



**Treatment for Individuals with Serious Mental
Illness, Serious Emotional Disturbance, or Co-
Occurring Disorders Experiencing Homelessness
(Short Title: Treatment for Individuals Experiencing
Homelessness)**

Funding Opportunity Announcement (FOA) No. SM-18-014

FOA Review Webinar





Welcome

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Agenda

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Treatment for Individuals Experiencing Homelessness Program Description

Funded by the Center for Mental Health Services (CMHS); aligns with:

- SAMHSA Homeless Grant Portfolio
 - CABHI, 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*

SAMHSA Homeless Programs

SAMHSA supports 155 targeted homeless grantees:

- 56 – CMHS, Projects for Assistance in Transition from Homelessness (PATH)
- 33 – CSAT, Grants for the Benefit of Homeless Individuals (GBHI)
 - *General (17) and SSH (16)*
- 46 – CABHI
 - *Jointly managed by CSAT (15) and CMHS (31)*
- 14 – CABHI-States,
 - *Jointly managed by CSAT (7) and CMHS (7)*
- 6 – CABHI-States-Enhancement
 - *Jointly managed by CSAT (3) and CMHS (3)*

Treatment for Individuals Experiencing Homelessness: Purpose

PURPOSE:

The purpose of this program is to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or co-occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD) who are experiencing homelessness.

Treatment for Individuals Experiencing Homelessness: Goal

GOAL:

The goal of this program is to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing.

Treatment for Individuals Experiencing Homelessness: Goal (Con.)

To achieve this goal, SAMHSA will support three types of activities:

- (1) Integrated behavioral health treatment and other recovery-oriented services;
- (2) Efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc.); and
- (3) Coordination of housing and services that support sustainable permanent housing.

Treatment for Individuals Experiencing Homelessness Details

- Funded by CMHS
- For FY 2018, funding available to states, local governments, and communities
 - State governments and territories = Up to \$1 million per year
 - Local governments and communities = Up to \$500,000 per year
- Estimated number of awards = Up to 16
- Length of project period = 5 years
- Application due date = March 9, 2018
- Anticipated start date = September 30, 2018
- Key Personnel = Project Director and Evaluator

Slide 9

See pages 23-24 for details.

Definitions

The FOA provides definitions or clarification for key terms, including:

- Serious Mental Illness (SMI)
- Serious Emotional Disturbance (SED)
- Co-occurring disorder (COD)
 - For the purposes of this FOA, the term co-occurring disorder (COD) refers to the presence of a SMI and SUD or a SED and SUD. In Section A of your Project Narrative, applicants are required to provide the state-approved definition for COD.
- Homeless

See pages 7-8 for details.

Definitions (con.)

- For the purposes of this FOA, the term homeless also includes “doubled-up” – a residential status that places individuals at imminent risk for becoming homeless. This is 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 without notice.
- For the purposes of this FOA, States and territories are referred to as states.

See pages 7-8 for details.

Expectations

Service Delivery

- At the latest, recipients are expected to provide services to the population(s) of focus no later than the fourth month after award.

Key Personnel

- Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. The key personnel for this program will be the Project Director and Project Evaluator.

See page 8 for details.

Expectations (con.)

Disparity Impact Statement

- 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.

Third Party & Other Revenue

- Recipients must utilize third party and other revenue realized from provision of services to the extent possible.

See pages 10-11 for details.

Required Activities

You must use SAMHSA's services grant funds primarily to support direct services, including the following required activities:

- Provide outreach and other engagement strategies (utilizing screening and assessment tools) to identify individuals (including youth) and families to enroll in the grant project.
- Assist with identifying sustainable permanent housing. At a minimum, those enrolled individuals must be linked to HUD's Coordinated Entry system.
- Provide evidence-based, integrated mental health and substance use interventions for COD treatment for enrolled individuals. Treatment must be provided in outpatient, intensive outpatient, short-term residential, or recovery housing programs.

See pages 9-10 for details.

Required Activities (con.)

- Use an integrated primary/substance use disorder/mental health care approach in developing the service delivery plan.
- Provide case management or other strategies to address serious mental illness, serious emotional disturbance, and co-occurring health conditions and link with and retain individuals in housing and other necessary services.
- Engage and enroll the population(s) of focus in health insurance, Medicaid, and other benefit programs (e.g. SSI/SSDI, TANF, SNAP).
- Provide trauma-informed services to include an emphasis on implementation of trauma-informed approaches in programs, services, and systems.

See pages 9-10 for details.

Required Activities (con.)

- If the population of focus are youth and families, provide services that are delivered within a family-driven, youth-guided/directed framework.
- Collaborate across agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among crucial providers and programs to enhance service provision.
- Provide or assure linkage to and support engagement with recovery support services to improve access to and retention in services and to continue treatment gains.

Allowable Activities

- Up to \$25,000 per year may be used to purchase technical assistance (TA). If TA is not needed, recipients may use these funds for other required or allowable activities in the grant.
- Limited screening to identify incarcerated individuals, consistent with the population(s) of focus, while incarcerated or upon release from a jail or detention facility, and provision to those identified with a post-release housing and behavioral health services plan.
- Develop and implement tobacco cessation programs, activities and/or strategies.
- Education, screening, and counseling for hepatitis and other sexually transmitted infections. Active steps to reduce HIV/AIDS risky behaviors by clients, See pages 9-10 for details.

See page 10 for details.

Evidence-Based Practices

- If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized.
- In Section C of your Project Narrative, you will need to identify the EBP(s) you propose to implement for the specific population(s) of focus. In addition, you must discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it is (they are) appropriate for your population(s) of focus.
 - Examples of EBP(s) that exist/apply for your program/population(s) of focus:
 - Housing First models.
 - Integrated Dual Disorders Treatment.
 - Assertive Community Treatment.

Data Collection & Performance

All SAMHSA grantees are required to:

- Collect and report certain data through GPRA;
- Document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement;
- Collect client data via face-to-face interviews at baseline (i.e., entry to program), 6 months post intake, at six month intervals, and at discharge;
- Achieve six-month follow-up rates of at least 80 percent; and
- Report annually on progress and performance.
- No more than **15 percent** of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment.

Infrastructure Development

You may use no more than **15 percent** of the total grant award of each budget period for the following types of infrastructure activities, if necessary to support the direct service expansion of the grant project:

- Develop partnerships with other service providers for service delivery and stakeholders serving the population of focus.
- 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.
- Policy development to support needed system improvements.

Grantee Meetings

- Plan to send a maximum of three people (including Project Director) to at least two joint grantee meetings.
- Include detailed budget and narrative for travel in your budget.

See page 16 for details.



Funding Limitations/Restrictions

All Funding Limitations/Restrictions

- At least **70 percent of the total grant award** for the budget period must be used to support direct services.
- 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 **15 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.
- No more than **5 percent** of the total grant award for the budget period may be used for short-term residential programs that are 30 days or less in duration.
- Up to **\$25,000** per year may be used to purchase technical assistance (TA). If TA is not needed, recipients may use these funds for other required or allowable activities in the grant.

Be sure to identify these expenses in your proposed budget.

See page 22 and 62-64 for details.

Eligibility

Applicant	Estimated Award per year
State governments and territories	Up to \$1 million
Local governments/Communities <ul style="list-style-type: none">• Governmental units within political subdivisions of a state, such as a county, city or town;• Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations• Urban Indian Organizations• Consortia of tribes or tribal organizations• Public or private universities and colleges• Community- and faith-based organizations	Up to \$500,000

Recipients that received an award under the FY 2017 (TI-17-009) Grants for the Benefit of Homeless Individuals (GBHI) FOA, or the FY 2016 and FY 2017 (SM-16-007) Cooperative Agreements to Benefit Homeless Individuals (CABHI) FOA, are not eligible to apply

See page 17-18 for details.

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 four additional requirements related to the provision of services.

1. A provider organization for direct client 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;
2. Each mental health/substance use treatment provider organization must have at least 2 years experience (as of due date of application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years; and

Experience and Credentials (con.)

3. 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.
4. An 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.

The above requirements apply to all service provider organizations.

See page 18-19 for details.

How to Apply

Please refer to FOA Section IV.

Application and Submission Information (pages 30-41).

- **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).
- Applications are due by **11:59 PM** (Eastern Time) on **March 9, 2018**.

Questions?

Agency Contacts

For program-related questions contact:

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Agency Contacts (con.)

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