

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

**FY2024 Assisted Outpatient Treatment Program for
Individuals with Serious Mental Illness**

(Short Title: AOT)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-006

Assistance Listing Number: 93.997

Key Information:

Application Deadline	Applications are due by April 26, 2024.
FY 2024 NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See Section I of the Application Guide .
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	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 after the application deadline.

**Electronic Grant
Application Submission
Requirements**

You must complete three (3) registration processes:

1. System for Award Management (SAM);
2. Grants.gov; and
3. eRA Commons.

See [**Section A**](#) of the ***Application Guide*** (Registration and Application Submission Requirements) to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for the fiscal year (FY) 2024 Assisted Outpatient Treatment program (Short Title: AOT). The purpose of this program is to implement AOT in communities to support adults with serious mental illness (SMI) who meet state-specific criteria for AOT. AOT is also known as involuntary outpatient commitment. It is defined as “medically prescribed mental health treatment that a patient receives while living in the community under the terms of a law authorizing a state or local court to order such treatment.”

Recipients are expected to implement a multi-disciplinary AOT program, working with courts, community partners and other entities to support community-based treatment for adults with SMI who meet criteria for AOT. With this program, SAMHSA aims to support the implementation and evaluation of new AOT programs to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with SMI.

Funding Opportunity Title:	Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness (Short Title: AOT)
Funding Opportunity Number:	SM-24-006
Due Date for Applications:	April 26, 2024
Estimated Total Available Funding:	\$15,229,744
Estimated Number of Awards:	Up to 20-30
Estimated Award Amount:	Applicants serving less than 50 clients – Up to \$500,000 per year Applicants serving more than 50 clients – Up to \$750,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	July 31, 2024
Anticipated Award Date:	No later than July 30, 2024
Length of Project Period:	Up to 4 years

Eligible Applicants:	Eligible entities are counties, cities, mental health systems (including mental health authorities), mental health courts, or any other entities with authority under the law of the State in which the applicant is located to implement, monitor and oversee assisted outpatient programs. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 224 of the Protecting Access to Medicare Act of 2014 (PAMA) (42 USC 290aa-17), as amended by the Consolidated Appropriations Act, 2023 (P.L. 117-328)

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to implement Assisted Outpatient Treatment (AOT) in communities to support adults with serious mental illness (SMI) who meet state-specific criteria for AOT. AOT is also known as involuntary outpatient commitment. It is defined as “medically prescribed mental health treatment that a patient receives while living in the community under the terms of a law authorizing a state or local court to order such treatment.”

Recipients are expected to implement a multi-disciplinary AOT program, working with courts, community partners, and other entities to support community based-treatment for adults with SMI who meet criteria for AOT. With this program, SAMHSA aims to support the implementation and evaluation of new AOT programs to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with SMI.

AOT program components should include:

- Evaluation of the psychiatric and social needs of participants;
- Development and implementation of treatment plans related to the medical, psychiatric and social needs, including the criteria for court-ordered treatment;
- Monitoring participant compliance with the treatment plan;
- Providing case management services that support the treatment plan;
- Making referrals to medical and social service providers for additional services;
- Evaluating the program implementation process to ensure consistency with participant needs, preferences, and state law; and
- Measuring treatment outcomes, including health and social outcomes such as rates of incarceration, health care utilization, and homelessness.

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

AOT is authorized by the Protecting Access to Medicare Act of 2014, Section 224.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, even if they do not get a salary from the project. Key personnel must make a major contribution to the

project. Key personnel and staff selected for the project should reflect the diversity in the geographic catchment area.

Key personnel for this program are the Project Director (minimum level of effort of 0.50 FTE) and the Evaluator (minimum level of effort of 0.50 FTE).

- The Project Director is responsible for oversight of the entire project, including overseeing, monitoring, and managing the award.
- The Program Evaluator is responsible for evaluating the processes and outcomes of the project.

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

3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services by the sixth month of the award. You are also expected to serve the unduplicated number of individuals proposed in the Project Narrative (B.1). **Note:** The unduplicated number of individuals to be served must align with the total amount of funding requested. If you are proposing to serve fewer than 50 clients, you can only request up to \$500,000. If you request funding up to \$750,000, you must document that you plan to serve more than 50 clients.

You must provide a description in B.2. of the Project Narrative on how you plan to implement all the following activities:

1. Convene an AOT Management Team

When: Within 2 months of award

Convene an AOT Management Team to coordinate the project's development, and implementation. The AOT Management Team will troubleshoot problems as they arise in communication and procedures for fulfilling the civil court orders and may need to review the AOT status of specific participants. The AOT Management Team must include the:

- AOT Project Director (PD)
- Local behavioral health provider delivering the majority of AOT services
- Inpatient or crisis systems partnering with the AOT program (with a focus on coordinating step-down from inpatient settings)
- Civil court(s) staff

Additional members of the AOT Management Team may include relevant community-based organizations, local first responders to mental health crisis

including law enforcement, and entities involved in outreach or support if a participant is unable to follow the civil court order.

2. Submit Memorandums of Understanding (MOUs)

When: Within 4 months of award, updated annually

Submit MOUs from relevant community stakeholders that include local referral pathways and roles for partners and community stakeholders. The MOUs should be agreed upon by both parties and include details on the following:

- Appropriate referrals to the program
- Role of stakeholder/partner in actual placement on a civil order
- Role of stakeholder/partner in providing court-ordered treatment and management of privacy rights
- Role of stakeholder/partner in ongoing care at the end of the court order
- Point of contact for each community stakeholder/partner

3. Develop Participant Civil and Privacy Rights Policies and Protocols

When: Within 4 months of award

Develop **policies and protocols** to ensure that the civil and privacy rights of participants are respected, program participants are educated about the AOT process and their rights, and proper legal procedures are being followed including HIPAA privacy restrictions and applicable state laws. The policies and procedures must be submitted with the semi-annual report.

4. Develop a Program Implementation Plan

When: Within 6 months of award

Develop a Program Implementation Plan that incorporates a schedule of planned implementation stages. This will include a schedule of implementation activities in the preparation phase, the ongoing program management and quality improvement phase, and the sustainment phase. The Plan should include a diagram outlining the workflow of the project (no more than 1 page). The Plan should include:

- Anticipated barriers and facilitators of implementation
- Process for creating and sustaining the AOT Management Team and Steering Committee
- Preliminary protocols to be developed (with input from the AOT Management Team) on the following:
 - Referral sources to the court for civil court order
 - Criteria for referral to the court for civil court order

- How people who do not receive a civil court order are referred to other supports
- How the court connects people under civil court order to services
- AOT program enrollment
- Service provider intake and assessment processes
- Ongoing service delivery
- Process ensuring that people referred to AOT are provided with resources to obtain legal representation for court proceedings
- Process for ongoing coordination with the court and AOT service providers
- Process for how people with private insurance receive AOT services under this award
- Process of redetermination by the court and extensions of the civil court order, if applicable
- Process for transitioning from AOT into continued services and supports

5. Develop and Submit a Project Staff Training Plan

When: Within 6 months of award

Develop and submit a **Project Staff Training Plan** for all selected Evidence-Based Practices (EBPs). This should include trauma-informed, culturally informed care, HIPAA privacy restrictions, as well as other privacy and civil rights considerations and state laws applicable for a person under AOT civil order. The plan should include civil court personnel and other community stakeholders, where appropriate. The plan should also include information on how staff will be trained to preserve as much choice for the individual on AOT orders as is possible within the court-ordered treatment.

6. Establish a Steering Committee

When: Within 6 months of award

Establish a Steering Committee to advise on the impact of AOT on the community. The steering committee has a role in ongoing optimization of the program such as identifying outreach opportunities, planning for education, overall tracking of successes and needs, and aggregated trends of the population (include underserved communities per [Executive Order 13985](#)) served by the program. The steering committee should be convened during the preparation phase (month 1 – 6) and meet quarterly thereafter. The steering committee should include:

- First responders to mental health crises
- Behavioral health providers including inpatient and outpatient
- Civil court leadership

- Local government officials
- Other community-based organization stakeholders (such as shelters, faith-based organizations, etc.)
- Consumers or persons with lived experience
- Family members living with a family member with a mental illness
- Others as relevant to your community (e.g., evaluators)

7. Provide individualized evidence-based treatment to AOT participants

This will include a multidisciplinary approach, including person-centered planning that is within the bounds of the civil court order. Interventions should promote the participant’s choice wherever possible in medication management, therapeutic interventions, case management, recovery and peer support services that focus on maintaining stability, recovery, wellness, and safety in the community.

8. Plan for recovery support during and after the civil order has ended

Recovery support services coordination/referrals should be promoted during the term of the court order and afterward with transition to community providers. This may be coordinated internally by the AOT recipient or through other community providers and may include:

- Peer recovery support, and other recovery support services
- Supported housing
- Supported employment
- Pursuit of other activities or community engagement that have meaning to the individual, such as volunteering or faith-based group participation
- Co-occurring treatment for those with co-occurring substance conditions
- Connection to enrollment for health insurance, Medicaid, Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), and other mainstream benefits

9. Design and conduct ongoing evaluation to monitor AOT participant progress, treatment outcomes, and successful transitions for individuals during and after completion of an AOT order. Evaluation activities should also include impact on rates of homelessness, incarceration, and hospitalization.

10. Provide ongoing education and outreach to diverse community partners, first responders, and stakeholders to increase awareness of AOT program and/or how to refer to the civil court process.

4. ALLOWABLE ACTIVITIES

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

- Involve families and social supports in the treatment/recovery process, including by providing family psycho-education services. When alienated from family, provide support to participants to reunify with family members if wanted by the participants.
- Develop and implement a system of valid, measurement-based care to track improvement in symptoms and functioning over time, informing treatment planning, service delivery, and tracking individual and population-level outcomes.

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's [Evidence-Based Practices Resource Center](#) and the [National Network to Eliminate Disparities in Behavioral Health](#) to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An **evidence-based practice** (EBP) is a practice that has been documented with research data to show its effectiveness. A **culturally adapted practice** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values.

Both researchers and practitioners recognize that EBPs and culturally adapted practices, 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, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices and/or culturally promising practices that are appropriate, you may implement these interventions.

In [Section C](#) of your Project Narrative, identify the practice(s) from the above categories 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 how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the [Fidelity Monitoring Checklist](#). In situations where an EBP is appropriate but requires additional culturally-informed practices, discuss this in [C.1](#).

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in [Section E](#) of the Project Narrative.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) two types of data using the Mental Health Client/Consumer Outcome Measures tool and the Infrastructure, Prevention and Promotion Indicators tool. Training and technical assistance on SPARS data collection and reporting will be provided after award.

1. The [Mental Health Client/Consumer Outcome Measures \(NOMs\)](#) tool collects client-level data on a real-time basis as clients are enrolled for services. You must collect these data on each client at baseline (i.e., client entry into the project), at 3-months, follow-up, and at client discharge. Data must be entered in SPARS within 7 days after collection.
2. The [Infrastructure Development, Prevention, and Mental Health Promotion \(IPP\)](#) indicators are project-level data collected and reported in SPARS on a quarterly basis. Recipients must collect data on the following IPP assigned indicators:
 - The number and percentage of work group/advisory group/council members who are consumers/family members.
 - The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the award.
 - The number of people receiving evidence-based mental-health-related services as a result of the award.
 - The number of individuals screened for mental-health or related interventions.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

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

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

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

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 to improve behavioral health.¹ These are part of SAMHSA’s core principles, as documented in our strategic plan.

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

- *Health*—managing one’s illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

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

¹ “[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.

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 vehicles for establishing safety and hope, building trust, enhancing collaboration, and using 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, and Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.²

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

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

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health DIS no later than 60 days after award. See [Section G of the Application Guide](#). Progress and evaluation of DIS activities must be reported in annual progress reports (see [Section VI.3 Reporting Requirements](#)).

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest

² https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's awards.

The DIS aligns with the expectations related to [Executive Order 13985](#).

Language Access Provision

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

Tribal Behavioral Health Agenda

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

Tobacco and Nicotine-free Policy

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

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (such as Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (such as Medicare, Medicaid, private insurance, etc.) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services).

Inclusion of People with Lived Experience Policy

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

Behavioral Health for Military Service Members and Veterans

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

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](#) and the behavioral health disparities that the LGBTQI+ population faces, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

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

8. RECIPIENT MEETINGS

SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings. In addition to these meetings, you are expected to participate in recurring monitoring calls with GPO no less than quarterly but more frequently as needed during critical phases of the grant program. Site visits conducted either virtually or in-person may also take place.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	\$15,229,744
Estimated Number of Awards:	20-30

Estimated Award Amount: Applicants serving less than 50 clients per year up to \$500,000 per year, inclusive of indirect costs. Applicants serving more than 50 clients per year up to \$750,000 per year, inclusive of indirect costs.

Length of Project Period: Up to 4 years

Anticipated Start Date July 31, 2024

Your annual budget cannot be more than \$500,000 (50 clients or less per year) or \$750,000 (more than 50 clients per year) in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.

2. COOPERATIVE AGREEMENT REQUIREMENTS

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of recipients and SAMHSA staff are:

Role of Recipient:

The Recipient must:

- 1) Comply with terms and conditions of the cooperative agreement award
- 2) Comply with all required activities as specified in Notice of Funding Opportunity
- 3) Collaborate with SAMHSA staff in project implementation and monitoring.

In addition, the recipient must (list):

- 1) Submit for GPO review or approval one stage of a project before work may begin on a later stage during a current approved project period.
- 2) Collaborate with GPO in developing a selection process for sub-awards and review sub-recipient contracts and awards.
- 3) Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- 4) Engage with outside consultants for training, evaluation, and data collection.
- 5) Maintain regular communication with GPO through routine conference calls and technical assistance consultation.

- 6) If indicated, oversee the development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
- 7) Submit all key personnel for SAMHSA approval.
- 8) Submit all performance data and progress reports for SAMHSA approval.

Role of SAMHSA Staff:

The Government Project Officer (GPO) handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS), and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPO will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

- 1) Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
- 2) Assist the recipient in developing a selection process for sub-awards and review sub-recipient contracts and awards.
- 3) Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- 4) Recommend outside consultants for training, evaluation, and data collection.
- 5) Maintain regular communication with recipients through routine conference calls and provide technical assistance and consultation.
- 6) If indicated, oversee the development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
- 7) Review and approve all key personnel.
- 8) Review and approve performance data and progress reports.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are counties, cities, mental health systems (including mental health authorities), mental health courts, or any other entities with authority under the law of the State in which the applicant is located to implement, monitor and oversee assisted outpatient programs.

- Eligibility is statutorily limited to jurisdictions that have not previously implemented an AOT program. Previous AOT recipients are not eligible to apply and will be screened out and not reviewed.
- Applicants must operate in jurisdictions with legislative authority to carry out AOT. The states of Connecticut, Massachusetts, and Maryland do not have this legislative authority. Applications received from these states will be screened out.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

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

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies. In **Attachment 1**, applicants must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

1. A provider organization for direct client mental health services appropriate to the award must be involved in the project. The provider may be the applicant or another organization committed to the project as demonstrated by a Letter of Intent (LOI). More than one provider organization may be involved.
2. Each applicant and any partners must have at least two years of experience (as of the due date of the application) providing relevant services. Applicants that are part of court systems must demonstrate at least two years' experience providing specialized services for individuals with mental illness. Official documents must establish that the organization has provided relevant services for the last two years. Specific experience serving the population of focus for AOT (adults with SMI) should be noted.
3. Each mental health/substance use disorder prevention, treatment, or recovery support provider organization must be in compliance 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. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health/substance use disorder prevention, treatment, recovery support providers must be in compliance 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 the review of your application, if the score is in the fundable range, the GPO may request that you submit additional documentation or verify that the documentation 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 can be found at [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See [Section A](#) of the *Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

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

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

- **SF-424** – Fill out all Sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
 - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date) enter: a. Start Date: 07/31/2024; b. End Date: 07/30/2028.

- **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
- **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

It is recommended new applicants review the sample of a [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
 - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
 - **Section C** – Not required for this NOFO.
 - **Section D** – Forecasted Cash Needs: Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, and Year 4). For example, if funds are being requested for four years 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.

See [Section B](#) of the *Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted. See instructions on completing the SF-424A form at:

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

It is highly recommended you use the [Budget Template](#) on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 14 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 19, it is 15 pages long, not 14 pages. Instructions for completing each section of the Project Narrative are provided in [Section V.1](#) – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**

You must submit the budget justification and narrative as a file entitled “BNF” (Budget Narrative Form). (See [Section A](#) – 2.2 of the Application Guide - Required Application Components.)

- **ATTACHMENTS 1 THROUGH 8**

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

To upload the attachments, use the:

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

- **Attachment 1: Evidence of Experience and Credentials and Letters of Intent (LOI)**

1. Identification of at least one experienced, credentialed mental health treatment provider organization.
2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
3. Letters of Intent (LOIs) should be from:
 - Civil court administrators - this LOI must include an estimate of the total number of people who will receive an outpatient civil court order during the project period.
 - Providers involved with management of psychiatric crises (including emergency department, crisis services, or others as appropriate to the community)
 - Outpatient behavioral health care providers

Applicants who do not submit the required LOIs will be screened out.

4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- **Attachment 2: Data Collection Instruments/Interview Protocols**

You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview

protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

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

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

- **Attachment 5: Biographical Sketches and Position Descriptions**
See [Section F](#) of the *Application Guide - Biographical Sketches and Position Descriptions* for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.

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

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

- **Attachment 8: Documentation of Non-profit Status**
Proof of non-profit status must be submitted by public or private non-profit organizations. Any of the following is acceptable evidence of non-profit status:
 - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
 - A copy of a current and 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 non-profit status.
 - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status.

- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

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

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 PM (Eastern Time) on April 26, 2024.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to [Section A](#) of the *Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's [eRA Commons](#), [Grants.gov](#), and the System for Award Management ([SAM.gov](#)) in order to submit this application. The process could take up to six weeks. (See [Section A](#) of the *Application Guide* for all registration requirements).

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

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

- The applicant organization **MUST** be registered in NIH's eRA Commons;
AND
- The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your budget for the following:

- Food can be included as a necessary expense³ for individuals receiving SAMHSA funded mental and/or substance use disorder treatment services, not to exceed \$10.00 per person per day.

You must also comply with SAMHSA’s Standards for Financial Management and Standard Funding Restrictions in [Section H](#) of the Application Guide.

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

All SAMHSA programs are covered under [Executive Order \(EO\) 12372](#), as implemented through Department of Health and Human Services (HHS) 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 the Application Guide, [Section I - Intergovernmental Review](#) for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See [Section A](#) of the Application Guide for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

³ Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A - E) may be no longer than **14 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number, i.e., “A.1,” “A.2,” etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing 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 (15 points – approximately 2 pages)

1. Identify and describe your population(s) of focus, your state’s criteria for outpatient civil commitment, and the geographic catchment area where you will deliver services. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need, including current prevalence rates or incidence data for psychiatric hospitalizations, incarcerations, and homelessness for the population(s) of focus identified in A.1. Identify the source of the data (for example, the [National Survey on Drug Use and Health \(NSDUH\)](#), [County Health Rankings](#), [Social Vulnerability Index](#), etc.).

SECTION B: Proposed Implementation Approach (30 points – approximately 7 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of the proposed project and align them with the Statement of Need described in A.2. (See the Application Guide, [Section D - Developing Goals and Measurable Objectives](#), for information on how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Indicate in the table below the unduplicated number of individuals you propose to serve (annually and over the entire project period) with this project. The unduplicated number of individuals should be the same as the estimated total number of people who will receive an outpatient civil court order as indicated in the civil court administrator’s Letter of Intent (LOI) (**Attachment 1**).

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

2. Provide a diagram outlining the workflow of the project and coordination efforts across systems of care (no more than 1 page).
3. Describe how you will implement all Required Activities listed in [Section I](#). This should include your proposed membership of the steering committee and AOT Management Team.
4. In **Attachment 4**, provide no more than a 2-page chart or graph depicting a realistic timeline for the entire **four (4)** years of the project period showing dates, key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Program Narrative.]** This should be organized into preparation phase, the ongoing program management and quality improvement phase, and the sustainment phase. These key activities must include the Required Activities 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 six months after award.
5. Describe how you will address the civil rights of participants as well as the privacy rights of a person given the numbers of non-clinical entities that are typically involved with this community-wide program.
6. Describe how people with lived experience, including family members and peer support specialists (if available in your community), will be involved in the planning and evaluation of the proposed program.

SECTION C: Proposed Evidence-based or Adapted Service/Practices (25 points — approximately 3 pages)

1. Describe the evidence-based practices (EBP) and any clinical screening tools/assessments you will use.
2. Discuss how each EBP, clinical screening tools/assessments, and intervention chosen are appropriate for your population(s) of focus and the intended outcomes you will achieve.
3. Describe any modifications (e.g., cultural) you will make to the EBP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.
4. Describe the monitoring process you will use to ensure the fidelity of the EBPs, evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in [Section I.5.](#))

SECTION D: Staff and Organizational Experience (20 points – approximately 1 page)

1. Describe the experience of your organization providing services to adults with serious mental illness. Identify organization(s) that you will partner with in the proposed project. This includes members who will be on the AOT Management Team. Describe their experience providing services to adults with serious mental illness and their specific roles and responsibilities for this project. Letters of Intent from partners must be included in **Attachment 1**.
2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director at a minimum of 0.5 FTE and Evaluator at a minimum of 0.5 FTE). Describe the role of each, their level of effort (including non-key staff), and qualifications, including any specialized experience they possess in providing services to individuals with serious mental illness.

SECTION E: Data Collection and Performance Measurement (10 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. This includes data for clients during the duration of the civil order and transition of care after the civil order has ended. Include other data that is not required by the award but that you plan to use. (See the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

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

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

See the *Application Guide*, [Section K - Budget and Justification](#) for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in [Section IV-5](#). **Identify the items associated with these costs in your budget.**

3. REVIEW AND SELECTION PROCESS

Applications are [peer-reviewed](#) according to the evaluation criteria listed above.

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

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

- Approval by the Center for Mental Health Services National Advisory Council (NAC) when the individual award is over \$250,000.
- Availability of funds.
- Jurisdictions that have previously developed an AOT program are not eligible to apply.
- Submission of any required documentation that must be received prior to making an award.
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with [45 CFR 75.212](#), SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under

federal awards when completing the review of risk posed as described in [45 CFR 75.205](#) HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

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

3. REPORTING REQUIREMENTS

In Year 1, you are required to submit a semi-annual/6 months Program Performance Report [PPR] (due to be submitted 30 days after the end of the 6-month period) and an annual PPR at the end of Year 1 (due to be submitted 90 days after the end of the 12-month period). In Years 2 and 3, you are required to submit an annual PPR (due 90 days after the end of each 12-month project period). In Year 4, you must submit a final PPR report within 120 days after the end of the entire project period. This report must be cumulative and include all activities during the entire project period.

The PPR must address the following:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress achieving goals and objectives and implementing evaluation activities.

- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.
- Progress and efforts towards reducing rates of hospitalization, incarceration, homelessness, and interactions with the criminal justice system for the population of focus; cost-savings and public health outcomes, including rates of mortality, suicide, substance abuse, and participant satisfaction with treatment.
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan. Demographic information regarding participation of those served by the award compared to demographic information in the population of the recipient.
- Progress and efforts on use of services, patient and family satisfaction with program participation.

Management of Award:

Recipients must also comply with [standard award management reporting requirements](#), unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Cassandra Henry
 Center for Mental Health Services
 Substance Abuse and Mental Health Services Administration
 (240) 276-2256
AOT@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For review process and application status questions, contact:

Arvinda Khatri
 Office of Financial Resources, Division of Grant Review
 Substance Abuse and Mental Health Services Administration

(240) 276-0191
Arvinda.Khatri@samhsa.hhs.gov