

**Initiative A, B, or C: LME Application for SFY 07 Mental Health Trust Fund (MHTF) Award of One-Time Non-Recurring Funds for Mental Health and Substance Abuse Services Contracted Provider Pilot Projects**  
▪ **Application Due Date: Friday, February 23, 2007, 5:00 pm**

This Application is to be used for any of the following three initiatives that are being supported through SFY 07 Mental Health Trust Funds for mental health and substance abuse services.

- **Initiative A: \$2,000,000 Child and Adolescent Substance Abuse or Child and Adolescent Mental Health Treatment and Co-Occurring MH/SA Disorders Initiative (Child/Adolescent)**
- **Initiative B: \$2,918,955 Mental Health Community Capacity Initiative (Adult or Child/Adolescent)**
- **Initiative C: \$1,460,441 Substance Abuse Community Capacity Initiative (Adult or Child/Adolescent)**

The Division is requesting Application(s) from Local Management Entities (LMEs) to submit in collaboration with one or more contracted private not-for-profit or private for-profit provider Co-applicant(s) for the award of a total of \$6,379,396 in one-time non-recurring Mental Health Trust Fund dollars. All funds awarded to LMEs are UCR or non-UCR and are required to be disbursed to designated Co-applicant private providers for the implementation of innovative pilot projects to increase community capacity for mental health and substance abuse services as detailed in Appendix A of this Application. The LME cannot request any of this funding for LME administrative costs or for services provided directly by the LME. Application(s) should address the needs of one or more target populations of Child Mental Health, Child Substance Abuse, Adult Mental Health, and/or Adult Substance Abuse as detailed in Summary Level Plan in Appendix A.

An LME may submit applications as follows for Initiatives A, B and C:

- Only one application per initiative;
- While limited to one application per initiative, an LME may submit up to a total of three applications for the three initiatives combined, i.e., one application for Initiative A, one for Initiative B and one for Initiative C.
- Each application must be submitted in a separate application package (5 copies) and the application consists of:
  - (a) Transmittal memorandum signed by the LME Director and a designee of the provider agency;
  - (b) Completed application package for items 1 through 23, plus the budget worksheet.

Funds are expected to be allocated for project implementation by April 1, 2007 and funds may be budgeted to be expended in SFY 06-07 and in SFY 07-08. UCR or Non-UCR activities that are supported with these funds should not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.

Applications should be completed on the enclosed Word document form and may not exceed 10 pages in length (exclusive of any desired addendums). A Word document electronic copy of the Application will be available on the Division's web page at <http://www.ncdhhs.gov/mhddsas/>, and is available by request to Brenda G. Davis at (919) 733-4670 or [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net). Questions regarding the Application may be addressed to Spencer Clark at (919) 733-4670 or [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net), or Bonnie Morell at 919-715-2774 or [Bonnie.Morell@ncmail.net](mailto:Bonnie.Morell@ncmail.net). A transmittal letter signed by the LME Director and by a designee of each of the Co-Applicant(s) is required, along with five (5) copies of the Application, to be submitted by surface mail to Brenda G. Davis, Chief's Office, Community Policy Management Section, 3007 Mail Service Center, Raleigh, NC 27699-3007, or delivered to Brenda G. Davis at DMH/DD/SAS, Albemarle Building, Suite 679, Raleigh, NC 27603. Applications will be reviewed and recommendations for funding will be provided to the Section Chief for final decisions regarding approved Applications. Notification by email will be provided to all applicants by March 9, 2007. Allocation letters for successful applications will be promptly processed and mailed to successful applicants.

**Applications must be received by CPM no later than 5:00 PM on Friday, February 23, 2007.**

DMHDDSAS USE Only:  
Example: MHTF SFY 07-A-01

DMHDDSAS Application #

DMHDDSAS USE Only:

Check One (✓) Only:

Initiative A

Initiative B

Initiative C

DMHDDSAS USE Only:

Date and Time received

**Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

**Community Policy Management Section**

**Initiative A, B, or C: LME Application for SFY 07 Mental Health Trust Fund (MHTF)  
Award of One-Time Non-Recurring Funds for Mental Health and  
Substance Abuse Services Contracted Provider Pilot Projects**

▪ **Application Release Date**: Friday, Jan. 27, 2007

▪ **Application Due Date**: Fri., Feb. 23, 2007, 5:00 pm

1	Name of LME	
2	LME Project Coord. Name & Title	
3	Telephone No. of LME Project Coord.	
4	E-Mail of LME Project Coord.	
5	Name of Project	

*Provide information below for the provider related to the application for this initiative.*

6	Capacity to be Increased (List)	
7	Co-Applicant Provider Agency	
8	Project Coord. Name of Provider	
9	Telephone No. of Project Coord.	
10	E-Mail Address of Project Coord.	
11	Funding Amount Requested	
i.	SFY 06-07	
ii.	SFY 07-08	

**Note: Total funding amount requested for this initiative should not exceed approximate stated average award amounts in Appendix A for the corresponding initiative**

12. Type of MHTF Project Applied for: (✓ one box below per Application.)

**Initiative A: \$2,000,000 for Child and Adolescent Substance Abuse or Mental Health Treatment and Co-Occurring MH/SA Disorders Initiative:**

One-time start-up funds are to be used for demonstration pilot initiatives in approximately 10 LMEs for an average award amount not to exceed \$200,000 per LME to provide increased support of community based and in-home services for children and adolescents with mental health and substance abuse problems. Funding needs include start-up costs of providers for expanded outreach, case-finding, consumer incentives, intervention and treatment, staffing, training, supervision, and collaboration activities, etc. Funds are to be used to increase community provider capacity for community based and in-home services in order to decrease the use of residential services for children and adolescents. Applications for this initiative should be fully responsive to the Initiative A portion of the MHTF Summary Level Plan outlined in Appendix A.

**Initiative B: \$2,918,955 Mental Health Community Capacity Initiative:**

One-time start-up funds are to be used for demonstration pilot initiatives in approximately 10 LMEs for an average award amount not to exceed \$292,000 per LME to increase critical community capacity service expansion for continued downsizing of four State psychiatric hospitals. Funds are to be used to assist providers in completing the transition to newly adopted and revised periodic and day/night services, provide training on first responder issues, and begin to implement fidelity measures. Applications for this initiative should be fully responsive to the Initiative B portion of the MHTF Summary Level Plan outlined in Appendix A.

**Initiative C: \$1,460,441 Substance Abuse Community Capacity Initiative:**

One-time start-up funds are to be used for initiatives in approximately 6 LMEs for an average award amount not to exceed \$243,400 per LME to provide strengthening or expansion of non-hospital medical detox capacity, transitional housing for substance abusers, Half-Way House services, intensive outpatient treatment programs, and other services to effectively identify, engage, and serve consumers in local communities. These funds may also be used to assist one or more designated substance abuse services provider(s) in strengthening infrastructure regarding service planning, authorization, delivery and reimbursement mechanisms. Applications for this initiative should be fully responsive to the Initiative C portion of the MHTF Summary Level Plan outlined in Appendix A.

**13. Current Levels of Community Need (Prevalence) and Penetration (Treated Prevalence) of Target Population(s)**

Briefly describe your LME's community need and the target population(s) to be addressed in this initiative. Describe your LME's current and historical rates of treated prevalence for the target population(s) compared to the perceived community need and the state average treated prevalence for the population. For LME comparisons, see report of DMHDDSAS Community Systems Progress Indicators at:

[http://www.ncdhhs.gov/mhddsas/statspublications/reports/cspireport\\_sfy07q1\\_11-15-06.pdf](http://www.ncdhhs.gov/mhddsas/statspublications/reports/cspireport_sfy07q1_11-15-06.pdf)

**14. Current Levels of Residential Treatment Placement of Youth LME Catchment Area residents (Initiative A) or Current Levels of Hospitalization of LME Catchment Area Residents in State and Community Psychiatric Hospitals (Initiative B or C).**

As appropriate to the focus of Initiative A, Initiative B, or Initiative C, discuss your LME's recent trends in use, and current level of use, of child residential treatment services (Initiative A) or of state psychiatric hospitalization (Initiative B or C).

**15. Current LME Community Resources Being Utilized to Serve the Target Population(s) and LME's Current Use of SFY 06-07 MH and SA State Expansion Funds**

For the age/disability group that your LME is targeting for a provider pilot project, describe the amount and use of your LME's preexisting funds, and of your new SFY 07 state expansion funds received. List the amount and % of these age/disability funds expended year-to-date.

**16. Community Continuum of Care**

Describe the LME's current continuum of care and how this project will complement this continuum.

**17. Description of Pilot Project Intervention Activities**

Describe the specific pilot project intervention activities being proposed to be implemented with these one-time non-recurring funds. Describe how these activities will strengthen and complement the LME's and provider's current resources and services. Provide description of grounding of project in Evidenced Based Practice(s) and culturally competent approaches, where appropriate. Activities should be fully responsive to MHTF Summary Level Plan outlined in Appendix A related to the initiative for which this application is being submitted.

**18. Co-Applicant Experience, Capability, and Capacity**

Identify the Co-applicant organization(s) and describe the experience, capability, and capacity of the designated provider to carry out the intended activities as identified above. Review the specific experience of the Co-applicant in providing substance abuse and/or mental health services to the target population(s).

**19. LME Role**

Describe the LME's role in improving services to the identified target population(s) through effective planning, implementation, and monitoring of this project. Identify the specific LME staff, their expertise, and their intended role(s) in ensuring the project's success.

**20. Project Performance Objectives**

Describe specific performance objectives to be accomplished through these funds, such as increases in specific numbers to be served, increase in penetration rate, diversions from child residential treatment or state hospital care, improved treatment continuity, etc. Include indicators identified in Appendix A.

**21. SFY 06-07 Budget Plan and Staffing Detail (April 1, 2007 – June 30, 2007)  
SFY 07-08 Budget Plan and Staffing Detail (July 1, 2007 – June 30, 2008)**

**On the attached Excel spreadsheet provide line item budget for the provider, with break-out detail of project staffing. Staffing detail should include job title, fulltime equivalent (FTE) level, and annual salary of new grant supported personnel.**

**22. Sustainability**

**Please provide information on how the project will be sustained following the expenditure of these one-time non-recurring Mental Health Trust Funds.**

**23. Community Organization Support**

Describe the specific offers of support in your community for this initiative by other public and private agencies, coalitions, and collaboratives, with emphasis on hospitals, justice agencies, schools, DSS, health departments, community agencies, state hospitals/ADATCs, etc. Letters of support are not required, but may be attached.

**Application Sections to be Completed End Here!**

A transmittal letter signed by the LME Director and by a designee of each of the Co-Applicant(s) is required, along with five (5) copies of the Application, to be submitted by surface mail to Brenda G. Davis, Chief's Office, Community Policy Management Section, 3007 Mail Service Center, Raleigh, NC 27699-3007, or delivered to Brenda G. Davis at DMH/DD/SAS, Albemarle Building, Suite 679, Raleigh, NC 27603 by 5:00 pm on Friday, February 23, 2007.

**Appendix A:**  
**SFY 07 Mental Health Trust Fund (MHTF) Summary Level Plan  
for LME Application for One-time Non-Recurring Funds  
for Mental Health and Substance Abuse Pilot Provider Projects**

Community Policy Management Section: Descriptive Detail

**Planned Use of SFY 07 Mental Health Trust Funds**

**Initiative A:**

**Increase Community Capacity (Child MH & SA):**

Start-up funds needed to provide increased support of community based and in-home services for children and adolescents with mental health and substance abuse problems. Funding needs include start-up costs for providers for training, staffing, etc. Now that new service definitions have been implemented statewide, these MHTF funds made available via this Application process will be used in SFY 2007 to increase community capacity for those services to decrease the use of residential services for children.

**\$2.0m for Child and Adolescent Substance Abuse or Mental Health Treatment and Co-Occurring MH/SA Disorders Initiative: DMH/DD/SAS MHTF SFY 07 Initiative A**

One-time start-up funds are to be used for demonstration pilot initiatives in approximately 10 LMEs for an average award amount not to exceed \$200,000 per LME to provide increased support of community based and in-home services for children and adolescents with mental health and substance abuse problems. Funding needs include start-up costs of providers for expanded outreach, case-finding, consumer incentives, intervention and treatment, staffing, training, supervision, and collaboration activities, etc. Funds are to be used to increase community provider capacity for community based and in-home services in order to decrease the use of residential services for children and adolescents.

UCR or Non-UCR funds are to be used to increase the treated prevalence of children and adolescents with substance abuse and mental health treatment needs that can be provided through newly adopted and revised periodic and day/night services, or low intensity residential, supervised or supportive living, or therapeutic home services. Projects will implement innovative provider outreach, identification, initiation, engagement, direct services, and collaboration strategies for children, adolescents, and families. These include individuals with co-occurring mental health and substance abuse disorders.

Priority will be placed on providing assistance to those providers serving:

- 1) Communities with currently low rates of treated prevalence for either or both of these target disability groups;
- 2) Communities with currently high rates of residential placement of LME catchment area youth in Level III or Level IV residential treatment facilities; and
- 3) Communities with plans specifically addressing substance abuse and/or co-occurring SAMH populations.

By the end of the funding period, it is expected that these selected LMEs, providers, and local communities will be able to demonstrate how these particular MHTF supported services and collaborative innovations have resulted in demonstrably improved levels of provider and LME performance through the use of these funds. This performance will be measured through designated performance indicators and progress measures as outlined below.

Emphasis should be placed on the implementation of pilot model provider strategies that can be

## Planned Use of SFY 07 Mental Health Trust Funds

easily translated and adopted by other LMES and providers across the state. These include active partnering with experienced substance abuse and mental health providers, LME STR and care coordination, local child collaboratives, and child, adolescent, and family serving community partners. Activities should include strategies to effectively engage schools, social services, health, justice, recreation, and cultural agencies, substance abuse and mental health agencies, prevention programs, and alternative youth services agencies. Activities should include model identification, screening and engagement activities that reduce traditional system barriers for service entry, engagement, and retention of youth and families with substance abuse and/or mental health disorders, including those with co-occurring MH/SA disorders.

The initiative is intended to encourage and support the development of innovative community strategies to involve youth, parents, other agency personnel, and the community at large in identifying and engaging youth in substance abuse and co-occurring MH/SA treatment through designated provider activities. The grant should include those activities designed to facilitate on-site and off-site identification, screening, triage, and referral, assessment readiness, provider choice, and engagement of youth in community clinical and non-clinical settings. UCR or Non-UCR activities that are supported with these funds should not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.

Funds are to be competitively offered to LMEs for applications to be developed and submitted in cooperation with one or more designated private not-for-profit or for-profit providers. Proposed award amounts budgeted for provider(s) should be adequate to ensure the support of designated fulltime professionals to implement these strategies, and should include adequate supporting rationale by LME for selection of collaborating co-applicant provider(s).

Pilot demonstration initiatives should be planned to extend over a 15 month period covering SFY 06-07 and SFY 07-08. Initiative should begin by April 1, 2007. Application is required to be received by the Division no later than 5:00 pm on Friday, February 23. Awards to LMEs will be announced no later than Friday, March 9, 2007.

Applications should address effective targeting of specific CSA, CMH and/or CMH/CSA children and adolescents to be served, description of planned grant supported activities, interventions, identification of provider(s), and planned level of staffing. Award selection criteria will include such factors as:

- current assessed levels of community need and penetration (treated prevalence) of target population(s)
- current levels of residential placement of youth LME catchment area residents in residential treatment facility levels of care
- current community resources available for CSA and/or CMH
- current use plan for SFY 07 recurring expansion funds
- current community services being provided and already in place for CSA and/or CMH
- CSA and/or CMH provider experience, capability, and capacity,
- SFY 07 and SFY 08 Budget Plans, and
- LME goals related to improvement in critical performance indicators and progress measures.
- Letters of Support from collaborating providers and/or community agencies (not required)

Performance indicators and progress measures include at least the following:

- No. of FTE provider staff positions employed in project activities in CSA and/or CMH
- No. hours of project services and activities delivered by providers through project funds
- No. of LME catchment area youth diverted from CSA or CMH residential treatment services
- No. and % of "Services to Persons in Need" (from quarterly Community Systems Progress Indicators Report)
- No. and % of "Timely Initiation and Engagement in Services" (from quarterly Community Systems Progress Indicators Report)

## Planned Use of SFY 07 Mental Health Trust Funds

### **Initiative B:**

#### **Increase Mental Health Community Capacity:**

Funding to address community capacity service expansion in order to continue downsizing of the four State psychiatric hospitals. Funds will be used to assist providers in completing the transition to new services, provide training on first responder issues, and begin to implement fidelity measures.

#### **\$2,918,955 Mental Health Community Capacity initiative: DMH/DD/SAS MHTF SFY 07 Initiative B**

One-time start-up funds are to be used for demonstration pilot initiatives in approximately 10 LMEs for an average award amount not to exceed \$292,000 per LME to increase critical community capacity service expansion for continued downsizing of four State psychiatric hospitals. Funds are to be used to assist providers in completing the transition to newly adopted and revised periodic and day/night services, provide training on first responder issues, and begin to implement fidelity measures.

Funds are to be used to increase community capacity for ACTT, Community Support Team, Community Support and related services in order to decrease the use of psychiatric hospitalization services for targeted consumers. Funds are to be used to facilitate the implementation of innovative community-based strategies and activities that are designed to prevent or delay psychiatric hospitalization, or to shorten or follow-up psychiatric hospitalization stays, for acute and long term consumers in state psychiatric or community hospitals. Services are also to be directed towards preventing readmission to inpatient hospital care.

Priority will be placed on providing assistance to those LMEs and providers serving:

- 1) Communities with currently low rates of treated prevalence of targeted consumers, including those consumers who are being admitted to state psychiatric hospitals but who are not previously known to the LME; and
- 2) Communities with currently high rates of psychiatric hospitalization of LME catchment area residents in state and community hospital facilities; and
- 3) Communities with plans specifically addressing substance abuse and/or co-occurring SA/MH populations at risk of hospitalization or rehospitalization.

Funds are to be used by providers to increase and strengthen critical community capacity for acute services of a routine, urgent, and emergent nature to support and facilitate the provision of seamless community-based provider interventions that prevent the hospitalization of consumers. These include planning with and for consumers and their families that will include at a minimum the services of ACTT or Community Support Team, as well as Community Support and related services. Services should be designated to ensure adequate training and implementation of first responder responsibilities that are designed to prevent or delay crisis hospitalization through effective and timely community-based intervention and treatment services. Included is support for providers to implement model fidelity measures for ACTT, Community Support Team, Community Support and related services.

In addition to crisis prevention and response services, innovative provider interventions should be planned and supported that focus on alternatives to hospitalization and on preparations for inpatient discharge, community re-entry, and related transitions. These include support for critical provider services including inpatient provider consultation, face to face therapeutic services, and other linkage, recovery, and support activities immediately prior to the consumer's discharge, or immediately upon discharge, from a state or community hospital. Interventions should include planning and implementation of innovative strategies that are designed to improve physician

## Planned Use of SFY 07 Mental Health Trust Funds

access to consumers for the provision of timely clinical assessment and evaluation of medication needs that can either prevent or delay initial psychiatric hospitalization, or avoid or shorten the need for subsequent hospitalization. Activities should also include innovative and cost-effective strategies to monitor and support consumer and family stability, health, and well-being within the community setting. This initiative is intended primarily to encourage and support the provision of critically necessary consumer crisis services to prevent psychiatric hospitalization and to promote transition services during inpatient hospitalization for which there are currently inadequately developed systems and incentives to promote early, active, and continuous provider engagement.

Services to hospitalized consumers should include activities designed to facilitate on-site provider services to inpatient consumers prior to their discharge from a hospital setting. Services should include a comprehensive consumer and family Person Centered Planning process, including crisis prevention planning, timely and effective community-based services initiation and engagement, and strategies designed to promote optimal functioning and/or recovery. Funding support should include provider training on maximizing first responder capacities and on effectively integrating with LME STR, care coordination, continuity of care and crisis response capabilities. Non-UCR or activities that are supported with these funds should not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.

By the end of the funding period, it is expected that these pilot LMEs, providers, and local communities will be able to demonstrate how their particular services and collaborative innovations have resulted in demonstrably improved levels of provider and LME performance through the use of these funds. This performance will be measured through designated performance indicators and progress measures outlined below.

Emphasis should be placed on the implementation of pilot model strategies that can be easily translated and adopted by other LMES and providers across the state. These include active partnering with state and community hospitals in model activities that reduce the use of psychiatric hospitalization, and provide innovative community engagement and follow-up strategies for consumers being discharged from this level of care back to the community.

Funds are to be competitively offered to LMEs for applications to be developed and submitted in cooperation with one or more designated private not-for-profit or for-profit provider(s). Proposed award amounts budgeted for provider(s) should be adequate to encourage the effective implementation of these strategies, and should include adequate supporting rationale for LME selection of collaborating co-applicant provider(s).

Pilot demonstration initiatives should be planned to extend over a 15 month period covering SFY 06-07 and SFY 07-08. Initiative should begin by April 1, 2007. Application is required to be received by the Division no later than 5:00 pm on Friday, February 23. Awards to LMEs will be announced no later than Friday, March 9, 2007.

Applications should address effective targeting of specific target population(s) to be served, description of planned grant supported activities, interventions, and identification of provider(s). Award selection criteria will include such factors as:

- current assessed levels of community need and penetration (treated prevalence) of target population(s)
- current levels of hospitalization of LME catchment area residents in state and community psychiatric hospitals
- current community resources available for serving the target population(s)
- current use plan for SFY 06-07 recurring MH and SA expansion funds
- current community services in place and being provided for serving the target population(s)
- Provider experience, capability, and capacity in serving the target populations(s), and
- LME goals related to improvement in identified critical performance indicators and progress measures.

## Planned Use of SFY 07 Mental Health Trust Funds

Performance indicators and progress measures include at least the following:

- No. of provider agencies funded in project activities
- No. hours of project services and activities delivered by providers through project funds
- No. of LME catchment area consumers diverted from psychiatric hospitalization
- No. and % of “Services to Persons in Need” (from quarterly Community Systems Progress Indicators Report)
- No. and % of “Timely Initiation and Engagement in Services” (from quarterly Community Systems Progress Indicators Report)
- No. and % of Consumers reflected in “Effective Use of State Psychiatric Hospitals” (from quarterly Community Systems Progress Indicators Report)
- No. and % of Consumers reflected in “Timely Follow-up after Inpatient Care” (from quarterly Community Systems Progress Indicators Report)

### **Initiative C:**

#### **Increase Substance Abuse Community Capacity:**

Funds for start-up needs to include non-hospital medical detox capacity, transitional housing for substance abusers, Half-Way House services, intensive outpatient treatment programs, and other services to effectively serve clients in local communities. One-time grant based transition funds are also needed to assist providers in strengthening infrastructure regarding service planning, authorization, delivery and reimbursement mechanisms.

#### **\$1,460,441 Substance Abuse Community Capacity Initiative: DMH/DD/SAS MHTF SFY 07 Initiative C**

One-time start-up funds are to be used for initiatives in approximately 6 LMEs for an average award amount of approximately \$243,400 per LME to provide strengthening or expansion of non-hospital medical detox capacity, transitional housing for substance abusers, Half-Way House services, intensive outpatient treatment programs, and other services to effectively identify, engage, and serve consumers in local communities. These funds may also be used to assist one or more designated substance abuse services provider(s) in strengthening infrastructure regarding service planning, authorization, delivery and reimbursement mechanisms. Proposed award amounts budgeted for provider(s) should be adequate to encourage the effective implementation of these strategies, and should include adequate supporting rationale for LME selection of collaborating co-applicant provider(s).

Emphasis should be placed on maximizing continuity of care approaches and use of local community resources to prevent the use of state hospital care for individuals with substance abuse disorders. Services should include a comprehensive consumer and family Person Centered Planning process, including crisis prevention planning, timely and effective community-based services initiation and engagement, and strategies designed to promote optimal recovery.

Services should be planned to increase the treated prevalence of consumers with primary substance abuse treatment needs through initiation, engagement, and service provision for substance abuse consumers and their families. Emphasis should be placed on strategies that include active partnering with the LME STR and care coordination, local crisis services response systems, state and community hospitals, and other community partners. Activities should include strategies to effectively engage law enforcement, mental health agencies, social services, health, justice, and/or other community agencies in activities that reduce barriers for identification and engagement of consumers with substance abuse disorders. Priority will be placed on providing assistance to those LMEs and providers with plans specifically addressing substance abuse and/or co-occurring SA/MH populations at risk of hospitalization or rehospitalization. UCR or Non-UCR

## **Planned Use of SFY 07 Mental Health Trust Funds**

activities that are supported with these funds should not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.

Funds are to be competitively offered to LMEs for applications to be developed and submitted in cooperation with one or more designated private not-for-profit or for-profit provider(s).

Initiative should be planned to extend over a 15 month period covering SFY 06-07 and SFY 07-08. Initiative should begin by April 1, 2007. Application is required to be received by the Division no later than 5:00 pm on Friday, February 23. Awards to LMEs will be announced no later than Friday, March 9, 2007.

Applications should address effective targeting of specific target population(s) to be served, description of planned grant supported activities, interventions, and identification of provider(s).

Award selection criteria will include such factors as:

- current assessed levels of community need and penetration (treated prevalence) of target population(s)
- current community services being provided and already in place for serving the target population(s)
- current community resources available for serving the target population(s)
- current use plan for SFY 06-07 recurring SA expansion funds
- current service gap(s) in substance abuse continuum of care
- Provider experience, capability, and capacity in serving the target populations(s), and
- LME goals related to improvement in identified critical performance indicators and progress measures.

Performance indicators and progress measures include at least the following:

- No. of provider agencies funded in project activities
- No. units of project services and activities delivered by providers through project funds
- No. and % of "Services to Persons in Need" (from quarterly Community Systems Progress Indicators Report)
- No. and % of "Timely Initiation and Engagement in Services" (from quarterly Community Systems Progress Indicators Report)