

---

# SOLICITATION FOR APPLICATIONS

---



## Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS CENTER'S CRIMINAL JUSTICE LEARNING COLLABORATIVES

### Creating and Enhancing Community-Level Partnerships Among First Responders and Certified Community Behavioral Health Clinics (CCBHCs)

---

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY TO ENSURE THAT WE HAVE ACCURATE BACKGROUND INFORMATION ON YOUR COMMUNITY AND THAT THE APPROPRIATE LEVEL OF COMMITMENT AMONG KEY STAKEHOLDERS IS DEMONSTRATED.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

---

**PLEASE RETURN THIS APPLICATION VIA EMAIL BY January 12, 2024\*:**

SAMHSA's GAINS Center  
Policy Research Associates, Inc.

Attn: Sam Rogers, Project Assistant

Phone: 800.311.4246 or 518.439.7415 Ext. 5239

Email: [srogers@prainc.com](mailto:srogers@prainc.com)

**\*NOTE: Strong preference is given for applications submitted as one complete PDF document.**

## OVERVIEW

---

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work regarding justice involved individuals with behavioral health needs. The GAINS Center is currently soliciting applications from jurisdictions interested in collaborating with subject matter experts through Criminal Justice Learning Collaboratives (LCs) designed to explore four topics:

- Integrating Trauma-informed Principles and Practices in Treatment Drug Courts
- Implementing Risk-Need-Responsivity (RNR) Principles in Adult Drug Courts and Reentry Programs
- Creating and Enhancing Community-level Partnerships among First Responders and Certified Community Behavioral Health Clinics (CCBHCs)
- Diversion and Support for Transition Age Youth

The Learning Collaborative model brings together local jurisdiction teams to create coordinated local strategic plans and implementation strategies for the topic of focus. Selected teams for each LC will work intensively to determine optimal ways to implement best practices and define success indicators for their respective LCs. Each topic-specific Learning Collaborative will engage subject matter experts to work with jurisdiction teams during the implementation process and to facilitate peer-to-peer sharing. Through a virtual platform, selected teams will work together to complete their implementation work, while at the same time, have the opportunity to share with other jurisdictions and receive an array of technical assistance from subject matter experts across the country.

**NOTE: All 2024 Learning Collaborative events are planned to be delivered virtually.**

The Learning Collaboratives are designed to achieve four key objectives:

1. Enhance collective knowledge of key issues and familiarity with the topic.
2. Understand promising and evidence-based practices to address related issues.
3. Develop strategic plans that focus on addressing the issue, with a focus on the implementation of policies, procedures, and best practices to improve treatment, services, and supports.
4. Increase knowledge about challenges and lessons learned through peer-to-peer information sharing.

### **CREATING AND ENHANCING COMMUNITY-LEVEL PARTNERSHIPS AMONG FIRST RESPONDERS AND CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs) LEARNING COLLABORATIVE**

---

The **Creating and Enhancing Community-Level Partnerships among First Responders and Certified Community Behavioral Health Clinics (CCBHCs)** Learning Collaborative (LC) will focus on establishing and strengthening partnerships among law enforcement and other first responder entities and CCBHCs at the local level, with a focus on providing first law enforcement-friendly options for addressing the acute needs of people who are in mental health crises. A main focus of the LC will be on developing direct connections with CCBHC-provided crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization. CCBHCs are designed to provide a full range of crisis services and collaborate with community partners, including law enforcement agencies, which too often are first responders to behavioral health crises. CCBHCs have decreased the burden on 911 operators, law enforcement officials, and emergency departments.

CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age—including developmentally appropriate care for children and youth. CCBHCs allow people to access a wide array of services at one location and remove the barriers that too often exist across physical and behavioral health systems. In short, CCBHCs expand the ability to care for all those in need.

Additionally, preliminary data from select CCBHCs indicate that CCBHC/law enforcement collaboration has reduced law enforcement transportation costs, reduced unnecessary, and sometimes involuntary, transport to emergency departments, and avoided unnecessary inpatient hospitalization.

This solicitation is timely to assist CCBHCs' compliance with the updated [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria Updated March 2023 \(samhsa.gov\)](https://www.samhsa.gov/cchbc/criteria). The 24 Hour Access to Crisis Services Criteria 2.c.5 (p. 13) requires "Protocols, including those for the involvement of law enforcement, are in place to

reduce delays for initiating services during and following a behavioral health crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with law enforcement and the criminal justice system, while promoting individual and public safety, and complying with applicable state and local laws and regulations.”

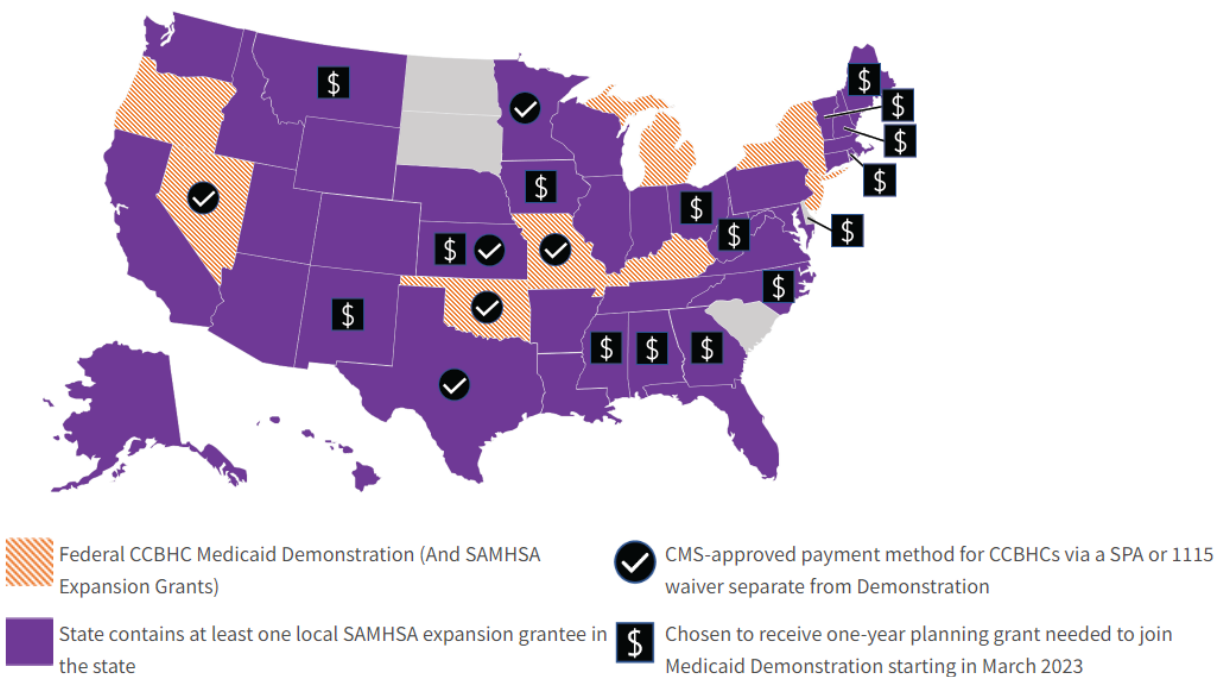
Challenges for jurisdictions seeking to improve crisis response integration with law enforcement can vary across communities. A historical and persistent lack of crisis resources in some communities has led to suspicion and mistrust of behavioral health services. Often, law enforcement will develop and fund their own crisis response strategies to address unmet needs, perhaps because they are not aware of local resources and not sufficiently involved in crisis planning efforts. When law enforcement officials and 911 Call Centers are not aware of 988 or not aware of who should utilize 988 as an alternative to 911, everyone in the community suffers.

This LC will provide an opportunity to address these and other challenges to promote integration of law enforcement and other crisis responders and enhance recovery-based crisis response strategies.

Finally, this solicitation may be especially useful for sites in states that received CCBHC planning grants or sites in states that received demonstration and expansion grants (identified below).

## Map of CCBHCs Across the United States (as of March 6, 2023)

Currently, there are over 500 CCBHCs operating across the country, as either CCBHC-E grantees, as clinics participating in their states’ Medicaid demonstration, or as a part of independent state CCBHC programs.



### [Certified Community Behavioral Health Clinics \(CCBHCs\) | SAMHSA](#)

Teams will be selected to participate in all LC activities described below between February and August 2024. Through this LC, participating jurisdictions will work collaboratively to identify systems-level strategies to improve partnerships between law enforcement and other first responder agencies and CCBHCs, with the goal of supporting people in the community to receive well-coordinated behavioral healthcare. Selected sites will be expected to work with both existing and new partners across the Sequential Intercept Model (SIM) such as other criminal justice system professionals, local housing authority and housing providers, behavioral health treatment

providers, and peer/recovery support providers. Throughout, Subject Matter Experts (SMEs) in CCBHC principles and resources will be available for consultation and technical assistance. Core components will include:

- Virtual kick-off calls with each Site Team Lead (February 2024): A 1-hour call will be held with each Site Team Lead. The agenda for these calls will focus on providing an overview of the LC, setting expectations for site participation in the LC, and identifying preliminary technical assistance needs that could be addressed.
- Virtual opening convening session (March 2024): All teams will be brought together for a half-day session. The primary goals for this session are to:
  - Introduce teams to the LC Subject Matter Experts (SMEs).
  - Provide a general overview of the areas of focus of the LC.
  - Provide information on best practices in the field.
  - Guide teams in developing a Learning Collaborative Action Plan to map out each site's anticipated work and activities throughout their participation in the LC.
- Virtual "ask the experts" series: Up to six topical TA sessions to provide the opportunity for LC teams to take a "deep dive" into core TA topics with identified LC SMEs. Each topical TA session will consist of a substantive presentation, followed by an opportunity for team members to engage in discussion with the SME for the topic.
- Intensive technical assistance: Each participating team will have the opportunity to request up to 16 hours of intensive technical assistance. Generally, these hours will be devoted to a "one off" type of TA event such as a training workshop, but may be spread out over multiple sessions if circumstances warrant. GAINS Center LC lead(s) will work with each team to assist with the identification and provision of the intensive TA work.
- Virtual closing event (August 2024): The final event of the LC will be a virtual closing event that brings together the LC leads from PRA/GAINS and SAMHSA, the core SMEs, and the participating teams to review accomplishments, discuss goals and plans for continued efforts post LC, and document lessons learned. This final LC event will likely be scheduled over two days, for approximately three hours each day.

The ultimate outcome of the Creating and Enhancing Community-level Partnerships among First Responders and Certified Community Behavioral Health Clinics (CCBHCs) Learning Collaborative is for participating teams to develop a strategic plan to address core issues at the community level. To assist selected teams in developing their strategic plans and accomplishing the desired goals, an array of Subject Matter Experts (SMEs) will be available to consult with teams on a group and/or one-on-one basis on various subjects related to the overall focus of the LC as described above.

## **SITE SELECTION**

---

**SAMHSA's GAINS Center for Behavioral Health and Justice Transformation will host all activities related to the Learning Collaborative free of charge to selected jurisdictions.**

There are no fees for registration, tuition, or materials associated with participation in the Learning Collaborative. SAMHSA's GAINS Center will pay all costs associated with virtual meeting coordination, conference calls, and GAINS Center staff and/or subject matter expert time.

Jurisdictions selected to participate in this LC must have the ability to convene approximately 10-15 event participants virtually, either as a group or individually. The technology required to participate in the LC activities will consist of commonly used platforms (e.g., Zoom, Microsoft Teams, etc.). Further details regarding technology requirements will be provided to jurisdictions selected to participate in the LC.

**To be considered, all applications must be received by January 12, 2024. Selected jurisdictions will be notified by January 26, 2024.**

## TARGET TEAM MEMBERS/PARTNERS

---

**A jurisdiction submitting an application should strive to include representation from a broad array of key partners and constituencies.** The identification of at least 10-15 professionals and community partners should include, but not be limited to:

- A directing member/designee of the CCBHC and up to two additional CCBHC personnel or representatives from a Designated Collaborating Organization (DCO)
- Local law enforcement agency(ies)
- 911 Public Safety Answering Point (PSAP)
- 988 call center or designated crisis hotline(s)
- Mobile crisis teams
- Hospital emergency departments
- Behavioral health crisis services provider
- Housing agency director or local public housing authority director
- Peer-based recovery support services representative(s)
- Fire and paramedic/emergency medical services

## APPLICATION REQUIREMENTS

---

It is required that each applicant identify leadership that support this project and are dedicated to allocating staff time to participate in the technical assistance activities. Communities will be expected to demonstrate readiness to work collaboratively with current and new stakeholders as described above.

**Commitment must be illustrated by a written letter of support. These letters must acknowledge commitment to participate in all planning and implementation phases of the Learning Collaborative. At minimum, letters of support are required from the following partners:**

**At minimum, letters of support are required from the following partners:**

- Director or other lead official of the CCBHC; if still in the early stages of planning a CCBHC, the letter should come from the director or other lead official of the agency assuming the leadership role in the Learning Collaborative
- Local law enforcement leadership

**In addition, please include letters of support from additional partner and constituent groups, as appropriate to demonstrate commitment to work together for this Learning Collaborative:**

- A directing member/designee of a local peer support organization
- Director/leadership representing 911/988 PSAP agency
- Housing agency director or local public housing authority director
- Director/leadership representing local hospital emergency departments
- Director/leadership representing local mobile crisis or other crisis response models
- Director/leadership representing fire/paramedic and emergency medical services
- Director/leadership representing behavioral health service provider

**Jurisdictions selected must agree to the following:**

- Participate in the pre-event planning conference call(s) led by GAINS Center staff, including but not limited to kick-off calls, preparatory activities, and IT calls.
- Participate in the virtual opening convening session and the virtual closing event with up to a total of 30 people (up to 15-20 team participants, observers, and other stakeholders).
- Participate in a virtual series of six "ask the experts" topical technical assistance sessions.
- Participate in the Learning Collaborative check-ins and/or provide periodic brief written updates.
- Participate in one virtual intensive TA opportunity with a Subject Matter Expert(s).

Following the technical assistance delivery, teams will be required to report on outcome measures determined during the Learning Collaborative process. Reports must be submitted to the GAINS Center in August 2024, following the Learning Collaborative. Additional details will be provided to selected participants.

**SAMHSA'S GAINS CENTER'S  
CRIMINAL JUSTICE LEARNING COLLABORATIVES**

**CREATING AND ENHANCING COMMUNITY-LEVEL PARTNERSHIPS AMONG FIRST  
RESPONDERS AND CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS**

---

---

PLEASE COMPLETE THE APPLICATION BELOW.

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR SITE SELECTION.

---

APPLICANT JURISDICTION/LOCATION: \_\_\_\_\_

**PRIMARY CONTACT**

This should be the person to whom questions about the application can be directed.

Primary Contact Name: \_\_\_\_\_

Role/Position: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If your Site Team Lead will be someone other than the Primary Contact for the application, please designate that person below and include a letter of support from them alongside your application.**

**DESIGNATED SITE TEAM LEAD**

This is the person who will lead the team's activities during the Learning Collaborative and regularly coordinate with GAINS Center staff. They must be available to their team members and be willing to work with GAINS Center Staff to organize technical assistance and share information with their team.

Primary Contact Name: \_\_\_\_\_

Role/Position: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

PLEASE COMPLETE AND ATTACH A SEPARATE STATEMENT TO THIS APPLICATION THAT ADDRESSES THE APPLICANT EVALUATION CRITERIA BELOW. YOUR STATEMENT SHOULD BE A **MAXIMUM OF FIVE SINGLE-SPACED PAGES** IN LENGTH AND SHOULD CLEARLY INDICATE WHY YOUR COMMUNITY SHOULD BE SELECTED TO PARTICIPATE IN THIS LEARNING COLLABORATIVE.

---

Please address the following in your statement:

1. Provide a brief description of your jurisdiction (including demographics, population, available resources, and any other information that you think gives us a good “picture” of your jurisdiction).
2. Describe the current challenges your jurisdiction faces related to serving individuals who are interfacing with crisis services, emergency departments, and criminal justice agencies on a frequent basis. In your description:
  - a. Provide what data are available on the unmet needs of these people in your jurisdiction.
  - b. Name the partners currently involved in efforts to address these challenges.
  - c. Name the partners that you feel you have yet to engage to join this important work.
  - d. Describe barriers to the work that could hinder implementation of strategies developed through the LC.
3. Provide a brief description of the status of your jurisdiction’s CCBHC: what you already have in place, what is planned, and what resources you have/need in order to execute your plan.
4. Please indicate your CCBHC’s current or anticipated primary funding source: Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants); CMS-approved payment method for CCBHCs via a SPA or 1115 waiver separate from Demonstration; chosen to receive one-year planning grant needed to join Medicaid Demonstration starting in March 2023; or another funding source.
5. Provide a brief overview of the involvement of people with lived experience in any current work to address the needs of individuals with behavioral health conditions who access crisis systems of care and encounter law enforcement and EMS first responders.
6. Explain why it’s important for your jurisdiction to participate in this Learning Collaborative right now.
7. Describe the partnerships in place to support participation in this Learning Collaborative, including any collaborative planning bodies (e.g., CIT Advisory Board, Crisis Care Committee, criminal justice coordinating council). These can be demonstrated through memoranda of understanding or similar agreements. *Provide a description of any formal agreements among partners. Attach copies of these agreements to your application as applicable.*
8. Explain the anticipated ownership of this work, including who might oversee ongoing implementation of the strategic plan developed via this LC and who might conduct ongoing evaluation/quality assurance of the work. If your jurisdiction has a CCBHC, its leadership must be the primary owner or co-owner of this work.
9. Describe current law enforcement partnerships, such as co-response or alternative response programs, mobile crisis teams, or virtual on-scene support/telehealth. Provide written policies and procedures.
10. Based on current discussions with law enforcement and other crisis partners, please describe your primary goal for this LC (e.g., enhance crisis line/911 integration, develop a co-response team, increase training for law enforcement partners).

PLEASE IDENTIFY THE LEAD AGENCIES/ORGANIZATIONS AND KEY STAKEHOLDERS WHO HAVE AGREED TO PARTICIPATE AS PART OF YOUR SITE TEAM. IT IS EXPECTED THAT IDENTIFIED TEAM MEMBERS/ DECISION-MAKERS ARE AVAILABLE TO PARTICIPATE IN LEARNING COLLABORATIVE ACTIVITIES.

<b>Team Selection Grid</b>					
<b>#</b>	<b>Agency/Organization</b>	<b>Role</b>	<b>Name</b>	<b>Affiliation</b>	<b>Letter of Commitment/ Support Included? (Y/N)</b>
1	<i>CCBHC Director or other Lead Official or similar for CCBHC planning agency (REQUIRED)</i>				
2	<i>Law enforcement agency(ies) Leadership (REQUIRED)</i>				
3	911 PSAP Director/Leadership				
4	988 Call Center or Designated Crisis Hotline(s) Director				
5	Mobile crisis team Director or other crisis response provider				
6	Hospital emergency department(s) leadership				
7	Behavioral health service provider leadership				
8	Housing agency Director or local public housing authority Director				
9	Peer-based recovery support services agency Director or designee				
10	Fire/Paramedic/EMS Leadership				
11					
12					
13					
14					
15					

Please attach all **required** letters of commitment/support to your application, along with additional letters of support from the majority of other **recommended** stakeholders listed above and on Page 5 of this solicitation. Additional relevant letters of support may be provided to enhance your application. For any letters of support provided that are not on the prefilled list, please add to the list above accordingly.





Thank you! SAMHSA's GAINS Center sincerely appreciates your interest in this initiative.

**PLEASE RETURN THIS APPLICATION VIA EMAIL BY January 12, 2024\*:**

SAMHSA's GAINS Center  
Policy Research Associates, Inc.

Attn: Sam Rogers, Project Assistant

Phone: 800.311.4246 or 518.439.7415 Ext. 5239

Email: [srogers@prainc.com](mailto:srogers@prainc.com)

**\*NOTE: Strong preference is given for applications submitted as one complete PDF document.**

Questions should be directed to Sam Rogers at the phone number and email address listed above.

Late submissions will not be accepted or reviewed. Incomplete applications will not be considered.

All applicants will receive notification via email regarding the status of their application by **January 26, 2024**.