



Transformation Transfer Initiative Application

(Proposals Due to NASMHPD by November 5, 2021 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.**

This year’s TTI holds relevance and value for all states and territories as the focus is 988 readiness and improvement and expansions of crisis services. This initiative allows for creativity, flexibility, and collaboration and coalition building opportunities. TTI offers the opportunity for funding, as well as TA, learning opportunities, networking to successes in other states, and enveloping support from NASMHPD staff to help guide your team in achieving successful outcomes transforming your systems on your timeline. The team develops informational exchanges with experts in specific areas of interest, and fosters connections between TTI states and territories.

These efforts regarding 988 implementation and crisis services have roots in the [National Guidelines for Crisis Care – A Best Practice Toolkit](#). The 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.

“[The] Monthly TA call is immensely helpful and motivating. This meeting inspired and spurred ideas to produce a better work product. It also provided support and resources to rely on what has worked and has not worked for other states. As always, I am so grateful for the partnership and support we have received from NASMHPD. It has meant a lot to us.”

-TTI FY2021 Participant

“The grant gave us the ability to push forward our philosophy and our model and what we were committed to in terms of the community. If we had not had [this, then we could not]... include the kind of work that we wanted to do. Everything about it, the funding, the timing.... if we had not had that capacity then I don't think the work would have had the same impact. We would be in no place, shape, or form this close to doing something so radically different, if we were not able to engage in the work in this grant. I am beyond grateful for the support and for you giving us the ability to get this out of the box.”

-TTI FY2021 Participant

For Federal Fiscal Year (FFY) 2022, SAMHSA will award 36 TTI awards of \$250,000 to states and territories on the following three topics directly related to implementing and expanding 988 and crisis services:

1. Special Populations
 - American Indian/Alaskan Native (AI/AN) Communities
 - LGBTQ+
2. Workforce
3. Children & Adolescents

All proposals must focus on Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) populations.

States and territories are eligible to apply for more than one TTI award.

- *If the application addresses multiple topics within one initiative, such as a focus on LGBTQ+ youth, only one application is needed, but two awards can be received.*
- *If the application addresses two distinct topics, such as a workforce development and AI/AN communities as two separate initiatives, then two applications are required.*
- *States and territories which seek to work with more than one of the topics, but only seek funding for one initiative, are also welcome applicants.*

Topics

Below are the topics and descriptions for TTI 2022. The examples included are for inspiration. However, we encourage states and territories to be innovative and work with stakeholders to identify needs in your specific community

1. Special Populations:

In listening to states and territories discuss their ongoing behavioral health improvement efforts with special populations, this topic was identified to ensure their needs are met in the continued development of 988 and crisis services response.

- **American Indian/Alaska Native (AI/AN) Communities**
Projects related to this topic can initiate or enhance efforts to both expand crisis services and evolve 988 response to address the unique needs of the AI/AN communities.

Innovative examples include:

- ◆ The Alaska [Behavioral Health Aide Program](#) is designed to promote behavioral health and wellness in Alaska Native individuals, families and communities through the use of village-based counselors. This multi-level provider model trains and educates community members on how to provide therapeutic services, respond to behavioral health crises, and support the general mental health and well-being of individuals in rural and tribal communities.
- ◆ Nebraska's [Frontier Area Rural Mental Health](#) (FARM) Camp is a week-long summer program for high schools on reservations designed to introduce rural students who are interested in behavioral health careers to the field and connect them with mentors working in rural communities.

- **LGBTQ+**
Projects related to this topic can initiate or enhance efforts to both expand crisis services and evolve 988 response to address the unique needs of LGBTQ+ individuals.

Innovative examples include:

- ◆ [It Gets Better](#) is a network that aims to uplift, empower, and connect LGBTQ+ youth around the world by sharing stories and hope. Another national resource, [The Trevor Project](#), is the world's largest suicide prevention and crisis intervention organization for LGBTQ+ youth.
- ◆ As Washington works to integrate a robust crisis service system into 988, their mobile crisis services will be required to have either a separate team or specialists on each team to serve children, youth, and families, and LGBTQ+ individuals.

2. Workforce

In listening to states and territories discuss their ongoing workforce challenges throughout the behavioral health system, this topic was identified to support creative strategies and initiatives throughout continued development of 988 and crisis services response.

Innovative examples include:

- ◆ Utah has a Crisis Worker Curriculum and Certification Program using [Crisis Response Planning for Suicide Prevention](#) to develop their workforce for crisis services.
- ◆ Oklahoma has increased access to behavioral health professionals during crisis by utilizing tablets for law enforcement to immediately connect to qualified staff, 24/7, and to additional crisis and behavioral health services.

3. Children & Adolescents

In listening to states and territories discuss the ongoing behavioral health needs of children and adolescents, this topic was identified to support developmentally appropriate services that engage families and youth throughout the development of 988 and crisis services response.

Innovative examples include:

- ◆ [West Virginia](#) strengthened their continuum of care by identifying and integrating call centers, mobile crisis teams, and wraparound services for children, youth and families in a [unified platform](#). They have expanded to include psychiatric hospitals and units, crisis triage centers, outpatient, substance abuse care, children's respite, and residential care.
- ◆ Maryland has an in-home stabilization program, [Care and Connection for Families](#), that uses a whole-family approach to help families recover after a child experiences a mental health crisis. Their services include short-term crisis intervention and counseling services. Learn more [here](#).

Q&A

NASMHPD will hold a Q&A meeting on Zoom on **Friday October 8th at 2 pm EST**. See the following directions below to join the call. Feel free to send any question in advance of the call to emmet.bloomer@nasmhpd.org or share questions on the call.

Topic: TTI 2022 Q&A Session

Time: Oct 8, 2021 02:00 PM Eastern Time (US and Canada)

Please register in advance for this meeting:

https://us02web.zoom.us/meeting/register/tZ0odeqqrTgiHdJm6Tt84_MfyTOTE_EofXmV

After registering, you will receive a confirmation email containing information about joining the meeting.

Application

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

- *October 8, 2021* – 2:00 pm ET, TTI Q&A session
- *November 5, 2021* – By 5:00 pm ET, all proposals are due to NASMHPD.
- *December 2021* – TTI awardees are selected and announced by CMHS.
- *January 2022* – Subcontracts are initiated, finalized, and signed.
- *August 15, 2022* – All TTI projects will be completed, and final reports submitted to NASMHPD.
- *August 24, 2022* – 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 2022 to a final report in August 2022, 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 November 5, 2021, 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