Substance Abuse and Mental Health Services Administration
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THE TA NETWORK
the national technical assistance network for children's behavioral health

# Analysis of 2017 SAMHSA System of Care Expansion Funding Opportunity Announcement (FOA) No. SM-17-001

## Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Short Title: "System of Care (SOC) Expansion and Sustainability Cooperative Agreements"

### Application Deadline

- **January 3, 2017**
- Public Heath Impact Statement/Single State Agency Coordination must be sent to appropriate state and local health agencies by application deadline, and comments from the Single State Agency are due 60 days after application deadline.

### Purpose of FOA Analysis

- To briefly summarize the purpose and overall approach in the 2017 FOA for SAMHSA System of Care Expansion and Sustainability Cooperative Agreements.
- To crosswalk the activities required by the FOA with a strategic framework for system of care (SOC) expansion that includes the systemic changes needed for expanding and sustaining the SOC approach.
  (Note: The strategic framework was developed as a tool to guide SOC expansion efforts and is comprised of five "core strategy areas:" 1) policy, infrastructure, and partnerships, 2) services and supports, 3) financing, 4) training and workforce development, and 5) generating support through strategic communications. Activities in all of these areas are required in the FOA.)

****See FOA for complete information****
http://www.samhsa.gov/grants/grant-announcements/sm-17-001

### Purpose of Cooperative Agreements

- To improve behavioral health outcomes for children and youth (birth – 21) with serious emotional disturbances (SED) and their families by supporting the wide-scale operation, expansion, and integration of the SOC approach with sustainable infrastructure and services
- To support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families
- To build on progress made in developing SOCs by focusing on sustainable systemic changes to ensure that the SOC approach is the primary way in which mental health services for children and youth with serious emotional disturbances (SED) are delivered throughout the nation
- "Hybrid" grant program intended to result in both infrastructure development and service delivery

### Eligibility

- Limited to public entities, including state governments, Indian or tribal organizations, governmental units within political subdivisions of a state (e.g., counties, cities, towns), territories, and the District of Columbia.

- Includes federally recognized American Indian/Alaska Native tribes, tribal organizations, urban Indian organizations, and consortia of tribes or tribal organizations.
- Grantees that received SOC Expansion Grants in FY14, FY15, and FY16 are not eligible, regardless of which state agency received the award. Grantees that received SOC Expansion Grants in FY13 are eligible to apply.
- Eligible state applicants must choose two local jurisdictions as implementation sites. They may not choose local jurisdictions that have FY14, FY15, or FY16 SOC Expansion Grants. (Note: If a state designates a local jurisdiction in its application, and that local jurisdiction also applies, only one grant can be awarded. However, if a local jurisdiction is *not* designated in the state application and applies separately, both a local-level and state-level grant may be awarded.)

## Two-Level Approach

1. ***States*** – Must focus on statewide implementation and must: 1) identify at least two localities that have not received FY14, FY15, or FY16 SOC Expansion Grants to implement service innovations and 2) demonstrate how they will systematically expand in additional localities over time (Letters of commitment required). *Localities cannot be current grantees.*
2. ***Political Subdivisions*** of states, tribes/tribal organizations, or territories – Must focus on implementation within the jurisdiction and must: 1) demonstrate how they will work with their respective states (including the state Medicaid agency and the state agency for child/youth mental health services) to achieve broader systemic changes to expand SOCs and 2) specify how high-level systemic changes will be achieved building on work in the jurisdiction (Letter of commitment required).

## Population of Focus

Children and/or adolescents with SED ages birth – 21. *Applicants may select a sub-population of focus within birth – 21.*
Criteria:

1. Diagnosis – Disorder diagnosable under DSM or ICD, except DSM V codes, substance use disorders (SUDs) or developmental disorders unless they are co-occurring with SED. (DC:0-3 R should be used for diagnosis of young children; for children four years and older Diagnostic Interview Schedule for Children [DISC] can be used as alternative to DSM.)
2. Disability – Functional impairment in family, school, or community and need for multi-agency involvement.
3. Duration – Disability present for one year or expected to last one year.

Specific areas of focus are encouraged:

- Individuals with or at risk for FEP
- Youth involved in other child-serving agencies (e.g., juvenile justice, child welfare [including adopted children], primary care, education)
- Youth with co-occurring SUDs
- Early childhood
- Infrastructure and services to improve integration between mental health and primary physical health care

## Strategic Approach to Widespread Expansion of the SOC Approach

The approach is an example of implementing SAMHSA's Theory of Change, which moves an innovation through the phases of demonstration and evaluation to widespread adoption. Based on data documenting improved outcomes and return on investment, SAMHSA is moving the

SOC approach from demonstration to widespread adoption so that this approach is the primary way in which mental health services for children and youth with SED are delivered throughout the nation.

***Requires commitment and priority on SOC expansion*** *including:*

- Documented priority on expanding and sustaining SOCs through a strategic plan, needs assessment, data, and/or priority letter; and
- Demonstrated progress to date to create a comprehensive approach or strategic plan to expand and sustain services and supports

***Requires a clearly articulated expansion strategy*** *that:*

- Demonstrates how the SAMHSA Theory of Change will be used to expand and sustain the SOC approach;
- Demonstrates a sequential and continuous approach for wide-scale adoption of the SOC approach;
- Is directed at achieving goals within a comprehensive strategic plan to expand and sustain SOCs;
- Demonstrates how activities will move towards widespread adoption of the SOC approach;
- Focuses on developing both sustainable infrastructure and service capacity; and
- Is family driven and youth guided and fully involves families and youth in the development, implementation, and evaluation of the SOC approach at the state and local levels.

***Requires a bi-directional approach****:*

- States must identify local jurisdictions for implementation and demonstrate how they will systematically expand to additional areas for statewide implementation.
- Local jurisdictions must link with the lead state agency to achieve high-level systemic changes to ensure widespread adoption within and beyond their local areas.
- Both must demonstrate clear linkages between local governments and higher level system change efforts at the state/tribal/territorial level.

## Funding and Match:

- Provides four years of funding.
- Provides up to $3 million per year for states, up to $1 million per year for political subdivisions of states, tribes, tribal organizations, and territories.
- Cost sharing/match is required with non-federal funds at $1 for each $3 of federal funds for fiscal years one, two, and three and $1 for each $1 of federal funds in fiscal year four. Match may be cash or in-kind (e.g., facilities, equipment, services) and derived from non-federal sources.
- Federal funds must be used for new expenses and not supplant currently available funds.
- No more than 30% of funds may be used for infrastructure, and no more than 20% of funds for data collection and performance measurement. Remaining funds must be used for services and supports not covered by Medicaid, private, or other types of insurance.

## Key Staff and Task Leads:

- Key staff required (FTEs specified):
  - Principal investigator (at least .05 FTE)
  - Project director (between .75 and 1 FTE)
  - Lead family contact (between .75 and 1 FTE)
  - Social marketing-communications task lead (.5 FTE)

- Task Leads (No FTEs specified) to oversee:
  - Clinical service delivery
  - Cultural and linguistic competence
  - Evaluation
  - Youth engagement

## Data Collection and Performance Management

- Must agree to participate in any required national evaluation being conducted to determine the effectiveness of grants (in addition to required National Outcomes Measures (NOMs) reporting).
- Must: 1) have evaluation processes in place and staff hired to be ready to participate in mandatory training by national evaluation team, 2) begin collecting national evaluation and NOMs data with two weeks of training, 3) participate in webinar training on national evaluation measures, and 4) participate in TA calls with evaluation liaison.
- Required to collect data on performance measures required by GPRA for systems and services and report data via SAMHSA's data entry reporting system (https://www.cmhs-gpra.samhsa.gov/).
  - *For systems*, number of: policy changes, organizations implementing mental health related training, youth/family members/peers providing mental health related services, organizations that entered into formal inter/intra-organizational agreements, individuals contacted through outreach, individuals referred to mental health or related services, and individuals receiving mental health or related services after referral.
  - *For services*, mental illness symptomatology, employment/education, crime/criminal justice, stability in housing, psychiatric hospital readmission rate, social support/connectedness, and client perception of care. (Data collected at baseline, 6-month follow-up, and discharge using CMHS Child Outcome Measures for Discretionary Programs.)
- Include any youth enrolled in SOC case management services as a result of the grant in service delivery tracking data.
- Must provide progress reports twice a year documenting progress, barriers, and efforts to overcome barriers.
- Must conduct local performance assessment, including periodically reviewing performance data and assessing progress toward achieving intended goals, objectives, and outcomes and whether adjustments need to be made. May include outcome and process questions.
- Must demonstrate implementation progress during bi-annual reviews and refinements of plans based on progress, environmental changes, and emerging opportunities.
- No more than 20% of grant award may be used for data collection and performance measurement.

## Grantee Meetings

- Grantees must plan to send a minimum of 10 people to at least one SOC training activity during the grant period. (May be divided up into multiple training events.)
- Must have key staff, task leads, and partners participate in virtual training activities.

## Crosswalk of Required Activities with the SOC Expansion Strategic Framework

| Core Strategy Area for SOC Expansion | Required Activities in 2017 Expansion FOA |
|---|---|
| **Policy, Infrastructure, and Partnerships**<br><br>***(Behavioral Health Disparities Impact Statement Due No Later Than 60 Days After Award)*** | *Infrastructure/Governance/Policy*<br>• Implement systemic changes in infrastructure and policy<br>• Conduct needs assessments<br>• Review policies and regulations to improve service delivery<br>• Develop or enhance an existing governance structure/board responsible for decision making at the policy level (interagency bodies that include family members, youth, and young adults; can exist at state, tribal, or local levels or at multiple levels)<br><br>*Family and Youth Involvement (System Level)*<br>• Integrally involve families and youth in planning, governance, implementation, evaluation, and oversight at state and local levels<br>• Fully involve family and youth organizations in all planning, implementation, and evaluation of SOCs<br>• Develop mechanisms to promote family and youth participation (e.g., development of youth leadership, mentoring, partnerships with adult consumer and youth organizations, permanent youth and family advisory and evaluation bodies, and self-help organizations/programs)<br>• Collaborate with SAMHSA Statewide Family Network Grantees and other family and youth organizations and teams (e.g., youth council or team, and state and local youth and family organizations)<br><br>*Interagency Collaboration*<br>• Develop interagency coordination and collaboration processes that support infrastructure for SOC expansion and identify locus of authority, responsibility, and oversight of the SOC<br>• Collaborate across child-serving systems (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood, adult serving agencies) including relationships between community and residential treatment providers<br>• Collaborate with adult serving agencies when serving older youth transitioning to adulthood<br>• Establish formal collaborative relationships with SAMHSA State Youth Treatment (SYT) or State Youth Treatment Implementation (SYT-I) grantees<br>• Collaborate with Statewide Family Network grantees, SAMHSA Community Mental Health Services Block Grant, Now is the Time Healthy Transitions Grants, other SAMHSA grants, and existing interagency teams serving same population<br>• Collaborate with primary care and developmental disabilities systems, including implementing systematic referral procedures and procedures to include primary care providers in individualized service team<br>• Develop linkages between local governments and higher level system change efforts at the state/tribal/territorial level<br>• Collaborate with existing federal grant programs or interagency teams serving the same population of focus (e.g., state children's cabinet)<br><br>*Cultural and Linguistic Competence (CLC) (System Level)*<br>• Develop a behavioral health disparities impact statement (BDIS) that identifies specialty populations and includes a quality improvement plan, methods for adherence to National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards, etc. (BDIS due no later than 60 days after award)<br>• Adhere to CLAS in Health and Health Care<br>• Develop, implement, and evaluate CLC at the system, organizational, and direct service levels |

| Core Strategy Area for SOC Expansion | Required Activities in 2017 Expansion FOA |
|---|---|
| | *Data and Technology Create reporting and monitoring processes to ensure that resources are invested at state/tribal/territorial and local levels*<br>• Conduct needs assessments<br>• Allowable to adopt or enhance computer and MIS systems, electronic health records, technology assisted approaches (e.g., tele-behavioral health) |
| **Services**<br><br>***(Begin Service Delivery Within Six Months of Grant Award)*** | *Service Array*<br>• Build capacity of state, tribal, and local levels to provide sustained service delivery<br>• Improve, expand, and sustain comprehensive services and supports throughout the geographic area that are consistent with the SOC philosophy<br>• Provide a full array of mental health and support services that must include (but is not limited to): 1) diagnostic and evaluation services, 2) cross-system care management processes, 3) individualized service plan development inclusive of caregivers (e.g., wraparound), 4) community-based services in clinic, office, family's home, school, primary care or behavioral health clinic, or other appropriate location (e.g., individual, group, and family counseling; professional consultation; medication management), 5) emergency services 24/7 including mobile crisis outreach and intervention, 6) intensive home-based services 24/7 when child is at imminent risk of out-of-home placement, 7) intensive day treatment services, 8) respite care, 9) therapeutic foster care, 10) therapeutic group home for not more than 10 children, 11) assistance in making the transition from child and youth services to young adult services, 12) family advocacy and peer support services delivered by trained parent/family advocates, 13) other recovery support services (e.g., supported employment)<br>• Provide early treatment for youth with early onset of SED and serious mental illness (SMI)<br>• Provide peer support for parents and youth<br>• Create flexible funds to support the individualized needs of children and families that are tied to plan of care and not otherwise reimbursable<br>• Implement a crisis response strategy with a continuum of community-based crisis services and supports to reduce unnecessary use of inpatient services<br>• Services should be consistent with SAMHSA and the Centers for Medicare and Medicaid Services' (CMS) Informational Bulletin "Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions" https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf<br>• Allowable to provide optional services (e.g., screening assessment; therapeutic recreation; mental health services other than residential or inpatient as determined by individualized care team; customized suicide prevention and intervention approaches to promote protective factors, identify youth at risk, and intervene, including immediate crisis services)<br>• Integrate a recovery approach based on the definition and principles of recovery in services<br>• Provide services to returning veterans and their families where appropriate<br>*Family-Driven, Youth-Guided Services*<br>• Deliver services that are family-driven, youth-guided/directed with integral partnerships in their own treatment services and supports<br>• Implement mechanisms for youth and family participation (e.g., peer support, youth leadership development, mentoring, youth peer specialists and parent support providers, partnerships with family and youth organizations)<br>*Culturally and Linguistically Competent Services*<br>• Deliver services with cultural and linguistic competence<br>• Address behavioral health disparities among racial and ethnic minorities in access, service use, and outcomes |

| Core Strategy Area for SOC Expansion | Required Activities in 2017 Expansion FOA |
|---|---|
| | • Integrate with alternative or traditional health practices (practice-based evidence) for diverse groups when appropriate<br>*Coordinated/Integrated Services*<br>• Integrate mental health and substance use services, supports, and systems<br>• Include substance use services in the individualized care plan for youth with co-occurring disorders<br>*Trauma*<br>• Incorporate trauma-related services including trauma screening, trauma treatment, and trauma-informed approach to care<br>*Evidence-Based Practices*<br>• Implement evidence-based, evidence-informed, and promising practices to treatment<br>*Early Intervention for Serious Mental Illness (SMI) and First Episode Psychosis (FEP)*<br>• Identify youth who are early in the course of developing SMI and provide necessary services and supports and early intervention for youth experiencing FEP to reduce future disability<br>*Outreach and Engagement*<br>• Develop outreach strategies to identify and engage youth and families in SOCs, including youth with early onset SED or SMI<br>*Linkage with Non-Mental Health Services*<br>• Facilitate provision of non-mental health services through agreement or commitment with relevant agencies and providers (e.g., education, health, substance use prevention and treatment, inpatient and residential, vocational and transition, protection and advocacy services)<br><br>***Note: Any youth enrolled in SOC case management services as a result of the grant should be included in the service delivery tracking data, including enrolled youth for whom payment of services are made, or can reasonably be expected to be made under any state, federal or private compensation, benefit, or insurance plan.*** |
| **Financing**<br><br>***(Financing Plan by End of Year Two)*** | • Implement sustainable financing for SOC infrastructure and services<br>• Develop strategic financing plan that links with other child-serving systems, Medicaid, Mental Health/Substance Abuse Block Grant, ACA implementation by end of year two<br>• Implement financing plan (no later than beginning of year three)<br>• Utilize third party and other revenue from service delivery to extent possible and use grant funds for services not covered by Medicaid, commercial, or other types of insurance and to serve individuals not covered by public or commercial insurance |
| **Training and Workforce Development** | • Implement training and workforce development strategies to help staff and providers identify mental health or substance use issues and provide effective services<br>• Include family and youth peer support providers in the workforce<br>• Allowable to provide training in all aspects of SOC development and implementation, including evidence-based and practice-based interventions |
| **Generating Support through Strategic Communications**<br><br>***(Social Marketing-Communication Plan by End of Year One)*** | • Develop a culturally and linguistically competent social marketing/strategic communication plan by end of year one<br>• Must have task lead for social marketing/communication and social marketing committee comprised of families, youth, young adults, evaluators, and SOC staff and partners<br>• Plan purpose is to support promotion, development, and sustainability of systems change and services |