



Cooperative Agreements to Benefit Homeless Individuals (CABHI FOA No. SM-16-007) Funding Opportunity Announcement Review



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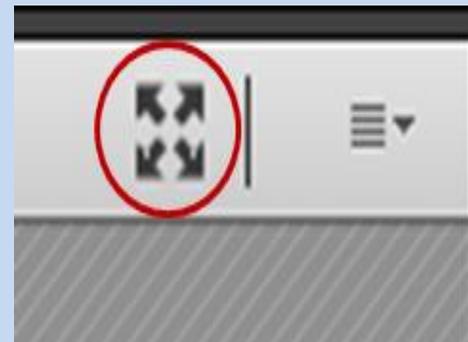
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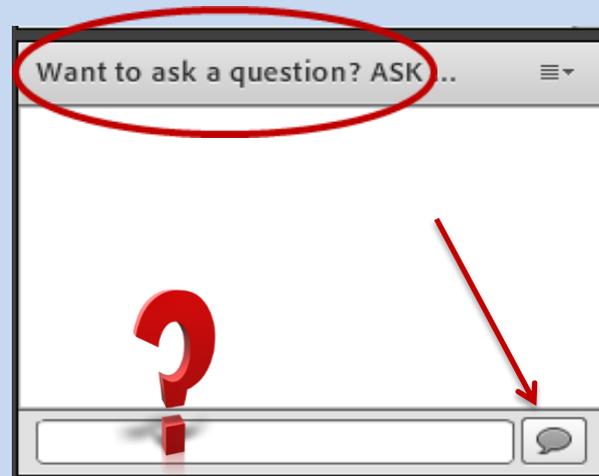
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Welcome and Overview

**Cooperative Agreements to Benefit
Homeless Individuals
(CABHI FOA No. SM-16-007)
Funding Opportunity Announcement Review**

Agenda

- I. Welcome
- II. Description of CABHI program
- III. Purpose of CABHI program
 - Definitions
 - Expectations
 - Supported activities
 - Levels of funding
 - Infrastructure development and required activities
 - Funding limitations and restrictions
 - Data collection and performance measurement
 - Cross-site evaluation
 - Eligibility
 - How to Apply
- IV. Q & A

CABHI Program Description

CABHI, a jointly funded cooperative agreement; aligns with:

- SAMHSA Strategic Initiatives
 - Recovery Support Initiative (page 6)
- SAMHSA Homeless Grant Portfolio
 - CABHI-States, GBHI-General and SSH programs, and PATH
- Federal Partnerships: United States Interagency Council on Homelessness (USICH), U.S. Department of Housing and Urban Development (HUD)
 - *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*

CABHI: Purpose

PURPOSE:

Enhance and/or expand infrastructure and mental health and substance use treatment services of states, local governments, and communities to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services to:

CABHI: Purpose – contd.

- **Individuals** who experience chronic homelessness and have substance use disorders (SUDs), serious mental illnesses (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders; and/or
- **Veterans** who experience homelessness/chronic homelessness and have SUD, SMI or COD; and/or
- **Families** who experience homelessness with one or more family members that have SUD, SMI, or COD; and/or
- **Youth** who experience homelessness and have SUD, SMI, SED, or COD.

CABHI Details

- Funded jointly 50/50 by CMHS and CSAT
- For FY 2016, funding available to states, local governments, and communities
 - States = Up to \$1.5 million per year
 - Local government = Up to \$800,000 per year
 - Communities = Up to \$400,000 per year
- Estimated number of awards – 30 awards
- Length of project period = 3 years

See pages 23-24 for details.

CABHI Details (contd.)

In cases where a state, local government, or community application is received from the same state and in the fundable range, SAMHSA will review the applications to ensure that a local government or community applicant(s) would not receive duplicate funding (as a sub-awardee to a state or local government, and directly as a recipient) to serve the same population of focus. In cases where duplication of the population of focus is identified in the same state, funding priority will be in the following order: state applicant; local government applicant, community applicant.

Definitions

The FOA provides definitions for key terms, including:

- Behavioral health
- Mental health and substance use disorders
- Permanent Housing
- Permanent supportive housing
- Homeless
- Chronic homelessness

Definitions (contd.)

- For the purposes of this FOA, states, territories, and the District of Columbia will collectively be referred to as “states” (page 7).
- In addition, for the purposes of this FOA, the terms “homeless” and “chronically homeless” also may include individuals who are “doubled-up”—defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time (page 9).

See pages 7-9 for details.

Expectations

- The goal of this program is to ensure, through planning and service delivery, that the population(s) of focus receives access to or placement in sustainable permanent housing, treatment, recovery supports, and Medicaid and other benefit programs.
- To achieve this goal, SAMHSA will support three types of activities:
 1. States: enhancement or development of a statewide plan to sustain partnerships across public health and housing systems that will result in short- and long-term strategies to support those experiencing homelessness who have behavioral health issues.
 - Local governments and communities: participation in state or community planning and activities related to short- and long-term strategies to support those experiencing homelessness who have behavioral health issues.

See page 9 for details.

Expectations (contd.)

2. States, local governments, and communities: delivery of mental health and substance use treatment, housing support, and other recovery-oriented services.
3. States, local governments, and communities: engagement and enrollment of eligible individuals in health insurance and in Medicaid and other benefit programs (e.g., Supplemental Security Income Program (SSI)/Social Security Disability Insurance Program (SSDI), Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP)).

See pages 9-10 for details.

Expectations (contd.)

- Grantees should develop and/or implement enhancements to state infrastructure and an array of integrated services and supports designed to reduce homelessness and chronic homelessness among the population(s) of focus.
- CSAT and CMHS funds may be used for infrastructure development, evaluation, screening and assessment, and behavioral health treatment and recovery support of individuals diagnosed with co-occurring mental and substance use disorders.
- Only CMHS funds may be used to pay for treatment and recovery support services for individuals who have only SMI or SED. Only CSAT funds may be used to pay for treatment and recovery support services for individuals who have only a SUD.

See pages 9-10 for details.

Required State Infrastructure Development Activities

For **state applicants**, the proposed project is **required** to include the following state infrastructure activities:

- Establish a State Interagency Council on Homelessness for the grant that will meet at least quarterly.
 - Enhance or develop a statewide plan to sustain partnerships.
 - Adopt and/or enhance computer systems, management information system (MIS), electronic health records (EHRs), etc.
 - Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.
- May use up to 20 percent of award for state infrastructure development
 - Council membership requires standardized signed contracts or Memoranda of Understanding (MOU)

See pages 11-14 for details.

Local Government & Community Infrastructure Development

For **local government and community applicants**, the proposed project is **required** to include the following infrastructure activities:

- Establish a steering committee to meet and monitor goals that will meet at least quarterly.
- Adopt and/or enhance computer systems, management information system (MIS), electronic health records (EHRs), etc.
- Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

May use up to 10 percent of award for state infrastructure development

See pages 13-14 for details.

Allowable Infrastructure Development Activities

In addition to required activities, other **allowable** infrastructure activities include the following types of activities:

States

- Assist providers in implementing HIT solutions to support effective coordination of care for the population(s) of focus.

States, Local Governments, and Communities

- Adopt and/or enhance computer systems, MIS, EHRs, etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help staff or other providers in the community identify mental health or substance use disorder issues or provide effective treatment or recovery support services consistent with the purpose of the grant.

Direct Services

- Grantees must use **not less than 70 percent of the total grant award** for the provision of treatment and recovery support services for the population(s) of focus.
- Services are provided either directly by the grantee and/or through contractual agreements.
- Entities may include, but are not limited to, the following:
 - Substance use or mental health treatment provider agencies
 - Peer providers
 - Health centers
 - Housing entities
 - Primary care
 - Other agencies serving the population(s) of focus and meet FOA requirements

See page 14 for details.

Required Activities

Grantees must ensure coordinated and integrated services provided to individuals served include the following **required** activities:

- Outreach and other engagement strategies to enroll individuals
- Aggregate diagnostic data reports
- Direct treatment for the population(s) of focus
- Case management or other strategies
- Trauma-informed services to include emphasis on implementation of trauma-informed approaches in programs, services, and systems.

See pages 14–15 for details.

Slide 20

Required Activities (contd.)

- Peer recovery support specialist(s) to deliver recovery support services
- Services delivered within family-driven, youth-guided framework
- Collaborations across agencies and among critical providers and programs
- Recovery support services designed to improve access to and retention in services and continue treatment gains
- Permanent housing for:
 - Individuals or families who experience chronic homelessness, and/or
 - Veterans who experience homelessness or chronic homelessness
- Link to HUD's Coordinated Entry system for:
 - Families or youth experiencing homelessness but encouraged to permanently house these populations

See pages 14-16 for details.

Resources for Housing

SAMHSA grant funds may not be used to fund housing.

Following application review, if your application's score is within funding range, the government project officer (GPO) will contact you to submit the following documentation within a specified time frame:

- For HUD funded applicant or provider - a copy of the executed grant agreement or other documentation from HUD that includes permanent housing for the population(s) of focus
- From non-HUD funded applicant - a letter from a comparable housing program funding source verifying a current, executed grant or contract agreement

See page 16 for details.

Allowable Activities

Allowable Activities:

In addition to **required** activities, other **allowable** direct services include the following types of activities:

- Limited inreach and screening to identify incarcerated individuals, consistent with the population(s) of focus, upon release from a jail or detention facility, and provision to those identified with a post-release housing and behavioral health services plan;
- Education, screening, and counseling for hepatitis and other sexually transmitted diseases; and
- Active steps to reduce HIV/AIDS risk behaviors by individuals served. Active steps include client screening and assessment, and either direct provision of appropriate services or referral to and close coordination with other providers of appropriate services.



Funding Limitations/Restrictions

Applicant	Funding
States	<ul style="list-style-type: none"> State grantees may use up to 20 percent of the total grant award for infrastructure development/improvements. State grantees may use no more than 10 percent of the award amount for data collection, performance measurement, performance assessment, and evaluation. Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment, and evaluation.
Local governments and communities	<ul style="list-style-type: none"> Community grantees may use up to 10 percent of the total grant award for infrastructure development/improvements. Community grantees may use no more than 20 percent of the award amount for data collection, performance measurement, performance assessment, and evaluation. Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment, and evaluation.
All	<ul style="list-style-type: none"> Grantees must use not less than 70 percent of the total grant award for the provision of treatment and recovery support services for the population(s) of focus. No more than 6.5 percent of the total grant award may be used for short-term residential treatment (90 days or less). Applicants must submit a budget that reflects a split of 50 percent CSAT funds and 50 percent CMHS funds. (See Appendix IV: – Sample Budget and Justification.) SAMHSA grant funds may not be used to fund housing.

Data Collection & Performance

All SAMHSA grantees are required to:

- Collect and report certain data through GPRA;
- Provide documentation ability to collect and report the required data in “**Section E: Data Collection and Performance Measurement**” of application;
- Collect client data via face-to-face interviews at baseline (i.e., entry to program), 6 months post intake, and upon discharge;
- Achieve a follow-up rate of 80 percent at each data point; and
- Report semi-annually on progress and performance.

See page 20 for details.

Evidence-Based Practices

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

In SECTION B of the project narrative, you will need to:

- Identify EBPs you propose to implement for the specific population(s) of focus;
- If proposing more than one EBP, provide justification and identify which service modality and population of focus each practice will support; and
- Discuss population(s) for which practice(s) has (have) been shown to be effective and appropriate for the population(s) of focus.

See page 19 for details.

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Cross-site Evaluation

SAMHSA intends to implement a cross-site evaluation for the duration of the CABHI program. Participation in this independent, multi-site evaluation is a requirement.

- Designed to determine impact on clients, services, and systems
- Conducted through a SAMHSA contract

Entails activities such as, but not limited to:

- Participating in technical assistance, training webinars, phone calls
- Sharing existing information
- Participating in systems assessments

See page 22 for details.

Grantee Meetings

- ✓ Plan to send a minimum of two people (including Project Director and Evaluator) to an annual grantee meeting.
- ✓ Include detailed budget and narrative for travel in budget.
- ✓ Present results of projects with technical assistance from federal staff.

See page 23 for details.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project.

- Role of grantee
- Role of SAMHSA staff

See pages 24-25 for details.

Eligibility

Applicant	Estimated Award per year
<p>States State Mental Health Authorities (SMHAs) or Single State Agencies (SSAs) for Substance Abuse</p>	Up to \$1.5 million
<p>Local governments</p>	Up to \$800,000
<p>Communities</p> <ul style="list-style-type: none"> • Other domestic public and private nonprofit entities • Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations • Urban Indian organizations • Public or private universities and colleges • Community- and faith-based organizations 	Up to \$400,000

Grantees that received a FY 2014 (SM-14-010) or 2015 (TI-15-003) CABHI-States award or a GBHI-SSH award in FY 2014 or 2015 (TI-14-007) are not eligible to apply.

See page 26 for details.

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Experience and Credentials

Evidence of Experience and Credentials

- A provider organization for direct client services (e.g., SUD treatment, mental health treatment) 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/SUD treatment provider organization must have at least 2 years experience (as of due date of application) providing relevant services in the geographic area(s) in which services are to be provided.

See page 27 for details.

Experience and Credentials (contd.)

- Each mental health/SUD 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.
- Each entity must either:
 - Be qualified to receive third party reimbursements and have an existing reimbursement system in place; or
 - Have established links to other behavioral health or primary care organizations with existing third party reimbursement systems.

See page 27 for details.

How to Apply

Please refer to FOA Section IV.

Application and Submission Information (pages 28-31).

- You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant.
- Applications are due by **11:59 PM** (Eastern Time) on **March 15, 2016**.
- **Your application must be submitted through** <http://www.Grants.gov>.
- Section V. Application Review Information (pages 31-38).

Questions?

Agency Contacts

For program-related questions contact:

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Agency Contacts (contd.)

For grants management and budget-related questions contact:

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*Contact information is located on page 38 of the FOA.



Thank you for your participation!

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover