



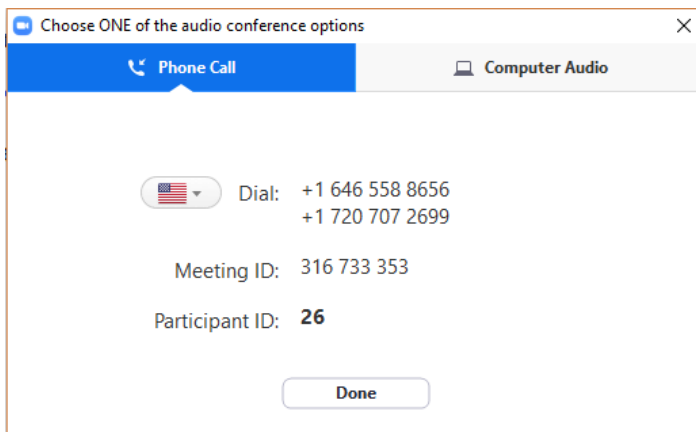
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Grantwriting for SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant

Wednesday, January 27th, 2020
3:00-4:00pm E.T.

Audio Logistics

- Call in on your telephone, or use your computer audio option
- If you are on the phone, remember to enter your Audio PIN



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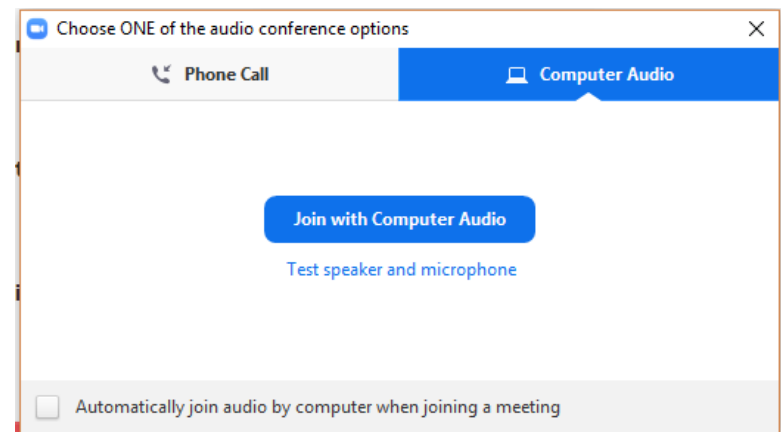
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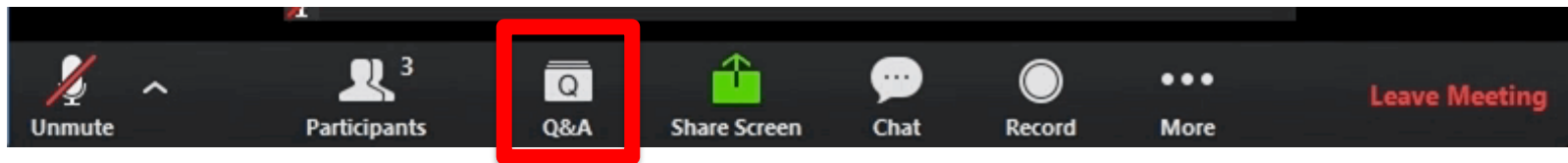
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How to Ask a Question



Type questions into the Q&A tab, located on your Zoom toolbar.
We'll answer as many questions as we can at the end of the presentation.

CCBHC Expansion Grant Funding Deep Dive

- This January 19 webinar provided
 - an overview of the CCBHC core requirements,
 - reviewed the funding opportunity announcement (FOA),
 - provided answers to frequently asked questions,
 - shared strategic guidance and tips on implementation of the CCBHC model.
- [CCBHC Expansion Grants FAQs](#).
- [View webinar slides](#) and [access webinar recording](#)



FOA Linked [Here](#)



Today's Presenters



Heidi Arthur, LMSW
Principal
Health Management Associates



Kristan McIntosh, LMSW
Senior Consultant
Health Management Associates



Disclaimer

This session is not a SAMHSA funded or sponsored event. While this session is intended to provide context and information, the National Council team and presenters are unable to answer any inquiries on behalf of SAMHSA. The advice in this webinar consists of general best practices learned from past experience with SAMHSA grants and does not reflect a guarantee for how applications will be scored. Any questions related to the funding opportunity itself will need to be directed to the SAMHSA project officer.



HEALTH MANAGEMENT ASSOCIATES

Grant Writing for SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants

Heidi Arthur and Kristan McIntosh
January 27, 2021

W W W . H E A L T H M A N A G E M E N T . C O M

Agenda

- + CCBHC Background
- + Overview of the SAMHSA Application Structure
- + Tips for An Effective Planning Strategy
- + Q and A



■ OUR FIRM

We are a leading independent, national healthcare research and consulting firm providing technical and analytical services.

We specialize in publicly-funded health programs, system reform and public policy.

We work with purchasers, providers, policy-makers, program evaluators, investors and others.

Our strength is in our people, and the experience they bring to the most complex issues, problems, or opportunities.

■ Speakers



Heidi Arthur
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Kristan McIntosh
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What best describes your organization?

- Behavioral health provider
- Other provider type, potentially looking to partner with a CCBHC in our community
- Payer or other entity hoping to understand more about the CCBHC model
- Consultant or other entity supporting a CCBHC-E Applicant to respond to this RFP
- Other



CCBHC BACKGROUND

HEALTH MANAGEMENT ASSOCIATES

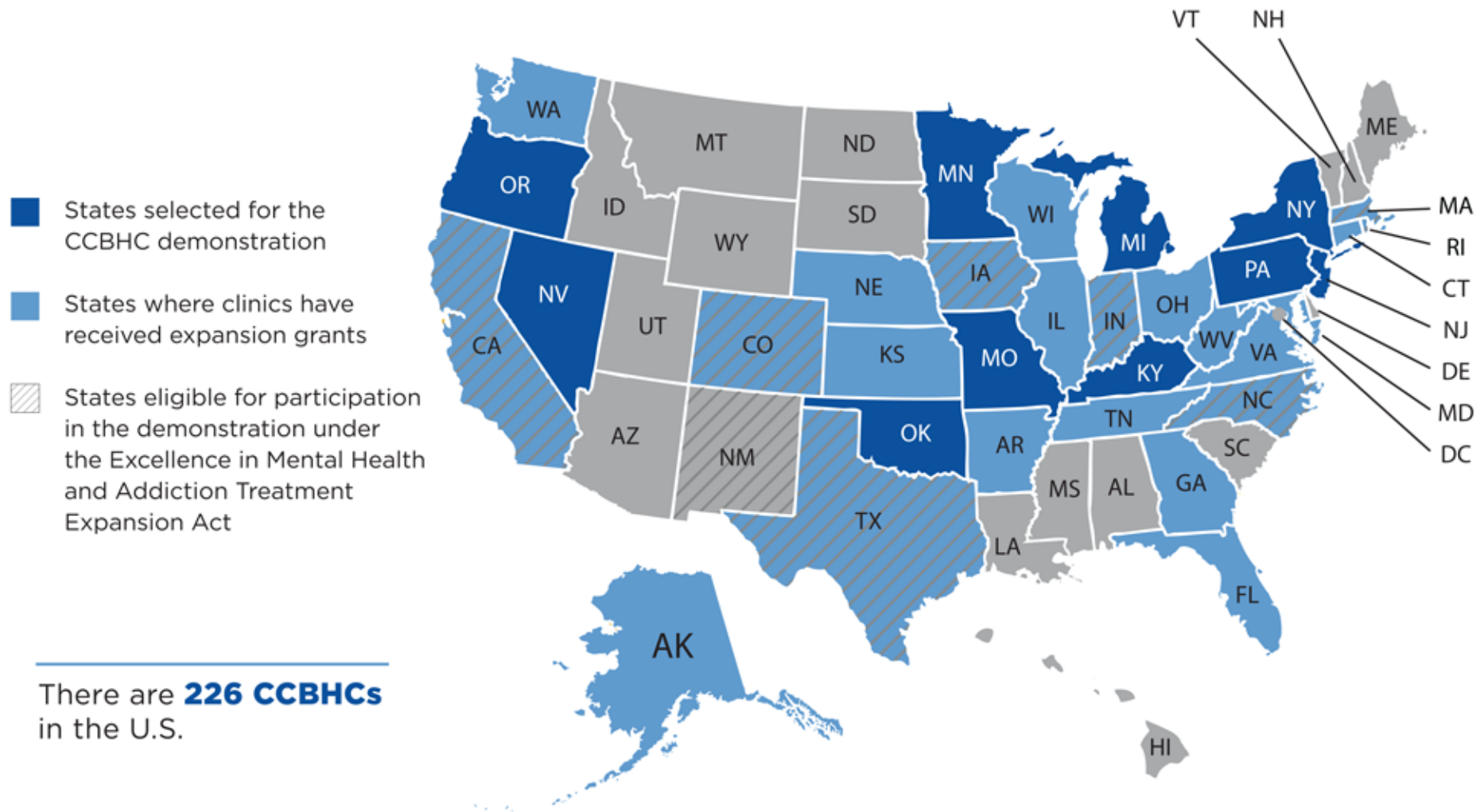
What is your current knowledge of CCBHC?

- Just beginning to explore this model
- Have pretty good understanding of the requirements
- Have been preparing for some time to apply for a CCBHC expansion grant
- Already have CCBHC grant funding
- Certified as a CCBHC demonstration site

■ What is a CCBHC?

- + The Excellence in Mental Health Act demonstration established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs).
- + This has been the largest federal investment in community-based mental health in several generations
- + CCBHCs are a provider type that provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.
- + CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of:
 - + 24-hour crisis care
 - + utilization of evidence-based practices
 - + Easy access to behavioral health care and wraparound services
 - + care coordination
 - + integration with physical health care
- + CCBHCs provide care regardless of ability to pay, caring for those who are underserved; have low incomes; are insured, uninsured or on Medicaid; and those who are active duty military or veterans

Status of Participation in the CCBHC Model



■ CCBHCs' SUCCESSES, 2.5 YEARS IN

- + Increased hiring / recruitment
- + Greater staff satisfaction & retention
- + Redesigning care teams
- + Improved access to care
- + More clients served
- + Elimination of waitlists
- + Clients accessing greater scope of services (e.g. addiction care)
- + Launch of new service lines to meet community need
- + New initiatives designed to reach target populations or address key Medicaid agency goals
- + Deploying outreach, chronic health management outside the four walls of the clinic
- + Improved partnerships with schools, primary care, law enforcement, hospitals
- + Outcome-driven treatment

■ CCBHC Requirements

- + CCBHCs are “certified” in six important areas:
 1. Staffing
 2. Availability and accessibility of services
 3. Care coordination
 4. Scope of services
 5. Quality and reporting
 6. Organizational authority

- + For CCHBC-E grantees, SAMHSA will ask for a “self-attestation” that they meet all the CCBHC requirements within four months of grant award, including supporting documentation

- + All entities applying to the CCBHC-E program should review Appendix M: CCBHC Criteria Compliance Checklist

■ CCBHC Requirements

- + “SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.”
- + These required services must be directly provided (accessible at the location which will be designated as a CCBHC):
 - + comprehensive outpatient MH and SUD services
 - + screening, assessment, risk assessment, and diagnosis
 - + 24-hour crisis mental health services
 - + Unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services, in which case you will partner with them to provide these services
 - + treatment planning including crisis plan development
 - + screening for HIV and hepatitis A, B, and C

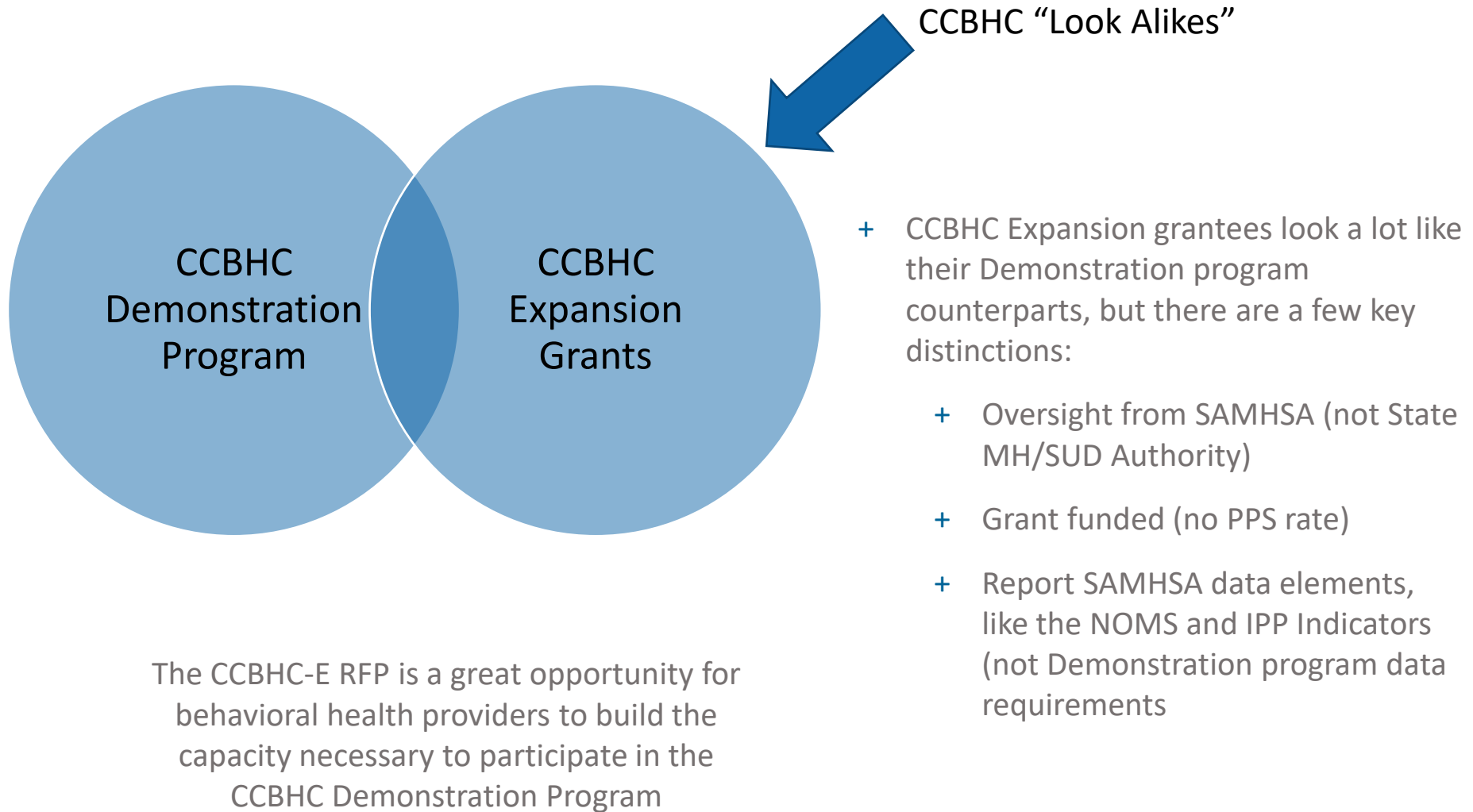
■ CCBHC Requirements

- + These required services are provided either directly or through a Designated Collaborating Organization (DCO):
 - + primary care screening and monitoring
 - + monitoring for adverse medication impacts
 - + case management
 - + psychiatric rehabilitation services
 - + social support services such as clubhouse
 - + recovery supports including peer support and family support
 - + Assertive Community Treatment
 - + services for veterans (including those who are dishonorably discharged but have a history of service) and military families
- + For Services Provided by DCO:
 - + A DCO is an entity not under the direct supervision of the CCBHC, but one that is engaged in a formal relationship with the CCBHC, delivers services under the same requirements as the CCBHC
 - + CCBHCs that engage DCOs **maintain clinical responsibility for services provided** by a DCO to CCBHC consumers, and the CCBHC provides payment to the DCO.

■ CCBHC Requirements

- + Other required activities:
 - + Establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered.
 - + Establish an Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies.
 - + Develop and implement plans for sustainability to ensure delivery of services once federal funding ends.

■ CCBHC Demonstration Program versus CCBHC Expansion Grants

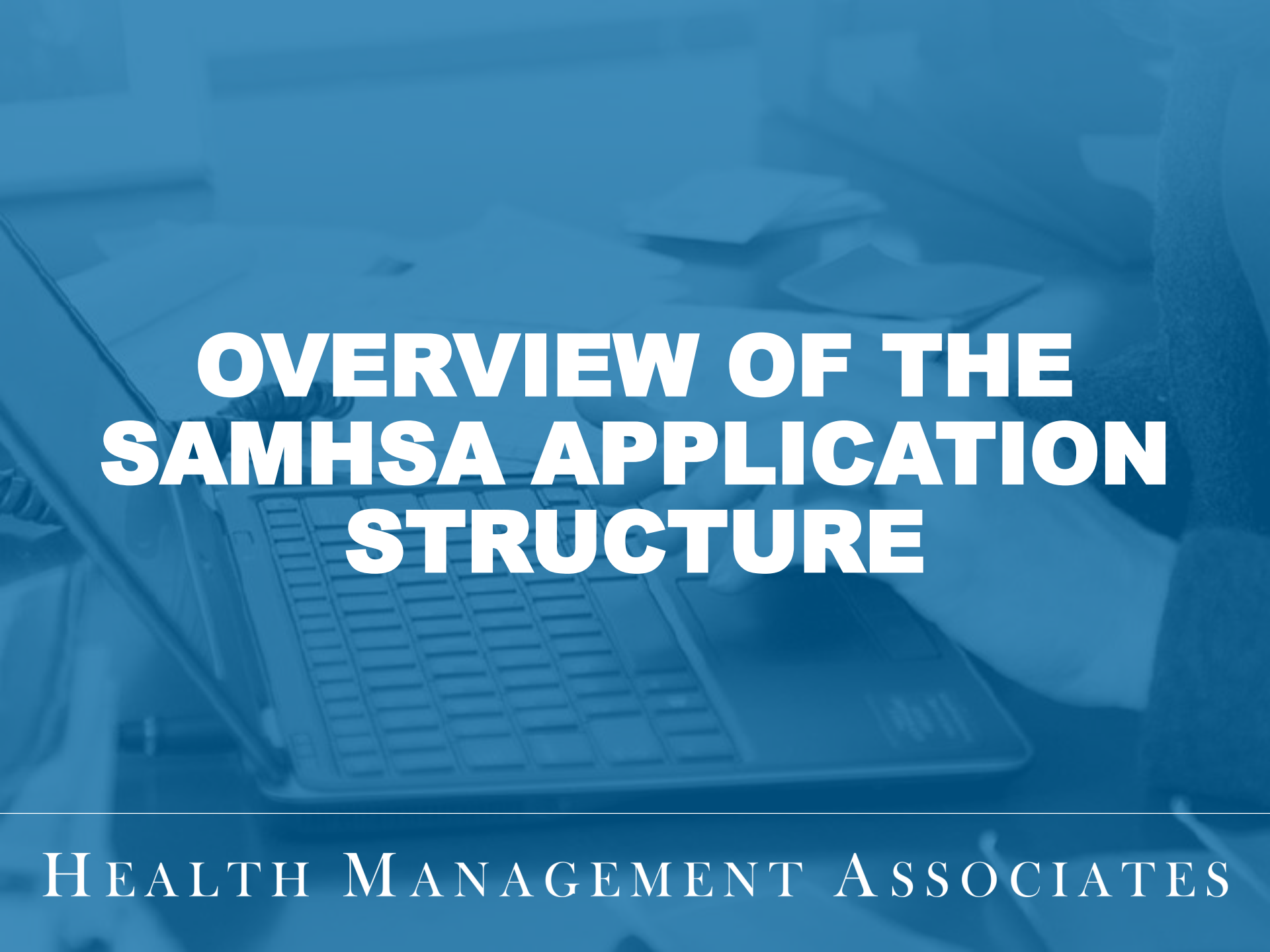


■ CCBHC Considerations

- + **This RFP is a great opportunity for CMHCs to:**
 - + Enhance their capacity to offer a myriad of services that are critical to supporting individuals with BH conditions, including:
 - + Evidence Based Practices for Clinical Treatment
 - + Wraparound supports for individuals of all ages
 - + Mobile crisis response services
 - + Expand their ability to partner and contract with partner organizations.
 - + CCBHCs in New York doubled the number of DCOs with whom they contract during the first two years of the Demonstration, from 15 in DY1 to 30 in DY2
 - + Develop additional capacity to help them to participate in VBP arrangements in the future (i.e., cost reporting, quality measurement, EHR expansion)

■ CCBHC Considerations

- + **However, before you begin, you should consider:**
 - + Whether your team has the capacity to take this on (both in terms of the application and the implementation)
 - + Meeting all of the CCBHC requirements, while they may seem to be a “perfect fit,” can be challenging and take time. Challenges from existing CCBHC-E grantees include:
 - + Staff hiring and retention
 - + Provision of the full range of services
 - + DCO relationships, including information sharing, collaboration in support of shared clients, and contracting arrangements
 - + Other partnership requirements
 - + The more comprehensive and collaborative nature of the CCBHC model can require significant shifts in staff responsibilities and culture



OVERVIEW OF THE SAMHSA APPLICATION STRUCTURE

HEALTH MANAGEMENT ASSOCIATES

■ Poll Question

Are you a current or prior SAMHSA Grantee?

- No, never applied
- No, applied and wasn't awarded in the past
- Yes, have a current grant and/or have had prior SAMHSA grants

FY21 CCBHC Expansion Grant RFP

- + Applications are due by March 1st (Monday) at 11:59AM
- + SAMHSA anticipates making 74 awards for up to \$2 million per year for up to 2 years
 - + Up to \$25,000 per year may be used to purchase Technical Assistance (TA)
 - + No more than 15 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment
- + To be eligible, agencies must have at least two years of experience as of the due date of the application providing “relevant services.”
 - + Grantees and DCOs should comply with all applicable local and state licensing and accreditation requirements
 - + CCBHC Expansion grant recipients that received funding under FY20 CCBHCs Expansion FOA (SM-20-012) are not eligible to apply for funding under this FOA

FY21 CCBHC Expansion Grant RFP

- + The purpose of this RFP is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs.
- + Priority will be given to applicants in states which were awarded a 2016 Planning Grant

- | | | |
|----------------|-------------------|--------------------|
| 1. Alaska | 9. Maryland | 17. New Jersey* |
| 2. California | 10. Massachusetts | 18. North Carolina |
| 3. Colorado | 11. Michigan** | 19. Oklahoma* |
| 4. Connecticut | 12. Minnesota* | 20. Oregon* |
| 5. Illinois | 13. Missouri* | 21. Pennsylvania* |
| 6. Indiana | 14. Nevada* | 22. Rhode Island |
| 7. Iowa | 15. New Mexico | 23. Texas |
| 8. Kentucky** | 16. New York* | 24. Virginia |

FY21 CCBHC Expansion Grant RFP

- + Grantees must provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.
 - + *based on guidance in the FOA and structure of previous grant cycles, but this could be subject to change*
- + Service delivery must begin by (at the latest) four months after award
 - + Organizations funded under the FY 2018 CCBHC-Expansion Program, who are funded under this announcement, will be expected to begin service delivery immediately upon award.
- + NOMS data collection required on every consumer served at enrollment and every six months following (with Section H health measures required every three months)
- + Grantees will submit a six month and annual report in Year 1, and another annual report in Year 2

FY21 CCBHC Expansion Grant RFP

- + Applications are due by March 1st (Monday)
 - + Develop a timeline that has you submitting the application minimum 72 business hours prior to the deadline
- + Sections A – E are the only scored sections of a SAMHSA proposal, so while it's important to meet the requirements of the attachments and submit everything that is required, the bulk of the focus should be on the Project Narrative
 - + No longer than 10 pages
 - + Answer every question and sub-question in the order that it is asked, marked clearly by headers.
 - + Indicate each Section letter and number in your response (i.e., A-1, A-2...)
 - + Only information included in the appropriate numbered question will be considered by reviewers.

■ FY21 CCBHC Expansion Grant RFP

- + Set up a Work Plan that contains all of the required attachments and sub-parts of the RFP, making it clear who is doing each
 - + Start compiling/completing the e-forms and/or attachments early
 - + Most of the attachments, as well as the submission process, are the same across SAMHSA grants

FY21 CCBHC Expansion Grant RFP

- + Critical registrations to make sure you are set up with **NOW**
 - + DUNS number
 - + System for Award Management (SAM)
 - + Grants.gov
 - + NIH's eRA Commons
 - + The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons
- + Even if you think you have these registrations, double (and triple) check that all are active and that you have the right “roles” in Grants.gov and eRA Commons
 - + Develop a plan for who will complete the different components of the application and who will do the actual submission

FY21 CCBHC Expansion Grant RFP

- + Electronic submission is required through eRA Commons' ASSIST or Grants.gov Workspace platform
 - + Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons.
- + Once you submit, you will receive three emails:
 - + Application is being processed
 - + Application was successfully validated (or it was rejected due to errors)
 - + If Grants.gov identifies any errors and rejects your application with a "Rejected with Errors" status, you must address all errors and resubmit
 - + Application has been retrieved by SAMHSA

A person's hands are shown typing on a laptop keyboard. The image is overlaid with a semi-transparent blue filter. The text "TIPS FOR SUCCESS" is centered in the upper half of the image in a bold, white, sans-serif font.

TIPS FOR SUCCESS

HEALTH MANAGEMENT ASSOCIATES

Tips for Success

- + Don't wait to check required registrations and develop a plan for completing attachments
- + Plan thoroughly before you write
- + Label each response and respond “in order” within the appropriate section
- + Tell a “tight” and coherent “story” across the sections:
 - + Section A - **Who needs your CCBHC? Where? Why?**
 - + Section B -**What will your CCBHC Accomplish for this population/System of Care? How will you implement the CCBHC model?**
 - + Section C – **What Evidence Based Practices will you offer to achieve the desired goals for this population?**
 - + Section D – **Why should your organization be a CCBHC? Who will staff this work?**
 - + Section E —**How will data be collected and used to manage, monitor, AND enhance the program?**

Strategically Approach Each Section

Section	Pg Limit	Scoring Criteria	Key Considerations
Section A: Population of Focus and Statement of Need	1	<ul style="list-style-type: none"> Population(s) of focus Geographic catchment area for services Other behavioral health care services in the service area, including whether they also serve your target population Service gaps and unmet mental health needs in the community 	<ul style="list-style-type: none"> Highlight prevalence and need within your catchment area Demonstrate the gap you will fill within the current system of care Identify your approaches for alignment, partnership and coordination, rather than service duplication
Section B: Proposed Implementation Approach	5	<ul style="list-style-type: none"> Goals and measurable objectives of the proposed project Chart that states the number of unduplicated individuals served annually and over the entire project period. Plan to implement Required Activities Description of ability to meet CCBHC criteria based on the Criteria Compliance Checklist. Plan to become certified within four months following the award. Chart depicting the timeline for the project 	<ul style="list-style-type: none"> Align goals and objectives with the Statement of Need. Required Activities are in Section I; CCBHC Criteria are in Attachment M Timeline must refer to the entire two years of the project period, indicate that service delivery can begin as soon as possible and no later than four months after grant award; include key dates, key activities (including the Required Activities outlined in Section I: Required Activities), and responsible staff (including the Key Personnel).

■ Strategically Approach Each Section

Section	Pg Limit	Scoring Criteria	Key Considerations
Section C: Evidence Based Service/Practice	1	<ul style="list-style-type: none"> How each EBP is appropriate for population(s) of focus and the planned outcomes Indicate whether modifications to each EBP are needed <ul style="list-style-type: none"> If modifications are planned provide: <ul style="list-style-type: none"> a complete description of the specific modifications. the reasons the modifications are necessary. 	<ul style="list-style-type: none"> Align EBPs with population needs and with goals and objectives; fully justify each EBP
Section D: Staff and Organizational Experience	2	<ul style="list-style-type: none"> Information about experience with similar projects (including CCBHC state planning or demonstration projects) and/or providing services to the population(s) of focus. Whether applicant will partner with any other organization(s) <ul style="list-style-type: none"> specifically identify the organization(s) involved with the proposed project (i.e., DCOs), the partners' experience providing services to the population(s) of focus, and specific roles and responsibilities for this project. Complete list of staff positions, including Key Personnel (Project Director, Evaluator) and other significant personnel (e.g., Clinic Medical Director, Clinic Director of Continuous Quality Improvement) <ul style="list-style-type: none"> description of roles level of effort qualifications description of experience providing services to the population(s) of focus familiarity with the culture(s) and language(s) of the population of focus. 	<ul style="list-style-type: none"> Letters of Commitment in Attachment 1 from each DCO.

■ Strategically Approach Each Section

Section	Pg Limit	Scoring Criteria	Key Considerations
Section E: Data Collection and Performance Measurement	1	<ul style="list-style-type: none">• Specific information about how you will collect the required data for this program• How such data will be utilized to manage, monitor and enhance the program	<ul style="list-style-type: none">• Describe the people, process, and tools.

The background of the slide features a blurred image of a laptop and several papers scattered on a desk. A semi-transparent blue filter is applied over the entire image. The text 'QUESTIONS AND DISCUSSION?' is centered in a large, bold, white sans-serif font.

QUESTIONS AND DISCUSSION?

HEALTH MANAGEMENT ASSOCIATES

Is your organization planning to apply for a CCBHC expansion grant?

- Yes, definitely!
- Probably, but not 100% sure
- Maybe, still thinking it through
- My organization is not eligible to apply

■ In Closing

- + Slides are available after the session, along with any Q&A we didn't get to

- + Health Management Associates

Heidi Arthur: harthur@healthmanagement.com

Kristan McIntosh: kmcintosh@healthmanagement.com

Questions?



Contact us:

CCBHC@thenationalcouncil.org

Visit the CCBHC Success Center:

<https://www.thenationalcouncil.org/ccbhc-success-center/>



Thank You!

Please take a moment to share your feedback in the [post-webinar survey](#). It will pop up once the webinar is closed.

Thank you!

