

**Follow the Six Steps
in the Application Process**

1. **Review the Opportunity**
2. **Get Ready to Apply**
3. **Prepare Your Application**
4. **Learn About Review and Award**
5. **Submit Your Application**
6. **Learn About What Happens After Award**

Substance Abuse and Mental Health Services Administration (SAMHSA)

**NOFO Name: Assisted Outpatient Treatment
Program**

Short Title: AOT

NOFO Number: SM-26-001

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Assisted Outpatient Treatment Program

Short Title: AOT

Opportunity Number: SM-26-001

Announcement Version: Original

Federal Assistance Listing: 93.997

Eligible Applicants: Eligibility is statutorily limited to 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 [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: 04/20/2026

Expected Award Date: 08/30/2026

Expected Start Date: 09/30/2026

Response to Executive Order 12372: See [Intergovernmental Review](#) and [Section J](#) in the *Application Guide*.

Important Resources

Applicants are expected to follow guidance provided in the **FY 2026 NOFO [Application Guide](#)** (the *Application Guide*). This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see [Grants Glossary](#) for definitions of terms used in this NOFO.

Authorizing Statute

AOT is authorized under Section 224 of the Protecting Access to Medicare Act of 2014 ([42 USC 290aa-17](#)), as amended by the Consolidated Appropriations Act, 2023 (P.L. 117-328).

Agency Contacts

Program and Eligibility Questions

David Barry
Center for Mental Health Services
Phone: 240-276-0116
aot@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
Phone: 240-276-1940
NOFOBudget.CMHS@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Samantha Dock Herbster
240-276-0405
Samantha.DockHerbster@samhsa.hhs.gov

Summary

The purpose of this program is to facilitate the implementation of Assisted Outpatient Treatment (AOT) for adults with serious mental illness (SMI). Recipients are expected to implement the AOT program, working with civil 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 reduce the incidence and/or the duration of psychiatric hospitalization, homelessness, incarcerations, and interaction with the criminal justice system while improving the health and social outcomes of individuals with SMI. This program is designed to advance [SAMHSA's Strategic Priorities](#) and the [Make America Healthy Again agenda](#).

Funding Details

Funding Type: Cooperative Agreement

Estimated Total Available Funding: \$10,000,000

Estimated Number of Awards: 11-16

Estimated Award Amount:

- Up to \$500,000 per year per award for AOT programs serving 50 patients or less
- Up to \$750,000 per year per award for AOT programs serving more than 50 patients

Length of Project Period: Up to 5 Years

Your annual budget cannot be more than \$500,000 for AOT programs serving 50 patients or less or \$750,000 for AOT programs serving more than 50 patients in total costs (direct and indirect) in any year of the project. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of this program is to facilitate the implementation of AOT for adults with SMI. AOT is a community-based mental health treatment program, determined by state civil court commitment statutes, for adults with SMI¹. SAMHSA's AOT grant program supports E.O. 14321 by expanding access to assisted outpatient treatment and civil commitment services.

Your organization is expected to implement an AOT program within your jurisdiction that works directly with your civil courts, community partners, and other local entities to support community based AOT treatment. You are expected to follow your state AOT law and guidance.

SAMHSA intends to support the implementation of new AOT programs to reduce the incidence/duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system, while improving the health and social outcomes of individuals with SMI.

All activities proposed in your application and budget narrative must align with the current [Executive Orders](#) (EOs) and [SAMHSA Strategic Priorities](#). In addition, the application and budget narrative must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction. Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination

¹ SAMHSA defines serious mental illness (SMI) as a mental health condition that significantly limits a person's ability to function in their life. SMI includes conditions like bipolar disorder, major depression, and schizophrenia. To learn more, visit www.samhsa.gov/mental-health/serious-mental-illness/about.

by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety or promote anti-American values. If an application does not align, the application will not receive funding.

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, whether or not their salaries are paid by this grant, must play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

- **Project Director (PD):** The Project Director (PD) must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The Level of Effort (LOE) for this position is a minimum of 50%.
- **Project Court Coordinator:** The Project Court Coordinator is responsible for oversight of the civil court docket, adherence to state statutes, including submission of court-ordered treatment plans and progress report, if awarded funding. The LOE for this position is a minimum of 25%.

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:

- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
 - Replacing or removing Key Personnel, or
 - Reducing any Key Personnel's level of effort by 25% or more

Required Activities

Funds for this program are primarily for providing services to clients. These services must begin 8 months after receiving the award.

In the Project Narrative, you will provide the following:

- **B.1:** The unduplicated number of clients you propose to serve each year of the project
- **B.2:** A description of how you will implement the required activities

Nothing in the required or allowable activities described below allows grant recipients to use grant funds for prohibited activities described in the [Funding Restrictions and Limitations](#) section of this NOFO.

Your organization is required to implement all required activities listed below:

1. Establish an AOT management team

When: Within 2 months of award

Establish an AOT Management Team that is responsible for the following:

- Coordinating the project’s development and implementation
- Providing program oversight
- Ensuring adherence to AOT state laws and best practices
- Overseeing every AOT patient’s civil court order
- Troubleshooting and resolving any AOT-related civil court or treatment problems or barriers

The AOT Management Team must include the following:

- AOT Project Director (PD)
- Representatives from local community behavioral health providers delivering AOT services.
- Any inpatient or crisis systems partnering with the AOT program (with a focus on coordinating step-down from inpatient settings)
- Civil court(s) staff or court representative

Additional members of the AOT Management Team could include relevant community-based organizations, local first responders to mental health crisis (e.g., law enforcement, entities involved in outreach or support if a patient is unable to follow the civil court order).

2. Develop and establish AOT protocols and procedures

When: Within 3 months of award and update annually

Develop and establish AOT protocols and procedures, ensuring patient preference and choice, whenever appropriate, while under their civil court order. AOT policies and procedures must address:

- Eligibility and enrollment for AOT services, including how individuals with private insurance can receive AOT services
- Intake and assessment process of service providers, including service providers that may be in closer proximity to the patient’s home or preferred by the patient

- Providing appropriate referrals to medical and social service providers
- Evaluating the medical and social needs of patients who are participating in the program
- Preparing and executing treatment plans, which must include:
 - Criteria for completion of the court-ordered treatment
 - Monitoring the patient's compliance with the treatment plan
 - Compliance with medication and other treatment regimens
 - Judicial proceedings/reports to the civil court
- Ongoing service delivery (including day programs, education/vocational training, and advanced treatment for specialized needs)

3. Develop a plan for accepting individuals into the AOT program

When: Within 3 months after award

Develop a plan for accepting individuals into the AOT program that addresses the following:

- AOT eligibility and adherence to State/territorial statutory language
- Entry pathways leading to the petition to the civil court order
- Treatment recommendations, including recovery support services
- For individuals not eligible for AOT, a description of the process to refer these individuals to other community supports

4. Develop a patient protection of rights and privileges plan

When: Within 3 months of award and update annually

Develop a patient protection of rights and privileges plan that includes how your organization will do the following:

- Evaluate a patient's adherence to AOT best practices and state laws, while taking into consideration the patient's protection of rights and privileges
- Develop a list of patient civil and privacy rights and how you will adhere to this list
- Educate patients about the AOT process, rights, and legal procedures
- Ensure patients will be provided with resources to obtain legal representation for civil court proceedings
- Adhere to Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal laws and regulations

5. Develop an AOT staff training plan for implementation of Evidence-Based Practices (EBPs)

When: Within 4 months of award

Develop an AOT Staff Training Plan for civil court personnel, AOT program community stakeholders, and AOT project staff on EBP implementation, including:

- Trauma-informed care

- HIPAA compliance
- Other privacy and civil rights requirements
- AOT state/territorial laws
- Incorporating the patient’s treatment and service choice and preference, to the extent allowable, within the civil court-order for treatment

6. Develop a Community Support Systems map

When: Within 5 months of award and update annually

The Community Support Systems map is a visual representation of the available support services to improve identification and coordination of services within the community. The map should be used as a tool to provide appropriate referrals to medical and social service providers and to identify the community support services needed for each patient throughout the civil court order treatment, upon completion of the court ordered treatment, and when discharged from the AOT program.

The Community Support Systems map should consider identification of the following:

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

7. Establish an AOT Steering Committee

When: Within 5 months of award

Establish an AOT Steering Committee to incorporate relevant community input and identify opportunities to advance the AOT program. The steering committee has a role in promoting the program and identifying outreach opportunities, planning for education, overall tracking successes and needs, and patient outcomes.

The steering committee should meet at least quarterly. Representatives may include:

- Mental health crisis responders
- Inpatient and outpatient behavioral health providers
- Civil court leadership
- Local and other government officials

- Other community-based organization stakeholders (e.g., shelters, faith-based organizations)
- Persons with lived experience
- Family members living with a family member with a mental illness
- Others as relevant to your community

8. Develop Memoranda of Understanding (MOUs)

When: Within 6 months of award and update annually

Develop MOUs with relevant community stakeholders. Each MOU must address the following:

- The local community treatment pathways and roles for community partners and service providers who will be delivering AOT services to patients, including medical and social services
- Role of stakeholder/partner in providing court-ordered treatment and management of privacy rights
- Role of stakeholder/partner in ongoing care or proper referrals at the end of the court order
- Point of contact for each community stakeholder/partner
- How the community stakeholder/partner will provide updates on patients to the court and/or the AOT grantee

9. Establish a plan to develop, implement, and monitor a patient's Individualized Treatment Plan (ITP)

When: Within 7 months of award

The ITP should include and address the following:

- The AOT patient's court-ordered services
- How a multi-disciplinary approach will be used for treatment plan development
- The specific evidence based AOT treatments and supports to be used. **NOTE:** As part of the AOT programs and/or the court ordered treatment plan, you are required to provide an array of community-based intensive services. **Assertive Community Treatment should not serve as the exclusive intervention for individuals under AOT.**
- Interventions that promote the patient's choice within the bounds of the civil court order, including community services and therapeutic interventions
- How case management services will support the civil court order and treatment plan
- How recovery and peer support services will focus on maintaining stability, wellness, and recovery in the community
- Measurement of treatment outcomes, including health and social outcomes such as rates of incarceration, health care utilization and homelessness.

- The individual’s integrated physical health care needs. You may include Make America Healthy Again (MAHA) priorities such as diet, lifestyle, physical activity, and chronic physical disease prevention.

10. Develop a Plan to Monitor Court-Ordered Requirements

When: Within 7 months of award

Develop a plan to monitor all civil court-ordered requirements that address at least the following:

- The frequency of reporting patient compliance and progress to the civil court
- The methods used to monitor patient compliance with the civil court order and the treatment plan
- The reporting of patient and staff interaction
- How the civil court will determine patient compliance with the order, including a possible extension of the civil court order

11. Develop a Sustainability Plan

When: Within 12 months of award and annually for years 2-5

Develop a sustainability plan to ensure that the AOT program continues to serve the community when grant funding ends. The sustainability plan must include the following:

- Funding sources, including local, state, city and/or county funding, Federal grant funds, Medicare and/or and private insurance
- Continuation of AOT services after the end of the award, including continued use of the established referral process
- Continuation of community partnership and civil-court agreement after the grant has concluded

Allowable Activities

Allowable activities are **not** required. However, your organization may propose to use funds for the following activities:

1. Providing ongoing education and outreach to community partners, first responders, crisis systems, and other stakeholders to increase awareness of AOT program and/or how to refer to the civil court process.
2. Encouraging the involvement of families and social/recovery supports in the treatment/recovery process, to include providing family psycho-education services. If patients have limited or no family support, provide support services to support clients.
3. Using behavioral health measurement tools (e.g. PHQ-9, GAD-7, Mental Health Statistical Improvement Program, Consumer Assessment Healthcare Providers System Outpatient Mental Health Survey) to monitor patient improvements, track improvement of symptoms and functioning, guide treatment planning and service delivery, and improve the ability to track individual and population-level outcomes.

4. To aid in sustainability, providing advanced training to AOT staff to include but not limited to human trafficking, domestic violence, psychosis, suicide prevention, substance use, and Medicaid billing practices.

Provide outreach to homeless-serving programs to build partnerships that help identify individuals with serious mental illness who meet AOT eligibility requirements and are not engaging in treatment. In line with your implementation of the grant requirements, when appropriate, work with the AOT court judge and the homeless-serving program(s) to have the individual referred and ordered into your AOT program.

Eligibility

Eligible Applicants

Eligibility is statutorily limited to 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. Additionally, only applicants that have not previously implemented an assisted outpatient treatment program are eligible.

You are not eligible to apply under this NOFO if any of the following apply:

- Your organization was previously funded under NOFO SM-16-011 (awards funded in FY2016 and FY2018), NOFO SM-20-006 (awards funded in FY2020, FY2021, and FY2022) and SM-24-006 (awards funded in FY2024). A complete list of ineligible applicants can be found in [Appendix A](#).
- Your organization is proposing to serve individuals in the criminal justice system. AOT is only for individuals identified by a civil court process prior to arrest or booking.
- At the time of application, your State does not have the authority to implement, monitor, and oversee AOT implementation and services.

Your application will be screened out and not reviewed if any of the above conditions exist.

For general information on eligibility for federal awards, see the [Grants.gov website](#). For specific eligibility questions, see [Agency Contacts](#).

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in [Section D](#) of your Project Narrative.

You must report *client-level* data in SAMHSA's Performance Accountability and Reporting System ([SPARS](#)) using SAMHSA's performance measurement tool. The tool collects self-reported survey data from program participants and grantee-reported administrative data about the services provided. You can visit [SAMHSA's Performance Measures](#) webpage to view the performance measurement tool. Data must be entered into SPARS no later than 30 days after collection and must be collected at the following points:

1. Intake to SAMHSA-funded services.
2. 6-months post-intake (reassessment) for active clients.
3. 12-months post-intake and annually thereafter for active clients.
4. Administrative closeout from SAMHSA-funded services.

You must also report program-specific data in SPARS on a quarterly basis. Data collection and reporting tools and related guidance will be provided post-award. The following grantee-level indicators have been selected for this project:

1. Number of new individuals with lived experience (i.e., clients or family members) who were members of an advisory group/council.
2. Number of new staff trained in mental health or related interventions.
3. Number of individuals surveyed and number of individuals reporting positively about their perception of care provided, including access to care, quality and appropriateness of care, participation in treatment planning, and general satisfaction with their care.

You will receive training and technical assistance on SPARS after award.

The specific data collection tools and/or performance measures may change during the project period. You will be notified by your Government Project Officer (GPO) if changes will occur.

The data you collect allows SAMHSA to report on key outcome measures. Performance data may be reported to the public.

Performance Assessment

Discretionary awards should include clear benchmarks for measuring success and progress towards relevant goals. Recipients are required to submit programmatic progress reports that demonstrate whether you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and whether any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

For more information on completing this section, see [Developing Goals and Measurable Objectives](#) and [Developing the Plan for Data Collection and Performance Measurement](#).

Using Evidence-Based, Evidence-Informed, and Community-Defined Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In [Section C](#) of the Project Narrative, you must identify the evidence-based practice (EBP), evidence-informed practice (EIP), and/or community-defined practice (CDP) that will be used. For more information, see the [Grants Glossary](#).

If an EBP(s) exists for the individuals to be served and types of problems or disorders being addressed, it is expected you will use the available EBP(s). If an EBP does not exist but there are evidence-informed practices that are appropriate, you may implement these interventions. In [C.3](#), you must discuss how you will ensure the fidelity of the practice(s) you will implement.

You can visit SAMHSA's [Evidence-Based Practices Resource Center](#) to identify the appropriate practices for mental illness and substance use prevention, treatment, and recovery support that can be used in your project.

Cooperative Agreement Requirements

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

Your organization must:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Attend and take part in monthly GPO conference calls.
- Attend and take part in any virtual meetings as directed by your GPO.

SAMHSA staff roles:

Your **GPO** is responsible for program monitoring, providing technical assistance and conducting site visits. Your GPO will work with you on implementing program and evaluation activities and make recommendations about program continuance. SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance and consultation.
- Review and approve any key personnel.
- Review and approve performance data and performance progress reports.
- Oversee publication of project results, packaging and dissemination of products and materials to make finding available to the field.
- If indicated, oversee the development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.

Your **Grants Management Specialist (GMS)** is responsible for ensuring that your project complies with all applicable federal laws, regulations, guidelines, and the terms and conditions of award. They will frequently participate with your GPO on the monthly monitoring calls.

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider [SAMHSA's Strategic Priorities](#), which includes recovery, trauma informed approaches, a commitment to data and evidence, and access to high quality services for all, which align with the Administration's [Make America Healthy Again Commission](#). In addition, there are other expectations included in [Section I](#) in the *Application Guide* that you must consider as you design your project.

As a part of the project funded under this NOFO, the recipient is required to adhere to the following principles where consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.
2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

In addition, the recipient should advance the following objectives in programs that are authorized to advance them:

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

Recipient Meetings and Technical Assistance

You are expected to participate in SAMHSA technical assistance activities as directed by SAMHSA.

We expect your attendance at an in-person meeting in Years 2 and Year 4. You must send a maximum of three individuals, including the Project Director and Project Court Coordinator, to these meetings.

A detailed budget and budget narrative for in-person travel costs must be included in the budget you submit with your application. For budgeting purposes, these meetings are usually held in the Washington, D.C., metropolitan area for up to three (3) days.

Budget revisions will be considered if SAMHSA decides to have a virtual meeting.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense ² in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than \$10.00 per client per day.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Capitalizable infrastructure, such as computer systems/software are recoverable as depreciation through an approved negotiated indirect cost rate or 15% de minimis rate in accordance with your organization's existing capitalization/amortization policies.
- Sober/Recovery housing is an allowable cost. However, funds may not be used to pay for non-recovery housing, housing application fees, or housing security deposits.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:

² 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.

- racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
 - denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic.
 - illegal immigration; or
 - any other initiatives that compromise public safety or promote anti-American values.
- Discretionary awards must not support harm reduction as outlined in [SAMHSA’s Dear Colleague Letter](#) on harm reduction.
 - Discretionary awards must not support “housing first” policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

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

All activities proposed in your application and budget narrative must align with the current [Executive Orders](#), [SAMHSA Strategic Priorities](#), and where applicable, demonstrably advance the President’s policy priorities. If an application does not align, the application will not receive funding.

Other Requirements

Evidence of Experience and Credentials

SAMHSA trusts that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise are able to provide the required services quickly and effectively. All required activities must be provided by you directly, by subrecipients, or through referrals to partnering agencies.

In **Attachment 1**, you must submit Identification of Service Providers and Letters of Commitment (LOC) from Service Providers to show that you can meet the following three service provision requirements:

1. The services provider organizations for mental health and/or co-occurring services must be involved in the project. The provider may be your organization, or another organization committed to the project. Other organizations must submit a Letter of Commitment (LOC) in [Attachment 1](#) of the application that states their commitment to providing services.

2. Each mental health organization (which may include you as the applicant and any partners) must have at least 2 years of experience (as of the due date of the application) providing relevant services. Official documents (such as licensure or certification) must show that the organization has provided relevant services for the last 2 years.
3. Each service 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. An individual's license cannot be used. Tribes and tribal organization mental health treatment and recovery support providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

This is not a screen-out criterion. Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for an award if the requested information is not received by the due date.**

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

eRA Commons

You must register in [eRA Commons](#). Register at least 6 weeks before the application deadline. See guidance at [eRA Help and Tutorials](#) and [Section A in the Application Guide](#).

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: SM-26-001.

If you can't use Grants.gov to download application materials, you may request them from dgr.applications@samhsa.hhs.gov.

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
<input type="checkbox"/> Project abstract	Project Abstract Summary Form.	1 page
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	15 pages
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None

Attachments

Insert each in the Other Attachments form (Grants.gov) or Other Narratives Attachment form (eRA ASSIST) in this order.

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment, if applicable	None
<input type="checkbox"/> 2. Data collection instruments and interview protocols	None
<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages

<input type="checkbox"/> 5. Biographical sketches and position descriptions	None
<input type="checkbox"/> 6. Confidentiality and SAMHSA Participant Protection	None
<input type="checkbox"/> 7. Letter to the Single Point of Contact	None
<input type="checkbox"/> 8. Documentation of nonprofit status	None
<input type="checkbox"/> 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Project/Performance Site Location(s)	None
<input type="checkbox"/> Grants.gov Lobbying Form	None

Application Contents and Format

This section includes guidance on each item found in the application checklist.

The following links contain information on:

- [Formatting instructions and information on system validation requirements](#)
- **Completing forms and required components** ([Section A](#) in the *Application Guide*)

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area served,
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project,
- The age range and distribution of the population planned to be served,
- the clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served,
- Strategies and interventions that will be implemented through the grant,
- Project goals, and

- Measurable objectives (whenever possible, focus on objectives that relate to [SAMHSA's Strategic Priorities](#)).

In the first five or fewer lines of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

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Project Narrative

Page limit: 15 pages

Filename: Project narrative

In developing your project narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment which does not count in the 15-page limit.

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#).

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding limitations](#).

To create your budget narrative, see detailed instructions and a template in [Section F](#) in the *Application Guide*.

Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. 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.

Name the attachments: Attachment 1, Attachment 2, and so on.

Attachment 1: Identification of Service Providers/Letters of Commitment (LOC)/Evidence of Experience and Credentials

1. Identification of at least one experienced, credentialed mental health treatment and/or co-occurring services support provider organization.
2. Provide 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. Provide LOCs from all direct service provider organizations. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project.
4. Statement of Certification: You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements.

Attachment 2: Data Collection Instruments and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol.

If the data collection instrument or interview protocol is not standardized, include a copy in [Attachment 2](#).

Attachment 3: Sample Consent Forms

As appropriate, submit sample consent forms that provide for:

- Informed consent for participation in service intervention.
- Informed consent for participation in the data collection component of the project.
- Informed consent for the exchange (release or request) of confidential information.

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers and should be included in your application as **Attachment 4**. Provide a chart or graph depicting a realistic timeline for the entire 5 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in **required activities**.

Attachment 5: Biographical Sketches and Position Descriptions

See **biographical sketches and position descriptions** for more information. Position descriptions should be no longer than 1 page each and biographical sketches should be 2 pages or less.

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

See **Section C** in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

Review information on **Intergovernmental Review** and in **Section J** in the *Application Guide* for detailed information on E.O. 12372 requirements to determine if this applies.

Attachment 8: Documentation of Non-Profit Status

Proof of non-profit status must be submitted in your application by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code.
- A copy of a current and valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying 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.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

If you have a NICRA, the document must be submitted.

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on Grants.gov. You can find them in the NOFO [Application Package](#) or review them and their instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Assurances for Non-Construction Programs (SF-424B)	With application
Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
 - In **Line 8b**, (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization’s **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization’s EIN.
 - In **Line 8f**, enter the name and contact information of the PD identified in the budget and in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2026; b. End Date: 9/29/2030.
 - 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 Representative and should not be the same individual as the PD in Line 8f.

It is recommended you 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:**
 - As 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.
 - Section B – Budget Categories:**

- As 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.

Section C – Non-Federal Resources

- As cost sharing/match is **not required**, leave this section blank.

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 (Year 2, Year 3, Year 4, and Year 5) (b) First column is the budget for the second budget period;
- (c) Second column is the budget for the third budget period;
- (d) Third column is the budget for the fourth budget period;
- (e) Fourth column is the budget for the fifth budget period.
- Use Line 16 for federal funds and Line 17 for non-federal funds.

See [Formatting Requirements](#) to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

It is highly recommended you use the [Budget Template](#) on the SAMHSA website. See the [Budget Template Users Guide](#) and the sample completed SF-424A forms at [Sample SF-424A \(No Match Required\) | https://www.samhsa.gov/sites/default/files/sample-sf-424a-match.pdf](#)

For additional information, see [Section F in the Application Guide](#) and Budget Related [FAQs](#).

Step 4: Learn About Review and Award

Application Review

Initial Review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the [deadline](#).

- Exceeds the 15-page limit for the Project Narrative.

Merit Review

Project Narrative: Your Project Narrative describes the proposed project. Peer reviewers will assess your response to the criteria below. The following instructions should be considered as you develop the Project Narrative:

- The Project Narrative cannot be longer than fifteen (15) pages.
- There are five sections (Sections A–E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion**.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Populations to be served and need statement (30 points – approximately 5 pages)

1. Describe the authority under the law of your State to implement, monitor and oversee civil court assisted outpatient programs.
2. Identify the individuals with SMI you will serve in terms of age, sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare) and the geographic area where you will be providing services. Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.
3. Describe why there is a need for AOT for individuals with SMI. Current prevalence rates or incidence data must be used to document the need. The data sources must be identified (e.g., [National Survey on Drug Use and Health \(NSDUH\)](#)). (Note: Citations may be included as an attachment of your application and will not count towards the page limit of the project narrative.)

B: Proposed implementation approach (25 points – approximately 5 pages)

1. Describe the goals and measurable objectives of your proposed project. (See [Developing Goals and Measurable Objectives](#)) They must align them with the Statement of Need in A.3.

Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement all the [required activities](#).
3. Describe how your proposed implementation approach will address [SAMHSA Strategic Priorities](#).
4. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 years of the program. It must include dates, key activities (required activities), and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Proposed evidence-based (EBP) and evidence-informed practices (EIP) (20 points – approximately 3 pages)

1. Identify the EBPs, EIPs, and the statutorily state identified practices that you will use. Discuss how each intervention chosen is appropriate for the individuals you will serve. **Assertive Community Treatment should not be the first-line or only treatment provided to AOT patients.**
2. Describe any modifications you will make to the EBPs and/or EIPs and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.
3. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. For more information about monitoring fidelity, see [Fidelity Monitoring Tip Sheet](#).

D: Organizational experience and staffing (15 points -approximately 1 page)

1. Describe the experience of your organization with similar projects and/or providing services to individuals with SMI that are or may be in need of AOT services.
2. Identify any organization(s) you will partner with. For each, include a description of their experience providing services to the individuals you plan to serve and their specific roles and responsibilities for this project. [NOTE: LOCs from each partnering organization must be included in **Attachment 1**.]
3. Provide a complete list of all staff positions for the project, including the Key Personnel [Project Director (at least 0.50 FTE) and Project Court Coordinator (at least 0.25 FTE)]. For each, describe their:
 - Role
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)

- Qualifications, including their experience providing AOT-related services to the individuals to be served.

E: Data collection and performance measurement (10 points – approximately 1 page)

1. Describe how you will collect the performance measures and measurable objectives data for this project, which will measure the success and progress towards your goals.
2. Describe how you will use the data to manage, monitor, and enhance the program. (See [Developing the Plan for Data Collection and Performance Measurement](#)).

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices.

We use SAM.gov [Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000.

You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR Part 200](#).

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.

The program office and approving official make the final determination for funding. Decisions may be 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.
- Submission of any required documentation that must be received prior to making an award.
- The same organizations previously funded under previous AOT NOFOs, including SM-16-011 (FY2016, FY2018), SM-20-006 (FY2020, FY2021, FY2022) and SM-24-006 (FY2024) that are proposing to support an existing AOT program and/or locations (counties,

townships, jurisdictions, etc.) served under the previous grant are **not eligible to apply**. A complete list of these organizations can be found in [Appendix A](#).

- **Applications will be screened out and not reviewed for the following reasons:**
 - Your organization is proposing to serve individuals in the criminal justice system. AOT is for individuals identified by a civil court process and is not applicable for individuals with involvement in the criminal justice system.
 - At the time of application, the applicant's state does not have the authority to implement, monitor, and oversee AOT implementation and services.

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a [Notice of Award \(NoA\)](#) will be emailed to: (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).

If your application is not funded, an email will be sent to you from eRA Commons. This email will include a summary of the peer reviewer comments and scores. It may take up to four months from the program's award date for this information to be sent to you.

The NoA is the only document that authorizes recipients to receive federal funding for a project.

Step 5: Submit Your Application

Submission Requirements and Deadlines

Go to [find the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [get registered](#). You must maintain your registration throughout the life of any award.

Deadlines Application

Due on April 20, 2026.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in [Section A](#) in the *Application Guide*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

You will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. For more information, see [Section J](#) in the *Application Guide*.

This requirement does not apply to states or American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's [standard terms and conditions](#) on our website.
- The regulations at [2 CFR Part 200](#) — Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section H](#) in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMSHA and presidential priorities and policies. Grant programs that fail to align with these may be subject to termination.

Reporting Requirements

If funded, you will have to follow reporting requirements. The NOA will provide specific details.

You are required to submit an annual Programmatic Progress Report (PPR) in Years 1 through 4, and a final cumulative PPR in Year 5. You must use the OMB-approved Excel Programmatic Progress Report (PPR) template for your program; this will be sent to you by your GPO after award. You will need to submit your completed PPRs in eRA Commons.

The annual PPR is due within 90 days of the end of each budget period.

The **programmatic progress report** must discuss:

- 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; and
- Program specific measures, including a list of partnerships and collaborations and implementation of evidence-based practices.

You must submit a Final Progress Report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see [SAMHSA Reporting Requirements](#).

Appendix A: Ineligible AOT Applicants

Grant #	Organization	State	NOFO	Award Date
SM63553	Altapointe Health Systems Inc	AL	SM-16-011	9/30/2016
SM82926	Altapointe Health Systems, Inc	AL	SM-20-006	7/31/2020
SM82921	Wellstone, Inc	AL	SM-20-006	7/31/2022
SM89834	Montgomery Area Mental Health Authority, Inc	AL	SM-24-006	9/30/2024
SM89832	Centers for Youth and Families	AR	SM-24-006	9/30/2024
SM63534	County of Ventura	CA	SM-16-011	9/30/2016
SM89819	County of Santa Barbara Dept of Behavioral Wellness	CA	SM-24-006	9/30/2024
SM82932	Mental Health Center of Denver	CO	SM-20-006	7/31/2020
SM89830	Washington City Orphan Asylum	DC	SM-24-006	9/30/2024
SM63543	Lifestream Behavioral Center, Inc	FL	SM-16-011	9/30/2016
SM63549	County of Pinellas	FL	SM-16-011	9/30/2018
SM82939	Centerstone	FL	SM-20-006	7/31/2020
SM82915	Lifestream Behavioral Center, Inc	FL	SM-20-006	7/31/2022
SM89852	SMA Behavioral Health Services	FL	SM-24-006	9/30/2024
SM89838	Guam Behavioral Health and Wellness Center	GU	SM-24-006	9/30/2024
SM63536	Cook County Health and Hospital System	IL	SM-16-011	9/30/2016
SM82910	Southern Illinois University Sch of Med	IL	SM-20-006	7/31/2020
SM89825	Adm Office of Ill Court	IL	SM-24-006	9/30/2024
SM89831	County of McHenry	IL	SM-24-006	9/30/2024
SM82913	Community Health Network Foundation	IN	SM-20-006	3/31/2021
SM98918	Southlake Community Mental Health Center, Inc	IN	SM-24-006	9/30/2024
SM82912	Kansas State Department of Aging and Disability Services	KS	SM-20-006	3/31/2021
SM63530	Mountain Comprehensive Care	KY	SM-16-011	9/30/2016

SM82918	KY ST Cabinet/Health/Family Services	KY	SM-20-006	7/31/2020
SM82919	22nd Judicial District Ct	LA	SM-20-006	7/31/2020
SM89811	South Central Louisiana Human Services Authority	LA	SM-24-006	9/30/2024
SM82933	Administrative office of the Trial Court	MA	SM-20-006	7/31/2020
SM63533	Behavioral Health Systems Baltimore, Inc	MD	SM-16-011	9/30/2016
SM82940	Calhoun County Community Mental Health Authority	MI	SM-20-006	7/31/2020
SM82942	Genesee Health System	MI	SM-20-006	7/31/2020
SM82922	Live Rite Structured Recovery Corporation	MI	SM-20-006	3/31/2021
SM89851	County of Gallatin	MI	SM-24-006	9/30/2024
SM89828	Oakland Community Health Network	MI	SM-24-006	9/30/2024
SM89833	Pathways Mental Health Authority	MI	SM-24-006	9/30/2024
SM82944	Ozark Center, Inc	MO	SM-20-006	7/31/2020
SM63537	Pine Belt Reg Mental Healthcare Resources	MS	SM-16-011	9/30/2016
SM63548	Hinds County Mental Health Commission	MS	SM-16-011	9/30/2016
SM82938	Communicare	MS	SM-20-006	7/31/2020
SM89822	Timber Hills Region IV Mental Health Retardation Commission Inc	MS	SM-24-006	9/30/2024
SM82920	Partners Behavioral Health Management	NC	SM-20-006	7/31/2020
SM63538	County of Dona Ana	NM	SM-16-011	9/30/2016
SM63539	City of Albuquerque	NM	SM-16-011	9/30/2018
SM63542	State of Nevada Health Division	NV	SM-16-011	9/30/2016
SM63542	Northern Nevada Adult Mental Health Services	NV	SM-16-011	9/30/2016
SM63540	Cuyahoga County Community Mental Health Board	OH	SM-16-011	9/30/2016
SM89840	County of Erie	OH	SM-24-006	9/30/2024
SM89839	ADAMHS Board for Montgomery County	OH	SM-24-006	9/30/2024

SM63532	Oklahoma Dept of Mental Health Subs abuse	OK	SM-16-011	9/30/2016
SM82917	Oklahoma Dept of Mental HLTH/SUBS Abuse	OK	SM-20-006	7/31/2020
SM89820	Oregon Health Authority Directors Office Financial Services	OR	SM-24-006	9/30/2024
SM63535	Administracion de Servicios de Salud mental y contra la adiccion	PR	SM-16-011	9/30/2016
SM63547	Tropical Texas Behavioral Health	TX	SM-16-011	9/30/2016
SM63531	Mental health Mental Retardation Tarrant Co	TX	SM-16-011	9/30/2016
SM63554	Andrews Center	TX	SM-16-011	9/30/2018
SM82924	Austin Travis County Integral Care	TX	SM-20-006	7/31/2020
SM82951	Pecan Valley Mental Health Retardation Region	TX	SM-20-006	7/31/2020
SM82923	The Harris Center for Mental Health and IDD	TX	SM-20-006	7/31/2020
SM82941	City of Laredo Health Dept	TX	SM-20-006	7/31/2022
SM89824	Dallas County Mental Health and Mental Retardation Center, Inc	TX	SM-24-006	9/30/2024
SM89836	Hays, County of	TX	SM-24-006	9/30/2024
SM89812	Gulf Coast Center The	TX	SM-24-006	9/30/2024
SM89829	Denton County MHMR Center	TX	SM-24-006	9/30/2024
SM63545	Utah State Department of Human Services	UT	SM-16-011	9/30/2016
SM89821	Cascade Community Healthcare	WA	SM-24-006	9/30/2024
SM82916	Milwaukee County DHS - Behavioral Health Division	WI	SM-20-006	7/31/2020
SM63552	Wyoming State Department of Health	WY	SM-16-011	9/30/2016