

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis

March 10, 2022

12pm EST

Please Stand By – This webinar will begin shortly.

To access the audio portion of this webinar,

Meeting ID: 160 392 7732; Passcode: 529144; Dial: 1-551-285-1373

[Application Link:](https://www.samhsa.gov/grants/grant-announcements/sm-22-008) [<https://www.samhsa.gov/grants/grant-announcements/sm-22-008>]



SAMHSA
Substance Abuse and Mental Health
Services Administration

Basic Information

Estimated Award Amount: Up to \$400,000 per year per award

Length of Project Period: Up to 4 years

Due Date: April 18, 2022

Anticipated Start Date: 09/30/2022

Program Purpose

The purpose of this program is to identify, prevent, intervene, and/or lessen the impact of psychotic disorders in youth and young adults, not more than 25 years old, who are at clinical high risk for psychosis and provide evidence-based interventions in a trauma-informed manner to prevent the onset of psychosis.

It is expected that this program will:

- (1) improve symptomatic and behavioral functioning;
- (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities;
- (3) delay or prevent the onset of psychosis;
- (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms; and
- (5) reduce the occurrence of psychotic disorders in youth and young adults.

Eligibility

Eligibility is statutorily limited to public entities:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).
- Governmental units within political subdivisions of a state (e.g., county, city, town).
- Federally recognized American Indian/Alaska Native tribes and tribal organizations, as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act.

Required Application Components

Budget Information (NOFO, p. 27)

SF-424A

Budget Justification and Narrative – See Appendix L (p. 72)

Project Narrative – no longer than 10 PAGES (p. 25-27)

Attachments 1-10 (see p. 21-23 for page limitations)

Attachment 1: Evidence of Experience and Credentials

Attachment 2: Data Collection Instruments/Interview Protocols

Attachment 3: Sample Consent Forms

Attachment 4: Project Timeline

Attachment 5: Biographical Sketches and Position Descriptions

Required Application Components

Attachment 6: Letter to the SSA – if applicable. See Appendix J

Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines

Attachment 8: Documentation of Non-profit Status

Attachment 9: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.

Attachment 10: Non-Federal Match Certification Letter

Application Submission

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, start the registration process immediately. Do not wait to start this process.

**SEE APPENDIX A
FOR DETAILED INSTRUCTIONS**

Application Submission

- Applicants are required to complete **four (4) registration processes**:
 - Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
 - System for Award Management (SAM);
 - Grants.gov; and
 - eRA Commons.
- If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

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Required Activities

- SAMHSA's services grant funds must be used primarily to support direct services. This includes the following activities:
- If the recipient is not the provider of services, identify an organization or agency that has specialized expertise and is clinically qualified and credentialed to provide the required services to implement and manage the CHR-P program. If the sub-recipient is the service provider, the recipient is responsible for program and fiscal oversight and monitoring of the project.

Required Activities, cont.

- Implement a stepped-care model for early psychosis that features lower intensity/lower risk treatments as first-line interventions, with decisions regarding treatment completion, maintenance therapy, or step-up to more intensive care based on objective measures of treatment response. Interventions included in the stepped-care model are:
 - Standardized approaches to CHR-P screening, diagnosis, and psychosis risk assessment;
 - Psychoeducation for youth/young adults and family members;
 - Substance use risk reduction;
 - Cognitive behavioral therapy for psychosis or other evidence-based approaches that target cognition and/or behavioral change;
 - Academic, vocational, peer, and family support; and
 - Psychiatric consultation, as part of the treatment team, on the use of pharmacotherapy component of care.

Required Activities, cont.

- Develop and deliver training/workforce development activities for providers/staff who implement the stepped-care model.
- Develop and implement training/workforce development activities for providers/staff on CHR-P clinical assessment.
 - Recipients should use the Structured Interview for Prodromal Syndromes (SIPS) (Miller, 2004), or the Abbreviated Clinical Structured Interview for DSM-5 Attenuated Psychosis Syndrome (i.e., Mini SIPS) in place of SIPS where appropriate.

Required Activities, cont.

- Develop and implement primary and secondary outreach strategies to community referral partners.
 - Primary outreach: Connecting with other mental health and health care providers (e.g., community-based mental health clinics, first episode of psychosis (FEP) clinics, psychiatry, primary care, etc.).
 - Secondary outreach: Connecting with local settings that serve youth and young adults (e.g., schools, faith-based organizations, social service agencies, and other local organizations). Outreach activities should include dissemination of information and training on CHR-P and psychosis, identification of the warning signs of CHR-P, referral processes to CHR-P services. Recipients must designate an individual within the staff positions to plan and execute outreach.

Required Activities, cont.

- For youth and young adults that do not meet eligibility for CHR-P, develop and coordinate referral pathways with CHR-P services and other mental health, health, and other appropriate services in the community (e.g., community based mental health services, primary care, occupational therapy).
- For youth/young adults that exceed eligibility for CHR-P but meet eligibility for FEP: Establish bidirectional referral relationships with FEP clinics (e.g., the Coordinated Specialty Care (CSC) programs supported through SAMHSA's Community Mental Health Services Block Grant 10% set-aside for evidence-based treatments for early serious mental illness) to allow for a seamless transition from CHR-P services to FEP services.

Required Activities, cont.

- Provide, coordinate, or link to the following services:
 - Intensive home-based services for youth/young adults and their families when the youth is at imminent risk of out-of-home placement;
 - Respite care;
 - Therapeutic foster care and services in therapeutic foster family homes, individual therapeutic residential homes, or group homes caring for not more than 10 youth.
- Develop mechanisms to promote and sustain youth and family participation (e.g., peer support, development of youth leadership, mentoring programs).
- Develop and implement individualized crisis plans for youth/young adults receiving services. Plans may include de-escalation techniques, natural supports, community supports, and/or community-based crisis services and supports, (e.g., 988 behavioral health services).

Data Collection and Performance Measurement

- All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.
 - You must document your plan for data collection and reporting in your Project Narrative in response to Section E: Data Collection and Performance Measurement in Section V of this NOFO.
- Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Data Collection and Performance Measurement

- You will also be expected to collect and report quarterly on the following Infrastructure, Prevention, and Promotion Indicators (IPP):
 - The number of individuals contacted through program outreach efforts.
 - The number of individuals screened for mental health or related interventions.
 - The number of individuals referred to mental health or related services.
 - The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- Recipients are required to collect Adult and Child National Outcome Measures (NOMS) Survey data which includes the following measures: diagnoses, demographics, functioning, military family and deployment, violence and trauma, stability in housing, education and employment, criminal justice status, perception of care, and social connectedness.
 - Baseline, 6 month follow-up, discharge

Funding Restrictions

- The funding restrictions for this project are below. Be sure to identify these expenses in your proposed budget.
 - No more than 20 percent of the total grant award for each 12-month budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Application Evaluation Criteria

Section A: Statement of Need (15 points – approximately 1 page)

Section B: Proposed Approach (30 points – approximately 5 pages)

Section C: Proposed Evidence-Based Practices
(25 points approximately 1 page)

Section D: Staff, Management and Relevant Experience
(20 points approximately 2 pages)

Section E: Data Collection and Performance Measurement
(10 points – approximately 1 page)

Section A: Statement of Need

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered that align with the intended population of focus of this program. Provide a demographic profile of the population of focus in the catchment area in terms of 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 document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Identify the source of the data.

Section B: Proposed Approach

1. Describe the goals and measurable objectives (see Appendix E) of the proposed project and align them with the Statement of Need described in A.2.
 - Include Number of Unduplicated Individuals to be Served with Grant Funds for years 1-4
2. Describe how you will implement all of the Required Activities in Section I.
3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire 4 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I
 - The recommendation of pages for this section does not include the timeline.

Section C: Proposed Evidence-Based Practices

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

Section D: Staff, Management, and Relevant Experience

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project.

-If applicable, Letters of Commitment from each partner must be included Attachment 1 of your application. If you are not partnering with any other organization(s), indicate so in your response.

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

Section E: Data Collection and Performance Measures

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.

Questions?

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Public Health Advisor

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