

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Law Enforcement and Behavioral Health Partnerships for Early Diversion

Short Title: Early Diversion Grants

February 16, 2018



Award Information

Total Award: \$2,751,000

Anticipated Number of Awards: Up to 8

Anticipated Award Amount: Up to \$330,000 per year

Length of Project: Up to 5 years

Cost Sharing/Match Required: Yes

Due Date: March 5, 2018

Proposed budgets cannot exceed \$330,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award

Funding must be used to supplement, not supplant, sources of funding that would otherwise be available. Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Purpose of Grant Program

The purpose of this program is to establish or expand programs that divert adults with a **serious mental illness** (SMI) or a **co-occurring disorder** (COD) from the criminal justice system to community-based services prior to arrest and booking.

Special consideration will be given to applicants proposing to use grant funding to support early diversion services for **veterans**.

ELIGIBILITY

Eligibility is statutorily limited by Section 9002, 21st Century Cures Act (P.L. 114-255) to:

- States and territories, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- Governmental units within political subdivisions of a state (e.g., counties, cities, towns, villages).
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations (See the FOA for more specific information on Tribal organization requirements).

ELIGIBILITY Cont.

The application must be submitted by the chief executive of the state, political sub-division of a state, Indian tribe, or tribal organization, or his/her designee. As part of the application submission, the following should be included as Attachment 4 of the application:

- A letter from the chief executive approving the submission of the grant application; OR
- A letter from the chief executive authorizing a designee to submit the application. The designee must be the individual authorized (i.e., Authorized Organization Representative) to electronically submit the application; OR
- A request in writing to waive the requirement that documentation is submitted indicating that the chief executive approves submission of the application or that the chief executive authorizes a designee to submit the application.

Allocation of Funding

The state or other eligible applicant receiving funding under this grant may not allocate more than 10 percent of the total grant award for administrative costs at the state level.

The remaining 90 percent of funds must be allocated to a community program(s) or community health center(s) to provide direct integrated care.

Of the remaining 90 percent of funding, no more than 10 percent may be allocated for evaluation/performance assessment/data collection.

Expectations

The Early Diversion Grant program is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award.

At the latest, award recipients are expected to provide services to the population of focus no later than the fourth month after the grant has been awarded.

Key Personnel

Key personnel are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

The key personnel for this program will be the Project Director and the Project Evaluator. These positions require prior approval by SAMHSA after a review of job descriptions and staff credentials.

21st Century CUREs ACT Requirements

The following information lists the requirements for the State applicants and for their selected provider organizations.

Please note that some of the requirements are statutory language in the 21st Century Cures Act.

Required Activities

These are the activities that every project must implement. Required activities must be reflected in the Project Narrative in Section V.

You must use SAMHSA's services grant funds to support the following direct services:

- Convene an interagency “Law Enforcement and Behavioral Health Partnership” group. At a minimum, the required partners must be the criminal justice system, mental health and substance use treatment and recovery systems. Examples of additional key stakeholders could include consumers and their families, social welfare agencies, and the judiciary and corrections system. This group must be committed to designing, implementing, and overseeing a plan of comprehensive strategies to divert individuals with SMI or COD from arrest to community-based services.

(NOTE: A Letter of Commitment from criminal justice, mental health, substance use partners, and any additional key stakeholders must be included as Attachment 1 of your application. The Letter(s) of Commitment must attest that there has been relevant interagency collaboration between the 3 systems and key stakeholders).

Required Activities

Develop and implement a comprehensive plan of evidence-based practices, strategies, and services using a multi-agency approach that addresses the following three stages of early diversion of an individual with SMI or COD prior to arrest or booking:

- **Encounter** is law enforcement's process for identifying potential individuals for diversion and direct transfer/warm hand off to behavioral health care providers. (**NOTE:** Examples of direct transfers/warm hand off approaches, including technological approaches, can be found in Appendix M).
- **Enable** are the protocols to be followed to enable law enforcement to conduct the transfer/warm hand off, including how and when the individual will be assessed for a SMI and COD.

Required Activities

- **Engage** is the identification and subsequent provision of community-based mental health treatment and recovery support services that are based on best known practices and current research findings. This is to ensure that individuals with SMI or COD remain enrolled and engaged in care. Examples of services include, but are not limited to, integrated mental health and substance use disorder treatment, psychiatric rehabilitation, medication management and access, case management services, peer support services. These services should be coordinated with social services, including life skills training, housing placement, vocational training, education and job placement, and health care.

Integrate the early diversion program into an existing system of care.

Allowable Activities

Early Diversion Grant funds may also be used to support one or more of the following activities:

- Train professionals involved in the system of care, law enforcement officers, attorneys, and judges to improve the desired outcomes of the program.
- Develop and provide community outreach and crisis intervention.
- Expand community-based mental health and co-occurring mental illness and substance use disorder services to accommodate the diversion program.

Other Expectations

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See Appendix H, Addressing Behavioral Health Disparities).

Recipients must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Other Expectations

Special consideration will be given to applicants proposing to use grant funds to provide early diversion services to veterans. SAMHSA encourages all recipients to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its recipients to utilize and provide technical assistance for service members, veterans and their families. This includes efforts to engage their staff in cultural competency training courses and to collaborate with key organizations in their local communities that are focused on serving this population.

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

Evidence Based Practice

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus.

An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence.

SAMHSA recognizes 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 population to be served. If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. (See Appendix A in the FOA for additional information about using EBPs).

Evidence Based Practice

In Section C of your Project Narrative, you will need to identify the evidence-based practice(s) you propose to implement for adults with SMI or COD. In addition, you must discuss how practices have been shown to be effective and show that they are appropriate for adults with SMI or COD.

Examples of EBPs that exist for your program/populations of focus include Assertive Community Treatment and Integrated Treatment of Co-occurring Disorders. Applicants are also encouraged to visit the National Institute of Health website (www.nih.gov) for more information to select EBPs.

If you determine that there is a need to make modifications to any of the EBPs you plan to implement, you must describe the modifications and explain why they are necessary. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your populations of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

Data Collection & Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPR) Modernization Act of 2010 and the 21st Century Cures Act of 2016, P.L. 114-255.

You must document your ability to collect and report the required data in Section I 2.2: Data Collection and Performance Measurement of your application.

No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, such as activities required in Sections I-2.2 and 2.3.

Evaluation

Early Diversion recipients are required to participate in any national evaluation activities required by SAMHSA. Participation is mandatory and recipients are required to fully participate in all aspects of the national evaluation, which may include collection of additional client-level data and participation of sub-recipients. Details on the evaluation, including type of evaluation and research questions, will be provided upon award.

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

Project Performance Assessment

Recipients must periodically review the performance data they report to SAMHSA (as required in Section I 2.2), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in B.1. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project.

Recipients must submit a comprehensive performance assessment plan, agreed to in writing by law enforcement and the mental health/substance use authorities of the community participating in the project. The plan must be submitted by the 3rd month after award to the assigned Government Project Officer for review prior to enrolling program participants. The plan must include a flow chart and describe cross-agency protocols for encounters, engagement, and enrollment.

Project Performance Assessment cont.

The comprehensive performance assessment plan must also include the following:

- How the necessary support for continuing the project will be secured when federal funding ends.
- How the impact of gender, race, and cultural bias on participant selection and outcomes will be measured.
- How the program performance will be assessed and how activities will be modified as a result.

Performance assessments should also be used to determine whether your project is having the intended impact on behavioral health disparities. You will be required to submit an annual performance report on the progress you have achieved, barriers encountered, and efforts to overcome these barriers.

Refer to Section VI.1 for any program specific information on the frequency of reporting and any additional requirements.

No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

Note: See Appendix F for more information on responding to Sections I-2.2 a

Infrastructure Development

A maximum of 15% of the total grant award for the budget period can be used towards Infrastructure Development.

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness.

You may use no more than 15 percent of the total services grant award for a budget period for the following types of infrastructure development, if necessary, to support the direct service expansion of the grant project. You must describe your use of grant funds for these activities in Section B of your Project Narrative.

See FOA for examples of infrastructure activities that are allowable expenditures using grant funds

Grantee Meeting

Grantees must send a minimum of three people (including the Project Director, the Project Evaluator, and a person with lived experience) to at least one joint grantee meeting in every other year of the grant. For this grant program, grantee meetings will likely be held in years one, three and five of the grant.

You must include a detailed budget and narrative for this travel in your budget.

At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days.

These meetings are usually held in the Washington, D.C. metropolitan area.

COST SHARING and MATCHING REQUIREMENTS

Cost sharing is statutorily required for this program per the 21st Century Cures Act, 42 U.S.C. 201.

The federal share of funding for this grant may not exceed 75 percent of the total cost of each annual budget period. The federal share must be used for new program expenses. Recipients must provide matching non-federal funds/contributions, directly or through donations, from public or private entities, in an amount not less 25 percent of the federal funds provided in each annual budget period toward the costs of activities carried out under the grant.

Non-federal contributions may be cash or in-kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of the non-federal contribution. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification.

Funding Limitations/Restrictions

Applicants responding to this announcement may request funding for a project period of up to 5 years at no more than \$330,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The funding restrictions for this project are as follows:

- No more than 15 percent of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services.
- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- Be sure to identify these expenses in your proposed budget.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix I in the Funding Opportunity Announcement.

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance use treatment provider organization must have at least two years of experience as of the due date of the application in providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years; and
- Each mental health/substance use treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements as of the due date of the application.

Evaluation Criteria

As you write your application, please pay attention to the evaluation section of the FOA.

Your application will be scored according to the evaluation criteria listed on pages 20-24, Part V.1 of the FOA.

Reporting Requirements

Recipients must comply with the data reporting requirements listed in Section I 2.2 and Section I 2.3.

Data Collection: Section I 2.2 identifies the performance measures for which data needs to be collected and reported quarterly, and the performance measures for which data needs to be collected and reported at enrollment, every six months after enrollment, and at discharge.

Project Performance Assessment Report: Section I 2.3. Identifies that recipients must submit a **comprehensive performance assessment plan** by the 4th month after award for review and approval by the GPO. This section also includes the requirement for recipients to submit an annual project performance assessment report for each year of the grant.

Subpopulations and Disparities Impact Statement

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services.

In order for organizations to attend to the potentially disparate impact of their grant efforts, recipients are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

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

The ability to address the quality of care provided to subpopulations

served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM (Eastern Time) on March 5, 2018.**

SAMHSA's application procedures have changed. All applicants must register with NIH's eRA Commons in order to submit an application. **This process takes up to six weeks.** If you believe you are interested in applying for this opportunity, **you MUST start the registration process immediately.** Do not wait to start this process. If your organization is not registered and you do not have an active eRA Commons PI account by the deadline, the application will not be accepted. No exceptions will be made.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

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

Questions

Please contact by e-mail:

David.Morrisette@samhsa.hhs.gov

Or

Roxanne.Castaneda@samhsa.hhs.gov

Thank you