

GRANT SUMMARY

Grant Title:	Children’s Mental Health Initiative by Substance Abuse and Mental Health Services Administration Full Title: Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances
MUNIS #:	
City Department:	Department of Community Resilience, CSA
City Contact Person & Phone:	Tirzah Kemp, 203-946-7846
Funding Level:	Up to \$1,000,000 per year for up to four years
Funding Period:	4 years; Project start date: September 30, 2025
Funding Source:	Substance Abuse and Mental Health Services Administration
Funding Source Contact Person & Phone	Substance Abuse and Mental Health Services Administration Program related and eligibility questions: Kathryn Perrotta Center for Mental Health Services Kathryn.perrotta@samhsa.hhs.gov (240) 276 - 1903 Fiscal/Budget related questions: Office of Financial Resources, Division of Grants Management FOACMHS@samhsa.hhs.gov (240) 276 – 1940 Review process and application status questions: Arvinda Khatri Office of Financial Resources, Division of Grant Review Arvinda.khatri@samhsa.hhs.gov (240) 276 - 0191
Purpose of Program:	Purpose: The purpose of this program is to provide resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). With this program, SAMHSA aims to provide mental health services to children and youth, from birth through age 21, at risk for or with serious emotional disturbance (SED) and their families. SAMHSA intends to prepare children and

	<p>youth at risk for or with SED for successful transition to adulthood and assumption of adult roles and responsibilities.</p> <p>System of Care Approach: The CMHI program’s activities are formulated based on the SOC approach. SOC is defined as a comprehensive spectrum of mental health and essential support services organized into a coordinated network to address and meet the varied needs of children, youth, and young adults at risk for or with SED, their families, and their caregivers.</p> <p>The aim of CMHI is to advance progress in developing a comprehensive SOC by concentrating on sustainable financing, cross-agency collaboration, the formation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. This concentrated approach is necessary to ensure that children, youth, and young adults at risk for or with SED, and their families, receive effective services within their communities, and that providers collaborate to coordinate care in a family-friendly and culturally responsive manner.</p> <p>SAMHSA encourages recipients to address disparity of services among underserved and minority populations. The SOC approach has improved mental, social, and emotional outcomes for children, youth, and young adults, enhanced family outcomes, and expanded the availability of effective evidence-based interventions.</p> <p>The population of focus is children and youth, from birth through age 21, at risk for or with serious emotional disturbance SED, and their families.</p>
Personnel (salary):	To be determined
Personnel (Worker’s Comp):	To be determined
Personnel (Med. Benefit):	To be determined
Non-Personnel (total):	To be determined
Non-Personnel (M & U):	To be determined
New or Renewal?	New
Limits on spending (e.g., Admin. Cap)?	<p>SAMHSA funds may not be used to:</p> <ul style="list-style-type: none"> • Purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

- Purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.
- Pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized for up to 25% of a given budget period or \$150,000 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: Increase the floor area; and/or, change the function and purpose of the facility. All minor A&R must be approved by SAMHSA.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Pay for housing other than recovery housing which includes application fees and security deposits.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. (See 42 U.S.C. § 1320a-7b)
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (See 45 CFR 75.421(e)(3))

Note: A recipient or treatment or prevention provider may provide up to \$30 non- cash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview. For programs including contingency management as a component of the treatment program, each individual contingency must be \$15 or less in value and clients may not receive contingencies totaling more than \$75 per budget period.

- Meals are generally unallowable unless they are an integral part of a conference award or specifically stated as an allowable expense in the NOFO (See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>).
- Purchase firearms.
- General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 116-260, Consolidated Appropriations Act, 2021, Division H, Title V, Section 527, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such

	<p>purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.</p> <ul style="list-style-type: none"> • Salary Limitation: The Consolidated Appropriations Act, 2021 (Public Law 116- 260), Division H, Title II, Section 202, provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to SAMHSA awards and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is \$203,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation does not apply to consultants but does apply to subrecipients under a SAMHSA award or cooperative agreement. Note that these or other salary limitations will apply in the following fiscal years, as required by law.
<p>Reporting requirements: Fiscal</p>	<p>Federal Financial Report (FFR or SF-425) due annually, 90 days after the budget period end date. More information can be found at: https://www.samhsa.gov/sites/default/files/ffr-summary-instructions-guidance.pdf</p>
<p>Reporting requirements: Programmatic</p>	<p><i>Data Collection/Performance Measurement</i></p> <p>All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. Recipients are required to report performance National Outcome Measures (NOMS) such as the following: demographic data, functioning, stability in housing, education and employment, perceptions of care, social connectedness. This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA’s Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool (i.e., National Outcome Measures (NOMs) or NOMS client level services tool) can be found here https://spars.samhsa.gov/content/data-collection-tool-resources. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, six months post baseline, and at clinical discharge. Data are to be entered into a web system within seven days of data collection and included in annual written progress reports. SPARS access, guidance, and technical assistance on data collection and reporting will be provided upon award.</p>

You will also be expected to collect and report on the following data SPARS Infrastructure, Prevention, and Promotion (IPP) measures on a quarterly basis:

- The number of policy changes completed as a result of the grant.
- The number of people in the mental health and related workforce trained in mental-related practices/activities as a result of the grant.
- The number of consumers/family members who provide mental health related practices/activities as a result of the grant.
- The number of people receiving evidence-based mental health related services as a result of the grant.
- The number of individuals contacted through program outreach efforts.
- The number and percentage of individuals receiving mental health or related services after referral.

The collection of these data enables SAMHSA to report on key outcome measures relating to the program. In addition to these outcomes, performance measures collected by recipients will be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

Annual reporting is required of this grant.

An annual progress report on project performance will be due within 90 days of the end of each budget period. The report must discuss:

- Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving populations of focus;
- Efforts to overcome these barriers;
- Evaluation activities for tracking DIS efforts; and
- A revised quality improvement plan if the DIS does not meet quality of care requirements as stated in the DIS.

	A final performance report must be submitted within 120 days after the end of the project period. The final performance report must be cumulative and report on all activities during the entire project period.
Due date of first report:	Within 90 days of the end of the first budget period.
Audit Requirements:	HHS codified the <i>Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards</i> , 45 CFR Part 75, which is available at: https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-F