.
- Staff responsible for completing reports.
- How data will be reported to staff, stakeholders, SAMHSA, an Advisory Board, and other relevant project partners.

## **How Data Will Be Used to Enhance the Project/Quality Improvement (QI):**

Points to consider:

- If applicable, the QI model that will be used.
- How will the QI process be used to track progress?
- Staff responsible for overseeing QI processes.
- Details of how to implement any needed changes to project implementation and/or project management.
  - What decision-making processes will be used??
  - When and by whom will decisions be made concerning project improvement?
  - What are the thresholds for determining that changes need to be made?
  - Will the Advisory Board have a role in the QI process?
  - How will the changes be communicated to staff and/or partners/sub-recipients?

## **Appendix G – Biographical Sketches and Position Descriptions**

Include position descriptions and biographical sketches for all project staff as supporting documentation to the application. The formatting requirements outlined in Appendix B are not applicable for these documents.

### **Biographical Sketch**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Recent relevant publications

### **Position Description**

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Amount of travel and any other special conditions or requirements
7. Salary range
8. Hours per day or week



## Appendix H – Addressing Behavioral Health Disparities

SAMHSA expects recipients to submit a Behavioral Disparity Impact Statement (DIS) within 60 days of receiving the award.

SAMHSA’s Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance equity for all, and to identify racial, ethnic, sexual and gender minority, and rural populations at highest risk for experiencing behavioral health disparities as part of their projects. The purpose of the DIS is for recipients to identify and address health disparities<sup>8</sup> and to develop and implement an action plan with a disparity reduction quality improvement process to close the identified gap(s). The aim is to achieve targeted behavioral health equity<sup>9</sup> for disparate populations and improve systems.

SAMHSA provides a DIS Worksheet that award recipients are expected to use to respond to this special condition of award.

The main components of the DIS are:

- Identify and describe the scope of the problem (i.e., behavioral health disparity) related to the program and the population(s) of focus that experience disparate access, use, and outcomes. Identify data sources that will be used to inform the DIS (this should be in alignment with the information provided in your application). Complete a table that includes this information at the individual/client, organizational or systemic level as it relates to the data collection requirements: NOMS, IPP, or both, in relation to access, use, and outcomes.

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<sup>8</sup> Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

<sup>9</sup> 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. Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with quality services, this involves addressing social determinants of health, such as employment and housing stability, insurance status, proximity to services, and culturally responsive care – all of which have an impact on behavioral health outcomes.

- Identify Social Determinant of Health (SDOH) domain(s) that your organization will work to address and improve for the identified population(s) of focus using the NOFO. Visit [Healthy People 2030](#) for more information on the five (5) domains. Using the Behavioral Health Implementation Guide, identify Culturally and Linguistically Appropriate Services (CLAS) standards that your organization plans to meet, expand, or improve through this funding opportunity. Review the [Behavioral Health Implementation Guide](#) for full explanations of the overarching themes and 15 CLAS Standards with behavioral health related samples, strategies, and examples.
- Develop and implement a disparity reducing quality improvement action plan to address the behavioral health disparity(ies) experienced by underserved population differences based on the GPRA data on access, use, and outcomes of activities. The plan should include realistic goals and SMART objectives (see [Appendix E](#)), the activities that will be implemented to address disparities, the intended impact, timeline, measurement, and evaluation. Ensure documentation of the processes, progress, and outcomes on how the identified behavioral health disparity(ies) have improved.

Recipients are expected to provide, at a minimum, an annual update on the DIS (e.g., what worked, what did not work, what modifications were made) as part of the programmatic progress reports per the NOFO.

Examples of a DIS are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

## **DIS Related Terminology and Resources**

### **Definition of Health Disparities**

Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

### **Social Determinants of Health (SDOH)**

[SDOH](#) are the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:

- Economic Stability
- Education Access and Quality

- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

For more information about SDOH Z codes and how SDOH are being used to narrow the health disparities gaps, see <https://www.cms.gov/files/document/zcodes-infographic.pdf>; <https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf>; and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207437/pdf/18-095.pdf>

### **Definition of Equity**

Equity is the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.

### **Definition of Health Equity**

Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Behavioral health equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

### **Underserved populations**

SAMHSA applicants are routinely asked to define the population they intend to serve given the focus of a particular program (e.g., adults with opioid use disorders at risk of overdose; adults with serious mental illness [SMI]; adolescents engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *underserved populations* that may have unequal access to, use of, or outcomes from provided services. These disparities may be the result of differences in race, ethnicity, language, culture, and/or socioeconomic factors specific to that

underserved population. For instance, Latino adults with opioid use disorder may be at heightened risk for overdoses due to lack of in-language prevention campaigns and treatment; African Americans with an SMI may more likely to terminate treatment prematurely due to lack of providers with whom they can develop a therapeutic relationship; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities, etc. While these factors might not be pervasive among the general population served by a recipient, they may be predominant among underserved populations or groups vulnerable to disparities. It is imperative that recipients understand who is being served, who is underserved, and who is not being served within their community in order to provide outreach and care that will yield positive outcomes, per the focus of the award. For organizations to attend to the potentially disparate impact of their award efforts, recipients are asked to address access, use and outcomes, disaggregated by underserved populations. Underserved populations can be defined by the following factors:

- By race
- By ethnicity
- By gender identity (including transgender populations)
- By sexual orientation (including lesbian, gay and bisexual populations)

Access refers to which populations/underserved populations are being served/reached by the program. Use refers to what interventions/services are received by the various populations. Outcomes refers to the outcome measures stipulated by the award and examined across underserved populations.

### **Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)**

The ability to address the quality of care provided to underserved populations served within SAMHSA's programs is enhanced by programmatic alignment with the federal National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

The CLAS Standards are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate, respectful, and responsive services that will advance health equity, improve quality, and help eliminate health care disparities.

The CLAS Standards are grouped into a Principal Standard and three themes focused on

- 1) Governance and Leadership.
- 2) Communication and Language Assistance.
- 3) Engagement, Continuous Improvement and Accountability.

Widely embraced by States and health care systems, the National CLAS Standards are more recently being promoted in behavioral health care, which includes a Behavioral Health CLAS Implementation Guide at [https://www.minorityhealth.hhs.gov/Assets/PDF/clas%20standards%20doc\\_v06.28.21.pdf](https://www.minorityhealth.hhs.gov/Assets/PDF/clas%20standards%20doc_v06.28.21.pdf). You can learn more about the CLAS mandates, guidelines, and recommendations at: <https://thinkculturalhealth.hhs.gov/clas>.

Guidelines for behavioral health implementation of the CLAS Standards can be found at <https://thinkculturalhealth.hhs.gov/clas>. This document addresses the importance of improving access to behavioral health care, promoting quality behavioral health programs and practice, and ultimately reducing persistent disparities in mental health and substance use prevention, treatment, and recovery for underserved, minority populations and communities.

## Appendix I – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable/unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <https://ecfr.federalregister.gov/current/title-45/subtitle-A/subchapter-A/part-75>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

Guidelines for recipients on financial management requirements are available at <https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements>.

SAMHSA funds may not be used to:

- Purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- Purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (See 45 CFR 75.421(e)(3))
- 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.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Pay for housing other than recovery housing which includes application fees and security deposits.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).

Note: 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. For programs including contingency management as a component of the treatment program, each individual contingency must be \$15 or less in value and clients may not receive contingencies totaling more than \$75 per budget period.

- Meals are generally unallowable unless they are an integral part of a conference award or specifically stated as an allowable expense in the NOFO (See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>)
- Purchase firearms.
- General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 117-328, Consolidated Appropriations Act, 2023, Division H, Title V, Section 526, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.
- **Salary Limitation:** The Consolidated Appropriations Act, 2023 (Public Law 117-328), Division H, Title II, Section 202, provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to SAMHSA awards and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is **\$212,100**. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation does not apply to consultants but does apply to subrecipients under a SAMHSA award or cooperative agreement . Note that these or other salary limitations will apply in the following fiscal years, as required by law.

## Appendix J – Intergovernmental Review (E.O. 12372) Requirements

### States with SPOCs

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). Information on the SPOC for participating states can be found at: <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>

This requirement does not apply to American Indian/Alaska Native tribes or tribal organizations. If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process. For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.

The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline:

Director, Division of Grants Management  
Office of Financial Resources,  
ATTN: SPOC – Funding Announcement No. SM-23-016  
Substance Abuse and Mental Health Services Administration,  
5600 Fishers Lane, Room 17E20  
Rockville, MD 20857

### States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)<sup>10</sup> to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are

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<sup>10</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).



a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- A copy of the first page of the application (SF-424); and
- A summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA awards, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse and the SSAs for mental health can be found on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

Review Section IV of the NOFO carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS to the SSA. The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address:

Director of Grants Management  
Office of Financial Resources,  
ATTN: SSA – Funding Announcement No. SM-23-016  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 17E20  
Rockville, MD 20857

In addition, applicants may request that the SSA send them a copy of any state comments. The applicant must notify the SSA within 30 days of receipt of an award.

## **Appendix K – Administrative and National Policy**

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

### **HHS Grants Policy Statement (GPS)**

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

### **HHS Award Regulations**

If your application is funded, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

### **Additional Terms and Conditions**

Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements.
- requirements relating to additional data collection and reporting.
- requirements relating to participation in a cross-site evaluation.
- requirements to address problems identified in review of the application or the budget and narrative justification.

### **Performance Goals and Objectives**

If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the award and the amount of any continuation award. In addition, you must relate financial data and accomplishments to the performance goals and objectives of the award. Failure to meet stated goals and objectives may result in suspension or termination (see [2 CFR](#)

[200.202](#), [2 CFR 200.301](#) and [2 CFR 200.329](#)) of the award, or in reduction or withholding of continuation awards.

### **Termination of Federal Award**

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340](#) - Termination apply to all federal awards effective August 13, 2020.

### **Accessibility Provisions for All Award Application Packages and Funding Opportunity Announcements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex, and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, the HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable

modifications, and to provide effective communication, see <https://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

### **Acknowledgement of Federal Funding**

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations, and other documents, such as tool-kits, resource guides, websites, and presentations describing the projects or programs funded in whole or in part with HHS federal funds. The recipient must clearly state: 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

### **Supplement Not Supplant**

Funds may be used to supplement existing activities. Award funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal award (2 CFR Part 200, Appendix XI).

### **Mandatory Disclosures**

A term may be added to the NoA which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to SAMHSA at the following address:

SAMHSA  
Attention: Office of Financial Advisory Services  
5600 Fishers Lane  
Rockville, MD 20857

You may also submit a complaint via the [OIG Hotline online form](https://oig.hhs.gov/fraud/report-fraud/) (see <https://oig.hhs.gov/fraud/report-fraud/>), by phone (1-800-447-8477), or by mail to the following address:

U.S. Dept. of Health and Human Services  
Office of the Inspector General  
ATTN: OIG Hotline Operations  
P.O. Box 23489  
Washington, DC 20026

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).”

### **System for Award Management (SAM) Reporting**

A term may be added to the NoA that states: “In accordance with the regulatory requirements provided at 45 CFR 75.113, 2 CFR 25, and Appendix XII to 45 CFR Part 75, recipients that have currently active federal awards and procurement contracts with cumulative total value greater than \$10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.”

### **Drug-Free Workplace**

A term may be added to the NoA that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).”

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, 20 USC 6081 et seq., the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Standards for Financial Management**

Recipients and subrecipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient and subrecipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient and subrecipient to compare actual expenditures or outlays with the approved budget for the award. SAMHSA funds must retain their award/subaward-specific identity and may not be commingled with non-federal funds or other federal funds. "Commingling funds" typically means depositing or recording funds in a general account without the ability to identify each specific source of funds with related expenditures. Common mistakes related to comingling are outlined below:

- **Commingling of Cost Centers:** Every business activity constitutes a cost center. Examples of cost centers include: a federal award, a state award, a private award, matching costs for a specific award, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients and subrecipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- **Commingling of Cost Categories:** Recipients and subrecipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs and subcontracts/subawards in excess of \$25,000. As a result, recipients must establish unique object codes in the accounting system to capture and 59 accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).
- **Commingling of Time Worked and Not Worked:** Recipients and subrecipients may not directly charge an award for employees' time not spent working on the award. Therefore, Paid Time Off (PTO), such as vacation, holiday, sick and other paid leave, is not recoverable directly from awards, but rather must be allocated to all awards, projects, and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.
- **Unsupported Labor Costs:** To support charges for direct and indirect salaries and wages, recipients and subrecipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) award, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., fulltime employees work 8 hours each day, etc.).
- **Inconsistent Treatment of Costs:** Recipients and subrecipients must treat costs consistently across all federal and non-federal awards, projects, and cost centers. For example, recipients and subrecipients may not direct-charge federal awards for costs typically considered indirect in nature, unless done consistently.

Examples of indirect costs include administrative salaries, office rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability. If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that the recipient or subrecipient has developed a cost accounting system that can withstand audit scrutiny and therefore the system must be adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. All costs are subject to subsequent agency review and/or audit scrutiny in accordance with awards' terms and conditions.

### **Trafficking in Persons**

Awards issued by SAMHSA are subject to the requirements of [2 CFR part 175](#) and [22 USC 7104\(g\)](#). For the full text of the award term, go to <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

### **Publications**

Recipients are required to notify the Government Project Officer (GPO) of any materials based on the SAMHSA-funded project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO with advance copies of publications.
- Include acknowledgment of the SAMHSA program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance use treatment/substance use prevention/mental health services community.

### **Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment**

As described in [2 CFR 200.216](#), recipients and subrecipients are prohibited to obligate or spend award funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain,
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.



## Appendix L – Budget and Justification

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by the object class cost categories listed on SF-424A – Section B (Budget Category) for non-construction awards.

- The detailed budget must match the costs identified on the SF-424A and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.
- NOFOs invite applications for periods of performance of one to up to five years. Generally, awards, on a competitive basis, will be for a one-year budget period but the period of performance may be up to five years. Submission and SAMHSA approval of the progress report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the multi-year period of performance is subject to availability of funds and satisfactory progress of the recipient. Progress will be evaluated by submission of data on required performance measures, satisfactory achievement of identified goals and objectives, providing services to the projected number of individuals specified in the application, and satisfactory resolution of barriers and challenges that arise in the implementation of the project.
- Refer to the program specific Funding Restrictions/Limitations and the Standard Funding Restrictions in the NOFO, as well as to 45 CFR Part 75 (<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>), for applicable administrative requirements and cost principles.

### SAMHSA Budget Template

To expedite review of your application, it is highly recommended you use the following PDF budget template to complete the Detailed Budget and Narrative Justification for submission with your application:

- The budget template can be found on the [SAMHSA Forms and Resources webpage](#) – scroll down to “**SAMHSA Budget Template**” section. You **must**

download the budget template PDF to your computer first before opening it directly in Adobe Acrobat or Acrobat Reader (not your internet browser):

1. Right-click the link "**SAMHSA Budget Template (PDF)**"
2. Select "save link as" and save to a location on your computer
3. Go to the saved location and open the "SAMHSA Budget Template (PDF)" using Adobe Acrobat or Acrobat Reader.

## Guidance

The following documents provide guidance on using the budget template:

- [Key Features of the Budget Template](#)
- [Budget Template Users Guide](#)
- [Budget Review Checklist](#) – use this checklist to review your detailed budget and narrative justification before submission to SAMHSA.

**Note:** For SAMHSA to view all of your budget data, you must convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

## Completing the SF-424A (see Section IV)

### Budget Cost Categories

Personnel Costs: Explain personnel costs by listing each staff member who will be working directly on the award by name (if possible), position title, percentage level of effort or proposed hours and annual salary. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or **\$212,100**. An individual's base salary, per se, is NOT constrained by the statutory provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to SAMHSA awards and cooperative agreements. The salary limitation does not apply to consultants but does apply to all subawards and subcontracts.

**Note:** If an organization is selected for an award and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA's formal approval, this will be done at the organization's own risk. If SAMHSA's review of the Key Personnel request results in the proposed individual not being approved or deemed not qualified for the position, the expectation is that the organization must submit a qualified candidate to be placed in the Key Personnel position. SAMHSA will not be liable for any costs incurred or pay for salaries of a Key Personnel that is not approved or deemed not qualified for the program.

Fringe Benefits: Fringe benefits typically include items, such as health insurance, taxes, unemployment insurance, life insurance, retirement plans, tuition reimbursement and

paid absences. Fringe benefits are recoverable in accordance with an organization's federally approved indirect cost rate agreement, if applicable, or the organization's accounting practices, provided those practices are consistent with federal cost principles and result in a fair and equitable allocation of fringe benefits.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. Name the traveler(s) if possible, describe the purpose of the travel, provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years). For example, large items of medical equipment.

Supplies: Include the programmatic items necessary to implement the proposed project (e.g., examination gloves, etc.). Conversely, general office supplies (e.g., paper, pencils, etc.) should be recovered through a federally-approved indirect cost rate or de minimis rate.

Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is under \$5,000. Note that items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 equipment threshold.

Vendor Contracts/Subawards & Subcontracts/Consortiums/Consultants: Provide a clear explanation as to the purpose, the basis for how costs were estimated, and the specific deliverables. You are responsible for ensuring that your organization has adequate procurement and merit review systems with fully developed written procedures for awarding and monitoring vendor contracts and subawards/subcontracts, respectively. Recipients must notify potential subrecipients to register in SAM and provide the recipient with their UEI number (see 2 CFR part 25). For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

**Note:** To assist with classifying costs and relationships, note that vendor contracts are for the purpose of obtaining goods and services (i.e., examination gloves provided by a medical supply company). Conversely, subawards/subcontracts are for the purpose of carrying out a portion of a federal award (i.e., a health care clinic providing substance use treatment services directly to patients). Your organization must ensure proper classification of costs and relationships. For subrecipient relationships, your

organization must ensure written subaward/subcontract agreements are in place. These written agreements must require that subrecipients comply with the same terms and conditions as the prime recipient, as applicable (i.e., financial management requirements, audit requirements, etc.) In other words, the requirements imposed on the prime recipient must “flow down” to subrecipients. Written agreements should also describe the scope of work, deliverables, etc.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., provider licenses, dedicated space rental, etc.).

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term “facilities and administration” (F&A) is used to denote indirect costs.

*Applicants may request full indirect costs, subject to statutory and regulatory limitations.*

Applicants may request full indirect costs, subject to statutory and regulatory limitations, and submission of an approved Negotiated Indirect Cost Rate Agreement (NICRA) established by the cognizant Federal agency (typically the agency that provides the most funds). If indirect costs are claimed, a copy of the NICRA must be submitted with the application. If unable to obtain a NICRA from the cognizant agency at the time of application, the applicant may elect to recover indirect costs using a de minimis rate as explained below. Otherwise, the applicant may only be reimbursed for allowable direct costs. Violation of cost accounting principles is not permitted when re-budgeting or charging costs to awards. Rather, costs must be consistently charged as either indirect or direct costs.

*Applicants may elect a 10% de minimis indirect cost rate, subject to statutory and regulatory limitations.*

Applicants who cannot obtain a NICRA from their cognizant Federal agency at the time of application may elect a 10% de minimis rate, subject to statutory and regulatory limitations.

The 10% *de minimis* rate may be used indefinitely and should be applied to Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award.) MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Violation of cost accounting principles is not permitted when charging costs to awards. Rather, costs must be consistently charged as either direct or indirect costs. Additionally, once elected, the 10% *de minimis* rate must be applied to all existing awards. If the cognizant agency

issues a NICRA subsequent to the award, the negotiated rate may *not* be retroactively applied.

*Waived Indirect Costs* – An applicant may elect *not* to request recovery of indirect costs. If so, the applicant should write *None Requested* in the same space allotted for Item J of the budget sheet.

## Appendix M – CCBHC Criteria Compliance Checklist

This compliance checklist identifies the criteria required for a Certified Community Behavioral Health Clinic (CCBHC) and their designated collaborating organizations (DCOs), which together form the CCBHC. **Note: SAMHSA has updated the CCBHC Certification Criteria and the CCBHC supported by this application will be responsible for meeting the updated criteria during the award period from this competition. An updated version of this checklist and further guidance related to timelines for adopting the updated CCBHC Certification Criteria will be available at [Certified Community Behavioral Health Clinics \(CCBHCs\) | SAMHSA](#).**

### Program Requirement 1: Staffing

#### Criteria 1.A. General Staffing Requirements

##### 1.a.1 Needs Assessment and Staffing Plan

- \_\_\_\_\_ The CCBHC has completed a needs assessment.
- \_\_\_\_\_ The CCBHC needs assessment addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses transportation, income, culture, and other barriers.
- \_\_\_\_\_ The CCBHC needs assessment addresses workforce shortages.
- \_\_\_\_\_ Consumers and family members and relevant communities (e.g., ethnic, tribal) were consulted in a meaningful way to complete the needs assessment.
- \_\_\_\_\_ There is recognition of the CCBHC's obligation to update the assessment at least every 3 years.
- \_\_\_\_\_ The staffing plan for the CCBHC reflects the findings of the needs assessment.
- \_\_\_\_\_ The CCBHC bases its requirements for services at the CCBHC, including care coordination, on the needs assessment findings.

##### 1.a.2 Staff

- \_\_\_\_\_ CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by the CCBHC.
- \_\_\_\_\_ If veterans are served by the CCBHC, staffing satisfies the requirements of criteria 4.K.

##### 1.a.3 Management Staffing

\_\_\_\_\_ CCBHC management staffing is adequate for the needs of CCBHC as determined by the needs assessment and staffing plan.

\_\_\_\_\_ The CCBHC has a management team structure with key personnel identified by name, including a CEO or Executive Director/Project Director and a Medical Director (may be the same person and Medical Director need not be full time).

[NOTE: A CCBHC that is unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.]

\_\_\_\_\_ For a CCBHC without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe as the Medical Director.

#### **1.a.4 Liability/Malpractice Insurance**

\_\_\_\_\_ The CCBHC maintains adequate liability/malpractice insurance.

### **Criteria 1.B. Licensure and Credentialing of Providers**

#### **1.b.1 Appropriate Licensure and Scope of Practice**

\_\_\_\_\_ CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.

\_\_\_\_\_ The CCBHC has policies or procedures in place to ensure continuation of licensure (non-lapse).

\_\_\_\_\_ The CCBHC has formal agreements in place with their DCOs, ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure and required state certifications.

#### **1.b.2 Required Staffing**

\_\_\_\_\_ The CCBHC staffing plan meets requirements of the state behavioral health authority and any accreditation or other standards required by the state and identifies specific staff disciplines that are required.

\_\_\_\_\_ The CCBHC staffing plan requires a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine products, naltrexone and other medications used to treat opioid and/or alcohol use disorders.

- \_\_\_\_\_ The CCBHC staffing plan requires credentialed substance abuse specialists.
- \_\_\_\_\_ The CCBHC staffing plan requires individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).
- \_\_\_\_\_ The CCBHC staffing plan requires other disciplines that can address needs identified by the needs assessment.
- \_\_\_\_\_ The CCBHC has taken steps to alleviate workforce shortages where they exist.

## **Criteria 1.C. Cultural Competence and Other Training**

### ***1.c.1 Training Plans***

- \_\_\_\_\_ The CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.
- \_\_\_\_\_ The CCBHC training plans require the following training at staff orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.
- \_\_\_\_\_ The CCBHC training plan requires the following training at staff orientation and thereafter as needed: cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; integration of primary care and behavioral health care; and a continuity plan.
- \_\_\_\_\_ The CCBHC has policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of training by employee.
- \_\_\_\_\_ If active-duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.

### ***1.c.2 – 1.c.4 Skills and Competence***

- \_\_\_\_\_ The CCBHC has written policies and procedures that describe the methods used for assessing skills and competencies of providers.
- \_\_\_\_\_ The CCBHC provides in-service training and education programs.
- \_\_\_\_\_ The CCBHC maintains a list of in-service training and educational programs provided during the previous 12 months.



\_\_\_\_\_ The CCBHC maintains documentation of completion of training and demonstration of competencies within staff personnel records.

\_\_\_\_\_ Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

## **Criteria 1. D. Linguistic Competence**

### **1.d.1 – 1.d.4 Meaningful Access**

\_\_\_\_\_ If the CCBHC serves consumers with Limited English Proficiency (LEP) or with language-based disabilities, the CCBHC takes reasonable steps to provide meaningful access to their services for such consumers.

\_\_\_\_\_ The CCBHC's interpretation and translation service(s) (e.g., bilingual providers, onsite interpreter, and language telephone line) are appropriate and timely for the size and needs of the LEP CCBHC consumer population identified in the needs assessment.

\_\_\_\_\_ CCBHC interpreters are trained to function in a medical setting.

\_\_\_\_\_ CCBHC auxiliary aids and services are available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletype [TTY] lines).

\_\_\_\_\_ On the basis of the findings of the CCBHC needs assessment, documents, or messages vital to a consumer's ability to access CCBHC services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, and signage) are available for consumers in languages common in the community served. The documents take into account the literacy levels of the community as well as the need for alternative formats (e.g., for consumers with disabilities), and they are provided in a timely manner.

\_\_\_\_\_ CCBHC consumers are made aware of resources designed to provide meaningful access.

### **1.d.5 Meaningful Access and Privacy**

\_\_\_\_\_ CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

\_\_\_\_\_ CCBHC consumer consent documentation is regularly offered, explained, and updated.

\_\_\_\_\_ The CCBHC satisfies the requirements of privacy and confidentiality while encouraging communication between providers and family of the consumer.

## **Program Requirement 2: Availability and Accessibility of Services**

### **Criteria 2.A. General Requirements of Access and Availability**

#### **2.a.1-**

#### **2.a.8 Access and Availability Generally**

\_\_\_\_\_ The CCBHC takes measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.

\_\_\_\_\_ The CCBHC complies with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.

\_\_\_\_\_ CCBHC outpatient clinic hours include some evening and weekend hours and meet the needs of the population served.

\_\_\_\_\_ The location of the CCBHC is accessible to the consumer population being served.

\_\_\_\_\_ The CCBHC provides transportation or transportation vouchers for consumers as resources allow.

\_\_\_\_\_ The CCBHC plans to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.

\_\_\_\_\_ The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits and services.

\_\_\_\_\_ CCBHC services are aligned with state or county/municipal court standards for the provision of court-ordered services.

\_\_\_\_\_ The CCBHC has adequate continuity of operations/disaster plans in place.

\_\_\_\_\_ The CCBHC provides available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.

## **Criteria 2.B. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers**

### **2.b.1 Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers<sup>11</sup>**

- \_\_\_\_\_ For new CCBHC consumers with an initial screening identifying an urgent need, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within one (1) business day of the time the request is made, or (2) a more stringent state standard of less than one day.
  
- \_\_\_\_\_ For new CCBHC consumers with an initial screening identifying routine needs, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 10 business days, or (2) a more stringent state standard of less than 10 business days.
  
- \_\_\_\_\_ For new consumers, the CCBHC either: (1) uses the criteria requirement that a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation be completed within 60 calendar days of the first request for services, or (2) has a more stringent time standard of \_\_\_\_\_.
  
- \_\_\_\_\_ The CCBHC has policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs in accordance with state standards.
  
- \_\_\_\_\_ The CCBHC has policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation in accordance with state standards.
  
- \_\_\_\_\_ The CCBHC has policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.
  
- \_\_\_\_\_ The CCBHC has policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter once the emergency is resolved.

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<sup>11</sup> See also criterion 4.D related to the content of these evaluations.

### **2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation<sup>12</sup>**

\_\_\_\_\_ CCBHC treatment teams update the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, in agreement with and endorsed by the consumer and in consultation with the primary care provider (if any), when changes in the consumer's status, responses to treatment, or goal achievement have occurred.

\_\_\_\_\_ Assessment must be updated no less frequently than every (1) 90 calendar days; (2) has a more stringent time standard of less than 90 days; or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below.

### **2.b.3 Timing of Services for Established Consumers**

\_\_\_\_\_ The CCBHC complies with the standards for established CCBHC consumers seeking an appointment for routine needs. The CCBHC may either: (1) use the criteria requirement that outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs are provided within 10 business days of the requested date for service and, for those presenting with an urgent need, within 1 business day of the request, (2) has a more stringent time standard of days, or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below:

\_\_\_\_\_ The CCBHC has in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.

### **Criteria 2.C. Access to Crisis Management Services<sup>13</sup>**

\_\_\_\_\_ The CCBHC provides crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.

\_\_\_\_\_ The CCBHC has policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at

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<sup>12</sup> See criteria 3.D and 4.E for other requirements related to the treatment planning process.

<sup>13</sup> See criterion 4.C regarding content of crisis services and 3.a.4 regarding crisis planning in the context of care coordination.

intake, and that the latter is provided in a way that ensures meaningful access.

\_\_\_\_\_ The CCBHC has policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3) reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.

\_\_\_\_\_ The CCBHC works with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.

### **Criteria 2.D. No Refusal of Services Due to Inability to Pay**

\_\_\_\_\_ The CCBHC has a policy that services cannot be refused because of inability to pay.

\_\_\_\_\_ The CCBHC has policies or procedures that ensure (1) provision of services regardless of ability to pay; (2) waiver or reduction of fees for those unable to pay; (3) equitable use of a sliding fee discount schedule that conforms to the requirements in the criteria; and (4) provision of information to consumers related to the sliding fee discount schedule, available on the website, posted in the waiting room, and provided in a format that ensures meaningful access to the information.

### **Criteria 2.E. Provision of Services Regardless of Residence**

\_\_\_\_\_ The CCBHC has a policy that services cannot be refused due to residence.

\_\_\_\_\_ The CCBHC has policies or protocols addressing services for those living out of state.

\_\_\_\_\_ The CCBHC has policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services, provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.

## **Program Requirement 3: Care Coordination<sup>14</sup>**

### **Criteria 3.A. General Requirements of Care Coordination**

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<sup>14</sup> In the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

\_\_\_\_\_ The CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

\_\_\_\_\_ The CCBHC has procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs.

\_\_\_\_\_ The CCBHC has policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.

\_\_\_\_\_ The CCBHC has policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.

\_\_\_\_\_ The CCBHC has procedures for medication reconciliation with other providers.

### **Criteria 3.B. Care Coordination and Other Health Information Systems**

\_\_\_\_\_ The CCBHC has health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.

\_\_\_\_\_ CCBHC HIT systems allow reporting on data and quality measures required by the criteria.

\_\_\_\_\_ The CCBHC has plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach, and research.

[NOTE: If a CCBHC HIT system is being newly established, it is certified to accomplish the activities above; to send and receive the full common data set for all summary of care records; to support capabilities including transitions of care, privacy, and security; and to meet the *Patient List Creation* criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program.]

\_\_\_\_\_ The CCBHC has a plan in place to improve care coordination between the CCBHC and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

### **Criteria 3.C. Care Coordination Agreements**

CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the 2-year grant period but should at least have some informal agreement (letter of support, letter of agreement, or letter of commitment) with each entity at certification. The agreement must describe the parties' mutual expectations and responsibilities related to care coordination.

\_\_\_\_\_ The CCBHC has an agreement in place with ***Federally Qualified Health Centers (FQHCs) and, where relevant, Rural Health Clinics (RHCs)***, unless health care services are provided by the CCBHC.

\_\_\_\_\_ The CCBHC has protocols for care coordination with other primary care providers when they are the provider of health care for consumers.

\_\_\_\_\_ The CCBHC has an agreement in place with ***Inpatient psychiatric treatment, including substance use disorder services facilities to provide services at the clinically appropriate level, and residential programs.***

\_\_\_\_\_ The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).

\_\_\_\_\_ The CCBHC has protocols for transitioning consumers from emergency departments and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow-up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.

\_\_\_\_\_ The CCBHC has an agreement in place with ***community or regional services, supports, and providers.*** These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities, including drug, mental health, veterans, and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability

Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

\_\_\_\_\_ The CCBHC has an agreement in place with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department.

\_\_\_\_\_ The CCBHC explored agreements with each of the facilities of different types are nearby.

\_\_\_\_\_ The CCBHC has an agreement in place with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, and substance use disorder treatment programs offering a continuum of care to include outpatient with induction services and maintenance treatment for MAT, intensive outpatient or partial hospital programs, or centers of excellence or those with a specialty in treating OUD and when clinically indicated inpatient and residential treatment programs.

\_\_\_\_\_ The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).

\_\_\_\_\_ The CCBHC has procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.

\_\_\_\_\_ The CCBHC has care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to services or is assessed as being no longer at risk, for consumers presenting to the facility at risk for suicide.

\_\_\_\_\_ The CCBHC makes and documents reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.

**Criteria 3.D. Treatment Team, Treatment Planning and Care Coordination Activities<sup>15</sup>**

\_\_\_\_\_ CCBHC treatment planning includes the consumer, the family of child consumers, and, if the consumer chooses, the adult consumer's family or others designated by the consumer.

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<sup>15</sup> See criteria 2.b.2 and 4.E related to other aspects of treatment planning.



- \_\_\_\_\_ CCBHC treatment planning and care coordination are person-centered and family-centered.
- \_\_\_\_\_ CCBHC treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements.
- \_\_\_\_\_ The CCBHC coordinates care provided by DCOs.
- \_\_\_\_\_ The CCBHC designates interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.
- \_\_\_\_\_ The CCBHC provides recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.

## **Program Requirement 4: Scope of Services<sup>16</sup>**

### **Criteria 4.A. General Service Provisions**

- \_\_\_\_\_ The CCBHC directly provides, at a minimum, the four required services.
- \_\_\_\_\_ CCBHC formal agreements with DCOs within the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.
- \_\_\_\_\_ All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.
- \_\_\_\_\_ CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.
- \_\_\_\_\_ CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.
- \_\_\_\_\_ With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.

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<sup>16</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

\_\_\_\_\_ CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

#### **Criteria 4.B. Person-Centered and Family-Centered Care**

\_\_\_\_\_ The CCBHC and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received.

\_\_\_\_\_ The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.

\_\_\_\_\_ CCBHC services are culturally appropriate, as indicated in the needs assessment.

#### **Criteria 4.C. Crisis Behavioral Health Services<sup>17</sup>**

\_\_\_\_\_ The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24-hour mobile crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis response; and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.

\_\_\_\_\_ Crisis services are provided by the CCBHC or by an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. Please indicate how crisis services are provided:

- By the CCBHCs directly.
- By an existing system or network with which the CCBHCs have a formal agreement. Describe the existing system.

#### **Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis<sup>18</sup>**

\_\_\_\_\_ The CCBHC directly provides behavioral health screening, assessment, and diagnosis, including risk assessment.

\_\_\_\_\_ The CCBHC ensures that all of the following (derived from the Appendix A quality measures) occurs: (1) tobacco use: screening and cessation

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<sup>17</sup> See criterion 2.C regarding access to crisis services.

<sup>18</sup> See criterion 2.B regarding timing of evaluations and assessments.

intervention; (2) unhealthy alcohol use: screening and brief counseling; (3) child and adolescent major depressive disorder suicide risk assessment; (4) adult major depressive disorder suicide risk assessment; and (5) screening for clinical depression and follow-up plan.

\_\_\_\_\_ The CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.

- Describe additional requirements (if any) established by the state, based on the population served, for the initial evaluation.

\_\_\_\_\_ The CCBHC regularly obtains release of information consent forms as feasible as part of the initial evaluation.

\_\_\_\_\_ Licensed behavioral health professionals, performing within the state's scope of practice and working in conjunction with the consumer as members of the treatment team, complete a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 days of the first request for services by new CCBHC consumers.

\_\_\_\_\_ The CCBHC meets applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations

\_\_\_\_\_ The CCBHC conducts screening, assessment, and diagnostic services in a timely manner and in a time period responsive to consumers' needs.

\_\_\_\_\_ CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs.

\_\_\_\_\_ The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, motivational interviewing techniques.

\_\_\_\_\_ The CCBHC uses culturally and linguistically appropriate screening tools.

\_\_\_\_\_ The CCBHC uses tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

\_\_\_\_\_ The CCBHC conducts a brief intervention and provides or refers the consumer for full assessment and treatment if screening identifies unsafe substance use, including problematic alcohol or other substance use.

#### **Criteria 4.E. Person-Centered and Family-Centered Treatment Planning<sup>19</sup>**

\_\_\_\_\_ The CCBHC directly provides person-centered and family-centered treatment planning in the state.

\_\_\_\_\_ The CCBHC provides for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.

\_\_\_\_\_ The CCBHC uses individualized treatment planning that includes shared decision-making; addresses all required services; is coordinated with the staff or programs needed to carry out the plan; includes provision for monitoring progress toward goals; is informed by consumer assessments; and considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers.

\_\_\_\_\_ The CCBHC seeks consultation for special emphasis problems and the results of such consultation are included in the treatment plan.

\_\_\_\_\_ The CCBHC documents consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

#### **Criteria 4.F. Outpatient Mental Health and Substance Use Services**

\_\_\_\_\_ The CCBHC directly provides outpatient mental health and substance use services.

\_\_\_\_\_ The CCBHC focuses as a priority service on providing necessary care to those living with serious mental illness (psychotic disorders, severe mental illnesses that result in danger to self/others and/or grave disability) including emergency assessment and treatment including use of appropriate psychotropic medications and psychotherapeutic interventions, ACT, and if so ordered, AOT services.

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<sup>19</sup> See criteria 2.B.2 and 3.D regarding other aspects of treatment planning.

- \_\_\_\_\_ The CCBHC provides identified evidence-based or best practices outpatient mental health and substance use services.
- \_\_\_\_\_ The CCBHC makes available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.
- \_\_\_\_\_ The CCBHC provides evidenced-based services that are developmentally appropriate, youth-guided, and family or caregiver driven to children and adolescents.
- \_\_\_\_\_ The CCBHC considers the individual consumer's phase of life, desires and functioning and appropriate evidence-based treatments.
- \_\_\_\_\_ The CCBHC considers the level of functioning and appropriate evidence-based treatments when treating individuals with developmental or other cognitive disabilities.
- \_\_\_\_\_ The CCBHC delivers treatment by staff with specific training in treating the segment of the population being served.
- \_\_\_\_\_ The CCBHC uses approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

#### **Criteria 4.G. Outpatient Clinic Primary Care Screening and Monitoring**

- \_\_\_\_\_ The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risks and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).
- \_\_\_\_\_ The CCBHC collects and reports the following: (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia.
- \_\_\_\_\_ The CCBHC ensures that children receive age-appropriate screening and preventive interventions including, where appropriate, assessment of learning

disabilities, and older adults receive age-appropriate screening and preventive interventions.

#### **Criteria 4.H. Targeted Case Management Services**

\_\_\_\_\_ The CCBHC is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. If targeted case management services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

\_\_\_\_\_ The CCBHC has established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations. The population(s) targeted is (are) \_\_\_\_\_.

#### **Criteria 4.I. Psychiatric Rehabilitation Services**

\_\_\_\_\_ The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

#### **Criteria 4.J. Peer Supports, Peer Counseling and Family/Caregiver Supports**

\_\_\_\_\_ The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

#### **Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

\_\_\_\_\_ The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The CCBHC has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active-duty military personnel.

\_\_\_\_\_ CCBHC care provided to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

- \_\_\_\_\_ The CCBHC asks and documents asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military, CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.
  
- \_\_\_\_\_ The CCBHC offers assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.
  
- \_\_\_\_\_ The CCBHC provides coordination between the care of substance use disorders and other mental health conditions for veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.
  
- \_\_\_\_\_ The CCBHC provides for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.
  
- \_\_\_\_\_ The CCBHC assigns a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.
  
- \_\_\_\_\_ The CCBHC provides care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.
  
- \_\_\_\_\_ CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.
  
- \_\_\_\_\_ The CCBHC develops a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.

## **Program Requirement 5: Quality and Other Reporting<sup>20</sup>**

### **Criteria 5.A. Data Collection, Reporting, and Tracking**

\_\_\_\_\_ The CCBHC has the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute and criteria.

\_\_\_\_\_ The CCBHC has formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

### **Criteria 5.B. Continuous Quality Improvement (CQI) Plan**

\_\_\_\_\_ The CCBHC has written CQI plans that satisfy the requirements of the criteria.

\_\_\_\_\_ The CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) quality of care issues including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.

## **Program Requirement 6: Organizational Authority, Governance, and Accreditation<sup>21</sup>**

### **Criteria 6.A. General Requirements of Organizational Authority and Finances**

\_\_\_\_\_ The CCBHC's organizational authority is among those listed in the statute and criteria.

\_\_\_\_\_ The CCBHC not operated under or in collaboration with the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, has reached out to these entities within their geographic service area and entered into arrangements with them to assist in the provision of services to and to inform the provision of services to AI/AN consumers.

\_\_\_\_\_ The CCHBC has a procedure for an annual financial audit and correction plan when the latter is necessary.

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<sup>20</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

<sup>21</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.



## Criteria 6.B. Governance

\_\_\_\_\_ The CCBHC board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHC incorporates meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below. Identify which method was used to certify the CCBHC.

- 51 percent of the board are families, consumers, or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.
- A substantial portion of the governing board members meet this criterion and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.
- The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership. The CCBHC has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.

## **Appendix O – Letter for Recipients of FY2022 CCBHC PDI/IA Awards**

The applicant shall submit a letter stating that this application will:

- Support one clinic to meet the CCBHC Certification Criteria independently;
- Support that clinic to serve a different non-overlapping geographic catchment area from any other clinic operated by the applying organization; and
- Only support one clinic, not multiple clinics.

The letter shall also state that:

- The clinic supported through this application was not funded from SM-22-012 (CCBHC-IA) or SM-22-002 (CCBHC-PDI).

## **Appendix P – Letter for Organizations Submitting Multiple Applications Under CCBHC-IA (SM-23-016) and CCBHC-PDI (SM-23-024)**

The letter shall include the following information for each application submitted under CCBHC-IA (SM-23-016) and CCBHC-PDI (SM-23-024):

- The name of the clinic
- The physical address of the clinic
- A brief description of the geographic boundaries of the service area served by the clinic
- Whether the CCBHC:
  - Is an independent clinic being developed and will deliver all 9 core services in compliance with the CCBHC Certification Criteria within four months after award; AND
  - Has a current CCBHC certification from the State and delivers all 9 core services in compliance with the CCBHC Certification Criteria; OR
  - SAMHSA accepted an attestation within the last 2 years for the CCBHC and the CCBHC delivers all 9 core services in compliance with the CCBHC Certification Criteria (please note the award dates and FOA/NOFO number for the last CCBHC grant that supported the CCBHC in this case).