

Transformation Transfer Initiative

Application: Introduction

(Proposals Due to NASMHPD by December 1, 2020 at 5pm ET)

Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. **For Federal Fiscal Year (FFY) 2021, SAMHSA will award 40 TTI grants of up to \$150,000 on the following three topics for states or territories. For each topic of interest an application is required. If you apply for all three topics then three applications are required. *All proposals must focus on Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) populations.***

- **Application A: Bed Registries** - Following up on the FY 2019 TTI project, SAMHSA will fund up to 10 additional TTIs to establish and expand comprehensive, crisis psychiatric bed registry programs. Such efforts should track and monitor the availability of psychiatric beds but can also include the tracking of other crisis service supports such as crisis assessment centers, crisis residential programs, respites, mobile crisis teams, and centralized crisis call centers.

The following previous TTI Bed Registry recipients are not eligible to apply:

AL, CT, DE, FL, GA, ID, IN, MA, MD, MS, NE, NV, NJ, NM, NY, NC, OH, OK, RI, TN, UT, WV, VT

- **Application B: Diversion from Jail** - Building on the success of SAMHSA's 2020 Crisis Services Guidelines and Toolkit, SAMHSA will fund up to 15 states or territories to use these Guidelines to develop or expand state or territorial diversion programs. *All states and territories are eligible to apply.*
- **Application C: Improving Mental Health Services within Jails** - SAMHSA will fund up to 15 states or territories to expand or develop better services within correctional facilities and enhance their coordination between behind the walls treatment and transitioning back into the community. *All states and territories are eligible to apply.*

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APPLICATION A

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The following previous TTI Bed Registry recipients are **not eligible** to apply for these funds: AL, CT, DE, FL, GA, ID, IN, MA, MD, MS, NE, NV, NJ, NM, NY, NC, OH, OK, RI, TN, UT, WV, VT

[SAMHSA's FY2019-FY2024 Strategic Plan](#) Priority 2 sets for the goal to reduce the impact of serious mental illness (SMI) and serious emotional disturbance (SED) and improve treatment and recovery support services through implementation of the comprehensive set of recommendations put forward by the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

Individuals experiencing a psychiatric crisis can often experience long delays in accessing appropriate services. Delays can result in long waits at home, in emergency departments, or in jails for appropriate available services. Psychiatric bed registries are systems that efficiently allow users to find appropriate inpatient psychiatric treatment for patients in need of such care. These registries should have the ability to collect, aggregate, and display data on the availability of acute beds, including the beds available in public and private inpatient psychiatric facilities, 23-hour observation, and other crisis programs. Without an on-line registry at the state level, searching for available placements is inefficient and people in need of treatment and their families have to wait, unnecessarily. Using a registry not only allows timely access to available inpatient beds, but including crisis and other alternatives in the registry allows a fuller range of options that can best meet the individualized needs of those presenting for services. This can also result in ensuring that inpatient beds are available for those who need them the most. Effectively implemented, registries can help a system ensure that there is no delay in accessing the most appropriate 24/7 emergency, crisis stabilization, inpatient, or recovery services.¹ *When*

¹ Lutterman, T., & Shaw, R. (2018) SAMHSA Technical Assistance Coalition Working Paper: *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements.*

*developing your proposal, please keep in mind the TTI requirement for **measurable** outcomes and the short timeframe from proposal, through implementation to the reporting of initiative outcomes. The TTI funds must not be used for inpatient services.*

Applications for the TTI will be judged on the following criteria:

- Transformation infrastructure, demonstrated by examples of transformative initiatives already underway using state funds, Block Grant funds, other identified public or private resources;
- Existing multi-agency collaboration on transformative initiatives;
- Established partnerships with public and private hospitals, community providers, family and peer organizations;
- Proposed initiatives rooted in systems change with the greatest impact;
- Identification of other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative;
- Involvement/collaboration of individuals with lived-experience in the development, review, planning and, when appropriate, the implementation of the initiative;
- Expansion and sustainability plans after the TTI funding is exhausted;
- Realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.

TTI Timeline

- *December 1, 2020* - By 5:00pm ET, all proposals are due to NASMHPD.
- *January 2021* – TTI awardees are selected and announced by CMHS.
- *February 2021* – Subcontracts are initiated, finalized, and signed.
- *August 15, 2021* – All TTI projects will be completed and final reports submitted to NASMHPD.
- *August 24, 2021* – NASMHPD submits comprehensive TTI final report to CMHS.

Proposal requirements

I. **Initiative Description and Projected Budget**

In three (3) pages or less, please describe your proposed initiative, how it would fit into your state's larger reform or transformation goals, how it would improve your behavioral health system and/or other systems, and specifically the activities you would fund using your TTI subcontract, if awarded. Make sure to identify the following items:

- Other agencies or organizations (including hospitals and community providers) which will be collaborating with you;
- Other resources and infrastructure, in-kind, as well as financial, if any, which you will use to leverage these TTI award funds;
- Involvement of individuals with lived-experience in the planning and, when appropriate, the implementation of the initiative.
- Specific measurable outcomes you plan to achieve with this initiative; and
- Expansion and sustainability plans after the TTI funds are exhausted.

NOTE: The federal government grant requirements prohibits spending technical assistance grant funds on food, beverages, and purchasing of equipment such as computers or other

infrastructure/administrative items. There are also spending limits on certain items. Please contact the NASMHPD project director with any questions pertaining to items that you may or may not include in your proposal.

II. **Initiative Timeline**

In one page or less, please outline projected timeframes for your initiative. From implementation in January 2021 to a final report in August 2021, chart the projected path of your project and tie the timeframes to your projected measurable outcomes.

III. **Initiative Coordinator**

Designate an individual within your state office of mental health to be the coordinator and contact person for your TTI initiative. The designated individual will be the main contact person with NASMHPD and CMHS, and will need to have the ability to negotiate and oversee deliverables for the project, and will know and understand your state or departments contracting process. Please include their contact information and a resume within your proposed submission.

IV. **Fixed-Priced Subcontract**

In one page or less, please describe your state or department's contracting process. Each TTI awardee will be expected to quickly (within 4-6 weeks) approve and sign a fixed-price subcontract with NASMHPD, outlining the work and outcomes each state will accomplish and produce under this technical assistance project. Deliverables under this subcontract include monthly written and oral status reports and a written final report. Given the short timeframe of the project, from award to final report, please outline how your contracting process will not hamper your ability to deliver your proposed outcomes in a timely manner.

Submission of Proposal

By 5:00pm ET of December 1, 2020, all proposals are due electronically or via certified mail to David Miller, NASMHPD Project Director. The proposal must be sent to NASMHPD **by or on behalf of the State Mental Health Commissioner/Director** with the acknowledgement that the proposal has his or her approval. Mr. Miller's contact information is as follows:

David W. Miller
Project Director
NASMHPD
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
(703) 399-6892
david.miller@nasmhpd.org

Transformation Transfer Initiative

APPLICATION B

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Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. **For Federal Fiscal Year (FFY) 2021, SAMHSA will award up to 15 TTI grants of up to \$150,000 to states or territories for projects on developing or expanding state or territorial jail diversion programs using the [SAMHSA Crisis Services Guidelines and Toolkit](#).** These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, through either a new initiative or expansion of one already underway. *All proposals must focus on SMI and/or SED populations and all states and territories are eligible to apply.*

“The [National Guidelines for Crisis Care – A Best Practice Toolkit](#) advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.”²

The intended goal of diversion is to assess and provide adequate community-based services to those suffering severe behavioral health issues and to prevent them from being improperly funneled into the criminal justice system. Given its goals, the benefits of jail diversion cannot be overstated. It reduces recidivism and incarceration rates, lowers the costs associated with arresting, sentencing, and jailing those with mental health issues, and more importantly, provides those experiencing a behavioral health crisis with the care and services they need. Jail diversion offers a viable alternative to incarceration for those dealing with SMI. The National Guidelines for Behavioral Health Crisis Care may be used as a model for setting up crisis services in a way that meets the needs of individuals at the level of care that is needed and results in rapid police drop-offs to reduce the number of persons with mental illness being arrested and going to jail.³

Some examples of initiatives to consider for possible proposals include: Using the National Guidelines to expand Crisis services and improve relationships with law enforcement so the default is a rapid handoff to a crisis program rather than arrest and jail; Expanding the use of Crisis Peer Support Specialists in crisis programs; and incentivizing better coordination and collaboration between crisis services providers and behavioral health systems. *When choosing your proposed initiative, please keep in mind the TTI requirement for **measurable** outcomes and the short period of time from proposal to implementation to reporting of initiative outcomes.*

² SAMHSA. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Retrieved from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

³ SAMHSA. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit Executive Summary. Retrieved from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

Applications for the TTI will be judged on the following criteria:

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- Involvement/collaboration of individuals with lived-experience in the development, review, planning and, when appropriate, the implementation of the initiative;
- Expansion and sustainability plans after the TTI funding is exhausted;
- Realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.
- Transformation infrastructure, demonstrated by examples of transformative initiatives already underway using state funds, Block Grant funds, other identified public or private resources;
- Existing multi-agency collaboration on transformative initiatives;
- Established partnerships with crisis service providers, community providers, family and peer organizations;
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II. **Initiative Timeline**

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Access to mental health services in jails is a key determinant in the rehabilitative and recovery process for those with mental health issues serving their sentences. According to a 2017 report by the U.S. Department of Justice, 37 percent of people in jails have a history of mental health problems.⁴ Those with mental health issues who were left untreated were more likely to have disciplinary problems and rule violations on their record and were more like to be put in solitary confinement. On top of that, the rate of recidivism for those with mental illness is 50 - 230 percent higher than those without.⁵ Currently, correctional facilities are collectively the largest providers of mental health services in the U.S.⁶ But even with legal mandates pushing for adequate mental health services, budgetary and staffing issues continue to be a challenge in providing mental health services for inmates. In many cases, lack of training among jail staff to screen, assess, and care for those who are dealing with a mental health issue/crisis prevents the inmates from getting the services they need. Thus, for successful reintegration and transition back into the community, it is imperative that those with mental illness receive the quality services they need while they are incarcerated and are successfully transitioned to community services and resources when they leave.

Some examples of initiatives to consider for possible proposals include: Better communication between correctional staff and community providers to enhance coordination as someone re-enters the community; Promoting the use of Tele-Health Services within the walls; Expanding the use of Forensic and Crisis Peer Support Specialists; Additional training of correctional staff on evidenced-based treatment, including trauma-informed approaches; and incentivizing better

⁴ Jennifer Bronson Ph.D. & Marcus Berzofsky, Ph.D. (June 2017) *Special Report: Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. U.S Department of Justice: Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>

⁵ Jennifer Gonzalez, Ph.D. & Nadine Connell, Ph.D. (2014) *Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity*. AM J Public Health 104 (12): 2328–2333. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232131/>

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