



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

**Community Mental Health Services Block
Grant (CMHSBG)**

**SFY21-22 Funding Opportunities for
County Mental Health Administrations**

April 9, 2021

County MH/ID Administrators

Dear Colleagues:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is pleased to announce funding opportunities that are being made available through Community Mental Health Services Block Grant (CMHSBG) COVID-19 Response Funding granted to states through the Consolidated Appropriations Act of 2021 in combination with funds from Pennsylvania's annual CMHSBG award. Awards from these funding opportunities will be in addition to the annual CMHSBG allocation each County/Joinder receives to support the behavioral health system. Funds totaling up to \$29.5M will be made available to County Mental Health Administrations. These program areas have been submitted to SAMHSA for approval, and if approved, OMHSAS will make final determinations on the allocations for each project based on proposals received. The projects are as follows:

- Mobile Crisis Planning and/or Capacity Building
- Additional Crisis Planning and/or Capacity Building
 - Walk-in/Drop-off Crisis Stabilization Centers
 - Peer Run Crisis Respite
 - Crisis Residential
 - Post-Crisis Bridge/Follow-up Care Services
- Student Assistance Program Support
- Telehealth Technology Infrastructure Support
- Start Up Funding: Assisted Outpatient Treatment
- Start Up Funding: Residential Services

These funding opportunities are only open to County Mental Health Administrations or Regional Collaborations of County Mental Health Administrations. A brief description of each project is included below and the Letter of Interest Template is attached. **As the majority of these funds are a one-time federal grant, proposals for start-up funding are required to include a 10% county funding match.** For all projects, priority will be given to proposals which include concrete sustainability planning including, but not limited to, local funding commitments.

OMHSAS Bureau of Policy, Planning, and Program Development (BPPPD) team members will be offering a call for County Mental Health Administrations on **Wednesday April 21, 2021 from 12-1 pm** for a brief introductory presentation on 9-8-8 and to address any questions about these funding opportunities. Access to the meeting is available by clicking on this link at the start time of the meeting. [Click here to join the meeting](#)

To be considered for one or more of the funding opportunities, the County Mental Health Administration is required to:

- **Complete the OMHSAS Survey** [Crisis Services and Delivery Access Across Pennsylvania](#)
- **Submit an LOI by May 10, 2021.** For regional collaboratives, one LOI only is required, but should include signatures from each County/Joinder Participating. Counties may submit LOIs for multiple projects. A template is provided for LOIs. OMHSAS will respond

to each LOI by May 28, 2021, indicating whether the county is invited to submit a full application for approval.

Counties must submit a full application for approval before the proposal(s) will be funded. Application information for the selected proposals will be included with the OMHSAS response to the LOI.

OMHSAS looks forward to partnering with Counties on this important opportunity to strengthen our behavioral health system and improve the well-being of Pennsylvanians. If you have questions regarding these funding opportunities, please contact the BPPPD CMHSBG Team RA-PWOMHCMHSBG@pa.gov.

Sincerely,

A handwritten signature in black ink that reads "Kristen Houser". The signature is written in a cursive, flowing style.

Kristen Houser, MPA
Deputy Secretary
Office of Mental Health and Substance Abuse Services

Enclosures:

Letter of Interest Template

Brief Project Descriptions

Mobile Crisis Planning and Capacity Building

This funding opportunity will support the planning, development, and/or expansion of Mobile Crisis Team programs, following the best practices as established by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#). The Mobile Crisis Team programs must be licensed to provide mobile crisis service. These funds can be used to either plan for or build capacity for the implementation of innovative community crisis services and response programs to increase access to care, enhance community capacity to prevent deaths by suicide and divert individuals with mental illness into services and away from unnecessary arrests, incarcerations, emergency department visits and hospitalizations. A focal point in the OMHSAS evaluation of proposals will include the program plan for measuring and reducing disparities in access to services for underserved rural, minority and immigrant communities and in the treatment and bias to people of color with behavioral health issues.

Additional Crisis Planning and Capacity Building

This funding opportunity will support the planning, development, and/or expansion of additional crisis services, following the best practices as established by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#). This funding opportunity can be used to support the planning, development, and/or expansion of a variety of crisis services including Crisis Walk-in/Drop-off stabilization centers, Peer Run Crisis Respite Programs, Crisis Residential, and post-crisis bridge/follow-up care services. A focal point in the OMHSAS evaluation of proposals will include the program plan for measuring and reducing disparities in access to services for underserved rural, minority and immigrant communities and in the treatment and bias to people of color with behavioral health issues.

Student Assistance Program (SAP) Support

This funding opportunity can be used to expand SAP liaison services to meet the increasing behavioral health needs of students exacerbated by the COVID-19 public health emergency. Proposals may include increasing the availability of SAP liaisons to address gaps (such as cyber charter schools and elementary schools), providing advanced skills training for SAP liaisons on evidence based practices (EBP), offering EBP intervention curricula or programs to students using SAP liaisons, and increasing the utilization of EBPs for screening/assessment including through telehealth delivery.

Telehealth Technology Infrastructure Support

This funding opportunity will support the expanded use of telehealth service delivery for behavioral health services, particularly in rural and underserved minority and immigrant communities. While audio-only telephone delivery of services has been permitted during the COVID-19 Public Health Emergency, existing federal rules related to HIPAA compliance will not permit its continued use as a telehealth modality beyond the COVID-19 Public Health Emergency. In addition, audio-only service delivery is not considered as best clinical practice for service delivery and results in disparity of care created by the digital divide. OMHSAS conducted a telehealth survey of individuals receiving services and their families in 2020 and found that approximately 18% of respondents participated in services through audio-only technology, as it was the only option available for receiving necessary behavioral health services. Additionally, in a 2020 survey of practitioners conducted by OMHSAS, 60% of practitioners indicated at least some problems with technology to deliver behavioral health services through telehealth. Proposals for this funding opportunity should seek to reduce the disparities created by the digital divide through increasing technology infrastructure for the behavioral health system. Funding may be used to develop telehealth access locations, provide training and technical assistance to behavioral health providers to maximize the utilization of audio-video equipment, and staffing costs to coordinate technology support opportunities.

Start Up Funding: Residential Services

This funding opportunity will support start-up funding for the operation of licensed residential facilities to serve adults with severe mental illness in their local communities. Funding will be made available to support the cost of staffing during the initial six months of operations to allow the programs to build capacity toward sustainability. Allowable programs include: Enhanced Personal Care Homes (licensed under Title 55, Chapter 2600), Community Residential Rehabilitation Services for the Mentally Ill (licensed under Chapter 5310), Long Term Structured Residences (licensed under 5320) and Residential Treatment Facilities for Adults (licensed under Article X, Section 1001 of the Human Services Code). Proposals for this funding opportunity must include a 10% county funding match.

Start Up Funding: Assisted Outpatient Treatment

This funding opportunity will support start-up funding for the implementation of Assisted Outpatient Treatment (AOT). AOT is a community-based outpatient treatment ordered by the court for a person who is determined to be severely mentally ill. AOT is intended to provide the least restrictive involuntary treatment and services in the community to those who need treatment but do not need to be hospitalized. This program is designed to work with courts to allow these individuals to obtain treatment while continuing to live in the community and their homes. Funding will be made available to support the cost of training (including county/joinder staff, law enforcement, judiciary members, and others), staffing to carry out the provisions of AOT, and consultation or technical assistance costs to implement AOT in the county/joinder. Proposals for this funding opportunity must include a 10% county funding match.

Letter of Interest Guidance

OMHSAS supports organizations providing services throughout Pennsylvania and locally in their communities. All funding benefits individuals with mental health or co-occurring mental health and substance use disorder needs (MH/SUD). This guidance is only applicable to projects funded through the Community Mental Health Services Block Grant (CMHSBG).

Strategic Priorities

1. Improve the health and well-being of people with mental illness or co-occurring MH/SUD and their family members.
2. Improve access to treatment and recovery support services particularly in racially or geographically underserved communities.
3. Expand access to mental health and co-occurring mental health and co-occurring MH/SUD services.
4. Increase the number of clinical professionals and certified peer and recovery specialists with training and experience specific to modalities shown to be effective in the treatment or management of the impacts of trauma.
5. Advance the effective use of telehealth for behavioral health needs.

Beliefs That Guide and Inform Our Work in the Community and Provide Context to Our Support

Trauma Informed Care – OMHSAS supports building a network of trauma-informed providers who learn from each other, support pilots and innovation, and share best practices as our understanding of brain science and trauma-informed approaches evolves and broadens. Using principles of Trauma-Informed Practices and Public Health Strategy, OMHSAS seeks to reduce trauma to vulnerable populations through a focus on prevention whenever possible. That requires identifying and eliminating core causes of a problem, and not just indefinitely treating its symptoms.

Diversity, Equity, and Inclusion – OMHSAS' goal is to stimulate change of treatment, social and cultural environments in order to promote equity, opportunity and inclusion for individuals with mental health and substance use issues, particularly those who have been most affected by institutionalized discrimination. We acknowledge that discrimination based on mental status and substance use overlaps with discrimination based on race, gender, socio-economic factors, and sexual orientation/identity and results in health disparities among these populations.

Lived Experience – OMHSAS believes that people who have lived with mental health conditions, substance use disorders, who are trauma survivors, or are in recovery have expertise from their experience. Involving people with lived experience to guide service design and delivery is critical to innovation and sustainability.

Community Engagement and Partnerships – OMHSAS believes that the disparities affecting individuals with MH/BH/SUD needs are the result of societal attitudes, beliefs, policies and practices. Community engagement is vital to enlarging the scope of the efficiency and effectiveness of our work.

Innovation – OMHSAS believes that the most effective way to create long-term change is to focus on innovation at the community or societal level. However, we recognize that comprehensive change can take a long time, thus we choose to also support strengthening organizations and promoting best practices and directly improving the lives of individuals, with priority given to those who live with multiple behavioral and physical health needs.

We believe that words matter. Language can perpetuate stereotypes and attitudinal barriers. When drafting your proposal, please use People First Language which puts the person before the diagnosis, life experience or disability.

What types of projects will be considered?

OMHSAS believes in and supports innovation and efficiency in programs. Since support is limited, OMHSAS must carefully consider where it can have the greatest impact. If your organization is submitting requests for multiple projects, you must submit a separate application for each project.

OMHSAS will consider grants for:

- New and innovative projects or programs that have a clear plan for sustained funding beyond this initial investment
- Increasing the scale and/or scope of existing programs with demonstrated positive outcomes
- Capacity building initiatives, particularly those that focus on disparities in access to services for rural, minority and immigrant communities; diversity, equity and inclusion; and/or on treating trauma
- Initiatives that address behavioral health disparities and those that demonstrate a strategy to reduce stigma (more than raising awareness)
- Recovery and resiliency strategies

OMHSAS gives priority to projects and programs that have clearly defined outcomes and a realistic evaluation plan.

Restrictions/Requests that will not be funded

CMHSBG Grant Funding payments shall **not** be made:

1. To provide services to any client not meeting SMI or SED criteria
2. In excess of 10% of total grant award towards indirect costs/administrative fees
3. To fund services that are billable to Medicaid fee-for-service/HealthChoices or other insurance
4. To provide inpatient services
5. To make cash payments to intended recipients of health services
6. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
7. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
8. To provide financial assistance to any entity other than a public or nonprofit private entity
9. To pay for travel expenses above the [federal GSA Rates](#)
10. To directly or indirectly purchase, prescribe, or provide marijuana or treatment using marijuana, including treatment of opioid use disorder. Grantees/subgrantees shall not provide grant funds to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders in accordance with 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana) and 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”).

Federal Regulations:

Recipients of CMHSBG Funding must comply with the [federal CMHSBG Legislation](#) and all applicable federal and state laws. All recipients of CMHSBG funding are subject to [Title VI of the Civil Rights Act of 1964](#) and [Federal Executive Order No. 13166](#), and may not discriminate on the basis of race, color, or national origin and must offer language services to individuals with limited English proficiency.

