Follow the six steps in the application process:

1. Review the Opportunity
2. Get Ready to Apply
3. Prepare Your Application
4. Learn About Review and Award
5. Submit Your Application
6. Learn About What Happens After Award

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: Certified Community Behavioral Health Clinic - Planning, Development, and Implementation Grant

Short Title: CCBHC-PDI

NOFO Number: SM-26-014

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Certified Community Behavioral Health Clinic (CCBHC): Planning, Development, and Implementation Grant

Short Title: CCBHC-PDI

Opportunity Number: SM-26-014

Announcement Version: Original

Federal Assistance Listing: 93.696

Eligible Applicants: Community-based behavioral health non-profit organizations; organizations that are either (a) part of a local government behavioral health authority; or (b) operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

See **Eligibility** for complete eligibility information.

Key Dates

Application deadline: **August 17, 2026**

Expected Award Date: November 15, 2026

Expected Start Date: November 30, 2026

Response to Executive Order 12372: See **Intergovernmental Review** and ***Section J*** in the *Application Guide.*

Important Resources

Applicants are expected to follow guidance provided in the ***FY 2026 NOFO Application Guide*** (the *Application Guide*)**.** This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see the **SAMHSA Grants Glossary** for definitions of terms used in this NOFO.

Authorizing Statute

Section 520A (42 USC 290bb-32) of the Public Health Service Act, as amended.

Section 223 of the Protecting Access to Medicare Act (Public Law 113-93, 42 U.S.C. 1396a note), as amended.

Agency Contacts

Program and Eligibility Questions

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Summary

The purpose of this program is to develop and establish new Community Behavioral Health Clinics (CCBHCs) to address gaps in behavioral health services and improve the wellbeing of persons with mental health and substance use disorders.

A CCBHC is a behavioral health provider clinic that is individually responsible for meeting the **six (6)** CCBHC program area requirements and delivering the nine (9) required services in a manner that meets or exceeds the standards set in the **CCBHC Certification Criteria**.

Within a year of award and for the duration of the grant, you are expected to fully meet the **CCBHC Certification Criteria**, and provide the **nine (9)** required services for children, youth, adults, and older adults with mental health and/or substance use disorders based on local community needs.

With this program, SAMHSA aims to:

- Improve local CCBHC capacity to deliver coordinated mental health and substance use services responsive to the needs of the local community.
- Increase access to quality care for anyone in need and improve the overall health and wellbeing of those receiving services.
- Reduce the incidence of emergency room visits and inpatient hospitalization, suicide, and overdose.

This program is designed to advance **SAMHSA's Strategic Priorities** and the **Make America Healthy Again** agenda.

Funding Details

Funding Type: Grant

Estimated Total Available Funding: $94,000,000

Estimated Number of Awards: 94

Estimated Award Amount: Up to $1,000,000 per year per award

Length of Project Period: Up to 4 Years

Your annual budget cannot be more than $1,000,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of this program is to develop and establish new Community Behavioral Health Clinics (CCBHCs) to address gaps in behavioral health services and improve the wellbeing of individuals with mental health and substance use disorders.

A CCBHC is a behavioral health provider clinic that is individually responsible for meeting the **six (6)** CCBHC program area requirements and delivering the **nine (9)** required services in a manner that meets or exceeds the standards set in the **CCBHC Certification Criteria**.

CCBHCs deliver an array of services to individuals across the lifespan, many of whom may have complex needs. Applicants must demonstrate operational readiness and a feasible plan, including financial and staffing capacity, to implement and sustain a CCBHC. Applicants should

document current organizational capacity and describe how grant funds will be used to achieve full compliance with the 2023 CCBHC Certification Criteria within 12 months of award.

You are expected to:

- Build capacity to implement and operate a CCBHC that fully meets the **CCBHC Certification Criteria** requirements **within 12 months of award** and maintain throughout the grant project period.
- Build workforce capacity to be able to deliver all **nine (9)** required services to anyone in need.
- Serve at least **200 unduplicated individuals** annually (children, youth, adults, and older adults) with mental health and/or substance use disorders, including Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Co-Occurring Disorders (COD) populations.
    - **NOTE**: Your organization must be able to serve children, youth, adults, and older adults with either or both mental health and substance use disorders directly, even if using a Designated Collaborating Organization (DCO) to provide other services.
- Be licensed as both a mental health and a substance use provider agency by the appropriate state behavioral health agency.
- Be an enrolled Medicaid provider for mental health and substance use services for children, youth, and adults.
- Increase access to and availability of high-quality services that support recovery and are responsive to the needs of the community.

As the prevalence of co-occurring disorders, overdoses and suicides are at near record highs, access to comprehensive, integrated and coordinated substance use and mental health treatment is critical. According to the Centers for Disease Control and Prevention's National Center for Health Statistics, suicide was one of the 10 leading causes of death for population ages 10–64, and the second leading cause of death for age groups 10–24 (17.2%) and 25–44 (9.8%).[1] While overdose rates have declined in the last year, CDC provisional data estimates almost 73,000 overdose related deaths in 2024.[2] The CCBHC Program aims to address the on-going needs by increasing access to quality substance use and mental health services regardless of an individual's ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.

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[1] CDC National Vital Statistics Reports, Vol. 74, No. 10, September 16, 2025. **(https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-10.pdf)**

[2] CDC National Vital Statistics Systems. Provisional Drug Overdose Death Counts (**https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm**)

As part of the federal response to the on-going opioid crisis and recognizing that many communities also face challenges leading to high overdose rates, SAMHSA is prioritizing awards to CCBHCs in one or more of the 100 counties most impacted by overdose mortality.[3] (See **Appendix C: Table of All-Intents Drug Overdose Deaths by County or County Equivalent, and State**.) If one or more of your CCBHCs is located in one or more of the 100 counties/county equivalents listed in Appendix C, **you must state the following in A.1. to receive the 5 priority points**: **"Our CCBHC is located in [name of area] which is in [name of County] which is one of the 100 counties/county equivalents listed in Appendix C and is therefore eligible to receive five priority points."**

This program aligns with **SAMHSA's Strategic Priorities** for addressing serious mental illness, expanding crisis intervention care and services, improving access to evidence-based treatment for mental illness, substance use, and co-occurring disorders; and helping individuals achieve long-term recovery and sobriety.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

In addition, applications must also align with SAMHSA Strategic Priorities and the application and budget narrative must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction.

As of October 1, 2025, HHS has adopted **2 CFR Part 200**, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, even if their salaries are not paid for with grant funds, must

[3] CDC National Vital Statistics Systems. All-intents drug overdose deaths (X40-44 unintentional, X60-64 intentional, X85 homicide, Y10-14 undetermined) provisional 2024 data. **https://wonder.cdc.gov/**

play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

Project Director (PD): The PD must oversee the project to ensure goals are met, all reports are filed on time, and all rules are followed. The PD level of effort should be a minimum of 50% of a Full-Time Equivalent (FTE) position. The PD is responsible for overseeing the entire project. **The PD role should not be split between more than 2 individuals.** For this program, the Project Director is expected, at a minimum, to:

- Have decision-making authority within the organization for project-related matters.
- Maintain knowledge of and experience with behavioral health services and service delivery.
- Report to SAMHSA on key program requirements.

Program Evaluator (PE): The PE must oversee all project evaluation activities and coordinate with the Project Director to inform overall leadership of the grant. The PE level of effort should be a minimum of 50% of an FTE position. **The PE role should not be split between more than 2 individuals.** The PE, at a minimum, is expected to:

- Work closely with the PD on all aspects of program performance and evaluation.
- Maintain required education, expertise, and experience needed to lead and oversee evaluation-related activities, including:
    - collect and report on performance measures.
    - collect data, report on, and analyze data on the clinic-level quality measures required under the **CCBHC Certification Criteria** and report on these data in the annual progress performance report.
    - advise on and participate in continuous quality improvement.
    - measure progress towards the stated goals and objectives.

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:

- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.
- You are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.

- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
    - Replacing or removing Key Personnel, or
    - Reducing any Key Personnel's level of effort by 25% or more.

Required Activities

Funds for this program are primarily for providing services to clients. You must build the capacity to provide at least five of the nine required CCBHC services within **six** (6) months of award. Your organization must have sufficient capacity, operating capital, and infrastructure to fully operate (**i.e., provide all nine required CCBHC services and meet the requirements in the CCBHC Certification Criteria**) within 12 months of award. Please review the **CCBHC Compliance Checklist** on SAMHSA's website to assess your CCBHC's current readiness for meeting the **CCBHC Certification Criteria** requirements.

In the Project Narrative, you will provide the following:

- **B.1**: The unduplicated number of clients you propose to serve each year of the project. Note: Must serve at least **200 unduplicated clients** annually
- **B.2**: A description of how you will implement the required activities

Nothing in the required or allowable activities described below allows grant recipients to use grant funds for prohibited activities described in the **Funding Restrictions and Limitations** section of this NOFO.

Your organization is required to implement all the following activities:

1. **Build services capacity to operate a fully functioning CCBHC**

   Your organization must demonstrate progress towards developing a fully functioning CCBHC as follows:

   Within two months of award, complete and submit an initial **CCBHC Compliance Checklist** to demonstrate your readiness for operating a fully functioning CCBHC and meet the **CCBHC Certification Criteria** requirements.

   Within six months of award, submit an ***updated*** **CCBHC Compliance Checklist** to demonstrate progress in building capacity and ability to deliver at least five (5) of the nine (9) required CCBHC services. Provide a description of how your CCBHC program will (a) deliver or coordinate with Assisted Outpatient Treatment, Assertive Community Treatment, or Forensic Assertive Community Treatment programs in alignment with any local, county, or state requirements or programs (b) how your CCBHC program will coordinate and align outcome reporting outcome activities with state or local/county

outcome reporting requirements and systems, and identify any anticipated issues or barriers with outcome reporting and related requirements at the grant, local/county, and state levels; and (c) how your CCBHC program will participate in and leverage inpatient and outpatient civil commitment to ensure that people with serious and complex mental illness meeting criteria for civil commitment are connected with needed services.

2. **Complete a Community Needs Assessment (CNA)**

   When: Within six months of award, and repeated in year 4

   - Complete a CNA as required by the **CCBHC Certification Criteria**. (Refer to **Appendix A: Definitions of Key Terms** for what is required in your CNA.)

3. **Develop a Memorandum of Agreement (MOA) with Designated Collaborating Organizations (DCOs) if your CCBHC plans to use DCOs**

   When: Within six months of award

   Develop Memorandum(s) of Agreement with DCOs that are delivering one or more of the required services. The MOA must:

   - Describe the mutual expectations of the CCBHC and DCO.
   - Establish accountability for the services to be provided.
   - Ensure that the DCO delivers services that meet the **CCBHC Certification Criteria** standards.

     Note: MOAs are not needed if your CCBHC will not use DCOs.

4. **Operate and maintain a fully functioning CCBHC responsive to local community needs**

   When: Within 12 months of award, and for the duration of the grant

   Operate and maintain a fully functioning CCBHC that is responsive to local community needs. The CCBHC must:

   - Fully meet the CCBHC Certification Criteria requirements.
   - Integrate findings from the CNA into your CCBHC staffing plan (e.g., CCBHC Certification Criteria 1.a and 1b) and service delivery plan (e.g., CCBHC Certification Criteria 2.a, 3.c, 4.c, 4.f, 6.b) (For more information about integrating findings of the CNA, see the **CCBHC Certification Criteria** and **Appendix A: Definitions of Key Terms**.)
   - Deliver the nine (9) required CCBHC services to individuals with mental health and/or substance use challenges in the local community.
   - Deliver the required CCBHC outpatient services that have been identified in your grant goals and objectives (grant funds may be used to pay for uncompensated care).

- Enhance or improve evidence-based or evidence-informed practices as identified in your grant goals and objectives, based on local community needs.
- Continuously work to improve the quality of your CCBHC program.
- Maintain your licensure from the State Behavioral Health Agency(ies) (e.g. State Mental Health Authority, State Substance Use Services Authority) to provide mental health, substance use, and co-occurring mental health and substance use treatment for children, adolescents, young adult, adults, and older adults), even if using DCOs for certain services for the service locations comprising the CCBHC.

5. **Demonstrate Compliance with the CCBHC Certification Criteria**

   When: Within 12 months of award, and again in Year 4

   Demonstrate compliance with the **CCBHC Certification Criteria** by submitting an Attestation to SAMHSA that describes and includes:

   - How your CCBHC complies with all CCBHC certification criteria, including staffing and delivery of the nine (9) required outpatient services.
   - Copies of all signed DCO MOAs for each DCO your organization partners with to deliver CCBHC services.

   Failure to demonstrate compliance with the CCBHC Certification Criteria may affect continuation funding.

   Note: SAMHSA may release additional guidance allowing or mandating use of an approved CCBHC accreditation process by an independent accrediting body in place of attestation during the life of this grant.

6. **Develop and maintain the necessary infrastructure**

   Throughout the project period, develop and maintain the necessary infrastructure to meet and maintain the CCBHC Certification Criteria requirements. Related activities may include support for:

   - Health Information Technology (HIT) systems to facilitate care coordination (**CCBHC Certification Criteria** 3.b).
   - Electronic health information exchange to improve care transition (**CCBHC Certification Criteria** 3.b).
   - Updating and maintaining care coordination agreements with partners (**CCBHC Certification Criteria** 3.c).
   - Collecting, reporting, and tracking encounter, outcome, and quality data (**CCBHC Certification Criteria** 5.a).

- A CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management (i.e., **CCBHC Certification Criteria** 5.b).

7. **Participate in Technical Assistance (TA)**

   Throughout the project period, participate in SAMHSA-provided CCBHC TA Center activities, including the following:

   - Active participation in technical assistance (e.g., webinars, learning communities, office hours or individual consultation) for areas needing improvement.
   - Participation in technical assistance recommended by GPO, including on-site visits, to ensure your project meets the grant requirements.

Allowable Activities

Allowable activities are **not** required. However, your organization may propose to use funds for the following activities:

1. Support individual participation in Assisted Outpatient Treatment programs and coordination of care related to civil commitment (coordination of care with inpatient stays is already a requirement of the CCBHC model).
2. In support of the **Great American Recovery Initiative**, expand and improve efforts to engage people living with addiction in care and support their recovery. Through these efforts, you are encouraged to consider the range of recovery and community supports you provide and to develop more effective service array to help people with the most serious and complex mental and substance use conditions achieve and maintain long-term recovery.
3. Implement workforce development and retention activities, for example academic and training partnerships, recruiting, internships, apprenticeships, clinical supervision, support for staff to obtain licensure, continuing education.
4. Implement activities to address housing for individuals in need, such as partnering with local or county housing authorities and coordinating with or providing services in conjunction with housing shelters, recovery/sober housing, transitional housing, and supportive housing. (**Note**: Funds may not be used for room and board or residential costs)
5. Implementing High-Fidelity Wraparound or other less intensive care coordination and support systems for children and youth with mental illness or substance use disorder, Assertive Community Treatment, or case management.
6. Coordinating with or participating in programs funded through SAMHSA's Safety Through Recovery, Engagement, and Evidence-based Treatment and Supports (SREETS) Initiative.

7. Develop and implement evidence-based contingency management (CM) plans when providing substance use services. If you plan to implement a CM program, you must submit a Contingency Management Plan as **Attachment 14**.
8. Incorporate measurement-based care into program implementation. Measurement-based care (MBC) is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision-making. Routine data collection as part of MBC processes has been demonstrated to inform treatment planning and improvements in treatment outcomes.[4]
9. Use grant funds for uncompensated care, including client flex funds, funds of last resort, Treatment Services beyond Medicaid and other uncovered reimbursements. Grantees must have policies and procedures for treating these costs consistently and the reimbursement provided must be negotiated by a state or federal agency, such as Centers for Medicare and Medicaid Services.
10. Provide training for CCBHC staff or community partners to support implementation of the CCBHC model.
11. Support the use of artificial intelligence, data, and health information technology to support the delivery of care in a manner that protects the safety, confidentiality and privacy of people being served and is compliant with applicable state and federal law. Potential uses include clinical note taking, reducing administrative burden, automating routine tasks, clinical decision support, or feedback to support implementation of evidence-based practices or delivery of guideline concordant care.
12. Prepare for CCBHC accreditation by independent accrediting bodies, pay for CCBHC accreditation fees, and respond to CCBHC accreditation findings.
13. Consider the communities that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages applicants to:
    - Engage communities, when practicable, during the design phase,
    - Develop programs in consultation with communities benefiting from or impacted by the program, and
    - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.

[4] See e.g., Substance Abuse and Mental Health Services Administration: Financing Measurement-Based Care in Community Behavioral Health Settings. Publication No. PEP24-01-007, Substance Abuse and Mental Health Services Administration, 2024, https://library.samhsa.gov/product/financing-measurement-based-care-community-behavioral-health-settings/pep24-01-007

14. Provide training to the behavioral health workforce on evidence-based psychiatric medication management, including safe tapering, deprescribing practices, and the review of polypharmacy. This training should include strategies to support shared decision-making by ensuring patients and their families are fully informed of the risks and benefits of psychiatric medications at initiation, maintenance, and discontinuation. Training must also ensure providers educate individuals about and facilitate access to appropriate evidence-based non-pharmacological interventions, including dietary modification, lifestyle changes, and psychotherapy.

Eligibility

Eligible Applicants

Eligible applicants are community-based behavioral health non-profit organizations; or organizations that are either (a) part of a local government behavioral health authority; or (b) operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).[5]

Lastly, CCBHCs providing services in the 100 counties/county equivalents most impacted by overdose-related mortality are eligible for five (5) priority points for A: Population of Focus and Need Statement. Refer to **Appendix C: Table of All-Intents Drug Overdose Deaths by County or County Equivalent, and State** for a list of the 100 counties or county equivalents eligible to receive an additional five priority points. If one or more of your CCBHCs is located in one or more of the 100 counties/county equivalents listed in Appendix C, **you must state the following in A.1. to receive the 5 priority points**: "Our CCBHC is located in [name of area], which is in [name of County] which is one of the 100 counties/county equivalents listed in Appendix C and is therefore eligible to receive five priority points."

Other Eligibility Requirements

There are other eligibility requirements you should review to see if they are applicable to your organization's application for funding:

Attachment 11 (required): Your organization must:

- Be enrolled as a Medicaid provider and

[5] See Section 223 of the 2014 Protecting Access to Medicare Act (Public Law 113-93, 42 U.S.C. 1396a note) available at https://uscode.house.gov/statviewer.htm?volume=128&page=1077.

- Be licensed by the State, certified, or accredited as a provider of both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that substantially prevents your organization's provider type from obtaining the necessary licensure, certification, or accreditation .

You must include in **Attachment 11** a completed Licensure Checklist (see **Appendix B: CCBHC Licensure Checklist)** showing that your proposed CCBHC meets the licensure requirements and copies of all relevant licenses. **Applications that do not include a completed Attachment 11 will be screened out and not reviewed.**

Attachment 12 (If applicable): If your organization was funded under the FY2023 CCBHC-PDI (SM-23-024) or FY2023 CCBHC-IA (SM-23-016) NOFOs, you are not eligible to apply under this NOFO unless you select a distinct CCBHC serving a different and non-overlapping geographic area. If applicable, include as **Attachment 12** a statement that your organization was funded under either SM-23-024 or SM-23-016 but under this NOFO you are supporting a different and non-overlapping CCBHC. If you were not funded in FY23 for either NOFO, you do not need to include Attachment 12. **SAMHSA may reach out to you requesting additional information. If you do not provide the requested information, your application will not be considered for award.**

Attachment 13 (If applicable): If your organization is submitting more than one application for either FY2026 CCBHC-PDI (SM-26-014) or FY2026 CCBHC-IA (SM-26-015), you must submit as **Attachment 13** a statement that each of your applications is for a distinct CCBHC serving a different and non-overlapping geographic area. If you are not submitting more than one application under FY2026 CCBHC-PDI (SM-26-014) and FY2026 CCBHC-IA (SM-26-015), you do not need to submit Attachment 13.

Attachment 14: Contingency Management (CM) Plan (If applicable): If you are selecting to do a Contingency Management (CM) plan as an Allowable Activity, you must certify in **Attachment 14** that you will comply with all applicable conditions and training requirements described in the SAMHSA Advisory, **Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services**, as well as provide an implementation plan within 90 days of award. See **Attachment 14** for additional information.

Attachment 15: Map Outlining/Showing Geographic Area to be Served by the CCBHC (required): You must submit a map that outlines/shows the geographic boundaries of the area your CCBHC serves as well as the name and physical address of the main CCBHC service delivery site.

Attachment 16: Letter from State/District/Territory Behavioral Health Authority Affirming Approval for the Application (required): You must submit a letter in **Attachment 16** from the Behavioral Health Authority of the state /district/territory in which your proposed CCBHC

provides services so the Behavioral Health Authority knows that you are applying for SAMHSA CCBHC funding. See Attachment 16 for additional information.

- **SAMHSA may reach out to you requesting additional information. If you do not provide the requested information, your application will not be considered for award.**
- **Attachment 16 requirement is waived for Tribal applicants.**

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in **Section E** of your Project Narrative.

You must report *client-level* data in SAMHSA's Performance Accountability and Reporting System (**SPARS**) using SAMHSA's performance measurement tool. The tool collects self-reported survey data from program participants and grantee-reported administrative data about the services provided. Your organization must create and submit a sampling methodology for collecting both the self-reported survey and the grantee-reported administrative client-level data on a random sample of individuals receiving services across the CCBHC. You can visit **SAMHSA's Performance Measures** webpage to view the performance measurement tool. Data must be entered in SPARS no later than 30 days after collection and must be collected at the following points:

- Intake to SAMHSA-funded services.
- Six- months post-intake (reassessment) for active clients.
- 12-months post-intake and annually thereafter for active clients.
- Administrative closeout from SAMHSA-funded services.

The data you collect allows SAMHSA to report on key outcome measures. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Your organization must collect data on the CCBHC clinic-level quality measures required under the **CCBHC Certification Criteria** and report on these data in the annual progress performance report each year. You must begin collecting CCBHC clinic-level measures data in the first year.

Guidance on collection and reporting of both client-level data and CCBHC clinic-level quality measures will be provided following award. Recipients must adhere to any guidance and adjustments related to these requirements provided by HHS. Failure to meet these requirements may result in required technical assistance participation and or corrective action.

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress towards relevant goals. Recipients are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and if any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to **Reporting Requirements** for information on submitting these reports.

For more information on completing this section, see **Developing Goals and Measurable Objectives** and **Developing the Plan for Data Collection and Performance Measurement**.

Using Evidence-Based and Evidence-Informed Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In **Section C** of the Project Narrative, you must identify the evidence-based practice (EBP) and/or evidence-informed practice (EIP) that will be used. For more information, see the **Grants Glossary.**

If an EBP(s) exists for the individuals to be served and types of problems or disorders being addressed, it is expected you will use the available EBP(s). If an EBP does not exist but there are evidence-informed practices that are appropriate, you may implement these interventions. In **C.3**, you must discuss how you will ensure the fidelity of the practice(s) you will implement.

You can visit SAMHSA's **Evidence-Based Practices Resource Center** to identify the appropriate practices for mental illness and substance use prevention, treatment, and recovery support that can be used in your project.

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider **SAMHSA's Strategic Priorities**, which includes recovery, a commitment to innovation, data, gold-standard science, and access to high quality services for all, which align with the Administration's **Make America Healthy Again initiative**. In addition, there are other expectations included in *Section I* in the *Application Guide* that you must consider as you design your project.

As a part of the project funded under this NOFO, the recipient is required to adhere to the following principles where consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.

2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

In addition, the recipient should advance the following objectives in programs that are authorized to advance them:

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **Recovery, Sobriety, and Self-Sufficiency:** Provide support and treatment to help individuals achieve long-term recovery, sobriety, independence, and improved functionality in work-life responsibilities.
7. **Parental Rights and Family Engagement:** Engage and empower parents and caregivers in decision-making related to the care and support their children receive, protecting parental rights and ensuring maximum transparency.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

As referenced in **SAMHSA's Dear Colleague Letter** on MAT, if your proposed project funds MAT/MOUD, this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other

treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

Upon achieving stability in treatment and building sufficient recovery support, and at least annually, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.

If your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Recipient Meetings and Technical Assistance

You are expected to participate in SAMHSA technical assistance activities as directed by SAMHSA.

We plan to hold virtual grant meetings and your full participation in these meetings is expected. You will be given more information about these meetings at a future date.

Should SAMHSA elect to shift to an in-person meeting, budget revisions will be permitted to support participation.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Funds may not be used to provide services for in-patient settings, residential/inpatient substance abuse treatment facilities, or jails and prisons with the exception of in-reach,

treatment planning, and transitional service to facilitate coordination with community-based mental health and SUD services.

- Food is an allowable expense[6] in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than $10.00 per client per day.
- You must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization's existing capitalization/amortization policies.
- Funds for Contingency Management are limited to no more than $750 per individual served, per budget year, with no per incentive cap.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
    - racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation;
    - denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic;
    - illegal immigration; or
    - any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in **SAMHSA's Dear Colleague Letter** on harm reduction.
- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency

You must also comply with SAMHSA's Standards for Financial Management, Standard Funding Restrictions and Principles in ***Section G*** in the *Application Guide*.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with SAMHSA's Strategic Priorities. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

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[6] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

Other Requirements

Evidence of Experience and Credentials

SAMHSA trusts that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise are able to provide the required services quickly and effectively. All required services must be provided by you directly or by DCO subrecipients. Please note that, as a CCBHC, your organization must have the capacity to deliver services to individuals across the lifespan, even if also using a DCO or referral entity.

In **Attachment 1,** you must submit Letter(s) of Commitment (LOC) and Evidence of Experience and Credentials, to show that you can meet the following four (4) service provision requirements:

1. **A statement affirming** that your proposed CCBHC served at least 200 unduplicated individuals annually (children, youth, adults, older adults), with a mental health and/or substance use disorder in the prior calendar year.
2. **A list of the services provider(s)** for substance use disorder and mental health treatment and recovery support that will be involved in the project. The provider(s) may be you, a DCO, or a provider organization that has a care coordination MOA and is committed to the project.
3. **A LOC from your organization**'s CEO or executive equivalent.
4. **If applicable, a LOC from each DCO your CCBHC works with**. If your CCBHC does not use any DCOs, please provide a statement affirming this in Attachment 1.
5. **Statement of Certification**: You must provide a written statement certifying the following:
    - All partnering service provider organizations have at least two years of experience as of the due date of the application providing relevant services.
    - Each services provider, including any proposed DCOs, complies with all applicable local (city or county) and state licensing, accreditation, and certification requirements as of the due date of the application.
    - For each DCO (if your CCBHC uses DCOs), attach copies of applicable local (city or county) and state licenses, accreditation, and certification documentation.

The above requirements apply to all service provider organizations. An individual's license cannot be used. Tribes and tribal organization mental health/substance use disorder prevention, treatment, recovery support providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

This is not a screen-out criterion. Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for funding if the requested information is not received by the due date.**

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with **Grants.gov**. You can see step-by-step instructions in the Grants.gov **Quick Start Guide for Applicants**.

eRA Commons

You must register in **eRA Commons**. Register at least six weeks before the application deadline.

See guidance at **eRA Help and Tutorials** and in ***Section A*** of the *Application Guide.*

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to

Search Grants at Grants.gov or **eRA ASSIST** and search for opportunity number: SM-26-014.

If you can't use Grants.gov to download application materials, you may request them from **dgr.applications@samhsa.hhs.gov.**

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
☐ Project abstract	Project Abstract Summary Form.	1 page
☐ Project narrative	Project Narrative Attachment form	15 pages
☐ Budget narrative	Budget Narrative Attachment form	None

Attachments

Insert each in the Other Attachments form (Grants.gov) or Other Narratives Attachment form (eRA ASSIST) in this order.

Component	Page limit
☐ 1. Letters of commitment (if applicable), Evidence of Experience and Credentials (required), & Statement of Certification	None
☐ 2. Data collection instruments and interview Protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	2 pages
☐ 5. Biographical sketches and position descriptions	None
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.	None
☐ 11. CCBHC Licensure Checklist (***see Appendix B for format***)	None

☐ 12. Statement Affirming Application Supports a Different and Non-Overlapping CCBHC funded under FY23 CCBHC-PDI (SM-23-024) and/or FY23 CCBHC-IA (SM-23-016), if applicable	1 page
☐ 13. Statement for Organizations Submitting Multiple Applications funded under CCBHC-PDI (SM-26-014) and/or CCBHC-IA (SM-26-015), if applicable	1 page
☐ 14. Contingency Management Plan, if applicable	None
☐ 15. Map Outlining/Showing Geographic Area to be Served by the CCBHC	None
☐ 16. Letter from State/District/Territory Behavioral Health Authority Affirming Approval for the Application	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Assurances for Non-Construction Programs (SF-424B)	None
☐ Project/Performance Site Location(s)	None
☐ Grants.gov Lobbying Form	None

Application Contents and Format

This section includes guidance on each item found in the application checklist.

The following links contain information on:

- **Formatting instructions and information on system validation requirements**
- **Completing forms and required components** (*Section A* in the *Application Guide*)

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area served,
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project,
- The age range and distribution of the population planned to be served,

- The clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served,
- Strategies and interventions that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to **SAMHSA's Strategic Priorities**).

In the first five or fewer lines of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

Project Narrative

Page limit: 15 pages

Filename: Project narrative

In developing your Project Narrative:

- Provide a detailed response to the **merit review criteria.**
- Follow the **required formatting instructions**.
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 15-page limit.

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See **Other Required Forms.**

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See **funding limitations**.

To create your budget narrative, see detailed instructions and a template in ***Section F*** in the *Application Guide*.

Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Name the attachments: Attachment 1, Attachment 2, and so on.

Attachment 1: Letter(s) of Commitment (LOC)/Service Providers/Statement of Certification: Evidence of Experience and Credentials

1. **A statement affirming** that your proposed CCBHC served at least 200 unduplicated individuals annually (children, youth, adults, older adults), with a mental health and/or substance use disorder in the prior calendar year.
2. **A list of the services provider(s)** for substance use disorder and mental health treatment and recovery support that will be involved in the project. The provider(s) may be you, a DCO, or a provider organization that has a care coordination MOA and is committed to the project.
3. **A LOC from your organization**'s CEO or executive equivalent.
4. **If applicable, a LOC from each DCO your CCBHC works with**. If your CCBHC does not use any DCOs, please provide a statement affirming this in Attachment 1.
5. **Statement of Certification**: You must provide a written statement certifying the following:
    - All partnering service provider organizations have at least two years of experience as of the due date of the application providing relevant services.
    - Each services provider, including any proposed DCOs, complies with all applicable local (city or county) and state licensing, accreditation, and certification requirements as of the due date of the application.
    - For each DCO (if your CCBHC uses DCOs), attach copies of applicable local (city or county) and state licenses, accreditation, and certification documentation.

Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete for Attachment 1. **Your application will not be considered for funding if the requested information is not received by the due date.**

Attachment 2: Data Collection Instruments and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol.

If the data collection instrument or interview protocol is not standardized, include a copy in Attachment 2.

Attachment 3: Sample Consent Forms

As appropriate, submit sample consent forms that provide for:

- Informed consent for participation in service intervention
- Informed consent for participation in the data collection component of the project
- Informed consent for the exchange (release or request) of confidential information

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire four (4) years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in **Required Activities**.

Attachment 5: Biographical Sketches and Position Descriptions

See **biographical sketches and position descriptions** for more information. Position descriptions should be no longer than one page each and biographical sketches should be no more than two pages.

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

See ***Section C*** in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

Review information on **Intergovernmental Review** and in ***Section J*** in the *Application Guide* for detailed information on E.O. 12372 requirements to determine if this applies.

Attachment 8: Documentation of Nonprofit Status

All private nonprofit organizations: you must submit proof of nonprofit status in your application. Any of the following is acceptable evidence of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in Section 501(c)(3) of the IRS Code.

- A copy of a current and valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.
- Any of the above proof for a state or national parent organization **and** a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

If you have a NICRA, the document must be submitted.

Attachment 10: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations

You must complete Form **SMA 170** if your project is providing substance use prevention or treatment services.

Attachment 11: CCBHC Licensure Checklist

You must include a completed Licensure Checklist (see **Appendix B: CCBHC Licensure Checklist**) showing that your proposed CCBHC meets the licensure requirements and include copies of all relevant licenses. **Applications that do not include a completed Attachment 11 will be screened out and not reviewed.**

Attachment 12: Statement Affirming Application Supports a Different and Non-Overlapping CCBHC funded under FY23 CCBHC-PDI (SM-23-024) and/or FY23 CCBHC-IA (SM-23-016), if applicable

Page limit: 1 page

- If your organization was funded under the FY2023 CCBHC-PDI (SM-23-024) or FY2023 CCBHC-IA (SM-23-016) NOFOs, you are not eligible to apply under this NOFO, unless you select a different and non-overlapping geographic area.
- If you were funded in FY23 for either NOFO, include as **Attachment 12** a statement that your organization was funded under either SM-23-024 or SM-23-016 but under this NOFO you are supporting a different and non-overlapping CCBHC.
- If you were not funded in FY23 for either NOFO, you do not need to include Attachment 12.

SAMHSA may reach out to you requesting additional information. If you do not provide the requested information, your application will not be considered for award.

Attachment 13: Statement for Organizations Submitting Multiple Applications funded under FY26 CCBHC-PDI (SM-26-014) and/or FY26 CCBHC-IA (SM-26-015), if applicable

Page limit: 1 page

If your organization is submitting more than one application for either FY2026 CCBHC-PDI (SM-26-014) or FY2026 CCBHC-IA (SM-26-015), you must submit as **Attachment 13** a statement that each of your applications is for a distinct CCBHC serving a different and non-overlapping geographic area.

If you are not submitting more than one application under FY2026 CCBHC-PDI (SM-26-014) and FY2026 CCBHC-IA (SM-26-015), you do not need to submit Attachment 13.

You must include the following information for each application:

- The name and physical address of the main location for the CCBHC.
- A brief description of the boundaries of the geographic area your CCBHC serves. The description must align with the map submitted under **Attachment 15**.

SAMHSA may reach out to you requesting additional information. If you do not provide the requested information, your application will not be considered for award.

Attachment 14: Contingency Management (CM) Plan, if applicable

If you are selecting to do a Contingency Management (CM) plan as an Allowable Activity you must:

Certify in **Attachment 14** that you will comply with all applicable conditions and training requirements described in the SAMHSA Advisory, **Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services**, as well as provide an implementation plan within 90 days of award.

- Justify the need to implement CM for the population your CCBHC serves.
- Describe:
    - How you will determine eligibility for individuals receiving services.
    - What policies, procedures and protocols are in place for CM implementation.
    - What form of contingency your CCBHC will provide to clients. (Please provide a breakdown anticipated contingencies per client.)
    - How your CCBHC will sustain CM when the grant ends.
- Clarify that CM costs are separate from non-cash client incentives for client-level data collection.

- Affirm that CM costs per individual served will not exceed $750 per individual served, per budget year, with no per incentive cap. (See **Funding Restrictions and Limitations** Section of this NOFO.)

Attachment 15: Map Outlining/Showing Geographic Area to be Served by the CCBHC

You must submit a map that outlines/shows the geographic boundaries of the area your CCBHC serves as well as the name and physical address of the main CCBHC service delivery site.

Attachment 16: Letter from State/District/Territory Behavioral Health Authority Affirming Approval for the Application

You must submit a letter from the Behavioral Health Authority of the state in which your proposed CCBHC provides services indicating the state's approval of your application to develop and implement a CCBHC within the state/territory. If your CCBHC is in the District of Columbia or one of the five (5) Territories (Guam; the Commonwealth of Puerto Rico; the Northern Mariana Islands; the Virgin Islands; and American Samoa), this letter must come from the DC Behavioral Health Authority or the Territory Behavioral Health Authority. Ensure that the letter from the appropriate health authority:

- Affirms that the state, District, or Territory approves of your application.
- Indicates whether the state, District or Territory intends to serve as the CCBHC certifying for your CCBHC. (The state is not required to certify your CCBHC, and your application will not be penalized if your state indicates it does not intend to certify your CCBHC.)

The purpose of this letter is to make states/territories aware of clinics that are applying for SAMHSA CCBHC funding and for states to concur generally with your organization's decision to apply. SAMHSA does not expect that states will perform in-depth reviews of applications or be required to support or sustain successful applicants post award.

- **SAMHSA may reach out to you requesting additional information. If you do not provide the requested information, your application will not be considered for award.**
- **Attachment 16 requirement is waived for Tribal applicants.**

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on Grants.gov. You can find them in the NOFO **Application Package** or review them and their instructions at **Grants.gov Forms**.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application

Budget Information for Non-Construction Programs (SF-424A)	With application
Assurances for Non-Construction Programs (SF-424B)	With application
Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application

- **SF-424** – Fill out all sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
  - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization's **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization's EIN.
  - In **Line 8f**, enter the name and contact information of the PD identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date), enter: a. Start Date: 11/30/2026; b. End Date: 11/29/2030.
  - **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

  It is recommended you review the sample of a **completed SF-424**.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  Section A – Budget Summary:
  - As cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

  Section B – Budget Categories:
  - As cost sharing/match is **not required,** use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

  Section C – Non-Federal Resources:
  - As cost sharing/match is **not required,** leave this section blank.

  Section D – Forecasted Cash Needs:
  - Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.

- Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:

- Enter the total funds requested for the out years (Year 2, Year 3, and Year 4). For example, if funds are being requested for four years total, enter the requested budget amount for each of those budget periods in columns b, c, and d (i.e., three out years):
  - (b) First column is the budget for the second budget period;
  - (c) Second column is the budget for the third budget period;
  - (d) Third column is the budget for the fourth budget period;

  Use Line 16 for federal funds and Line 17 for non-federal funds.

See **Formatting Requirements** to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

It is highly recommended you use the Budget Template on the SAMHSA website. See the **Budget Template Users Guide** and the sample completed SF-424A forms at: **Sample SF-424A (Match Not Required)**. **For additional information, see *Section F* in the *Application Guide* and Budget Related FAQs.**

Step 4: Learn About Review and Award

Application Review

Initial Review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the **deadline**.
- Exceeds the 15-page limit for the Project Narrative.

Merit Review

Project Narrative: Your Project Narrative describes the proposed project. Peer reviewers will assess your response to the criteria below. The following instructions should be considered as you develop the Project Narrative:

- The Project Narrative cannot be longer than 15 pages.

- There are up to five sections (Sections A–E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion.**
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Population of focus and need statement (10 to 15 points – approximately 2 pages).

NOTE: If you are proposing to provide services in one or more of the 100 counties/county equivalents listed in **Appendix C Table of All-Intents Drug Overdose Deaths by County or County Equivalent, and State,** you are eligible to receive an additional five (5) priority points (i.e., up to 15 points total).

Applicants that do not provide services in any of the 100 counties/county equivalents can only receive a maximum of 10 points.

1. Identify the geographic catchment area (e.g., region, county, city) your CCBHC will serve and the location of the main CCBHC site and any other sites where services will be delivered under the grant as described in **Attachment 15.**

   [**NOTE**: **If one or more of your CCBHCs is located in one or more of the 100 counties/county equivalents listed in Appendix C, you must state the following in A.1. to receive the 5 priority points**: "Our CCBHC is located in [name of area], which is in [name of County] which is one of the 100 counties/county equivalents listed in Appendix C and is therefore eligible to receive five priority points."

2. Provide a demographic profile of the individuals your CCBHC will serve in terms of age, sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare). Your demographic profile must also discuss how you will serve the full range of populations that CCBHCs are required to serve, including people living with mental illness (including SED and SMI), substance use disorders, and/or co-occurring disorders as well people across the lifespan (including detail on older adults, adults, youth, and children).

   Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.

3. Describe the need to develop a CCBHC to address any current service gaps (e.g., discrepancies in an individual's ability to access care, a provider's capacity for delivering services). Include current prevalence rates, incidence data, or any other relevant data to justify the need. The data sources must be identified (e.g., **National Survey on Drug Use and Health (NSDUH), Centers for Disease Control and Prevention (CDC) Vital Statistics System.**) (Note: Citations may be included in an attachment and will not count towards the page limit.)

B: Proposed implementation approach (35 points – approximately 7 pages)

1. Describe the goals and measurable objectives of your proposed project. See **Developing Goals and Measurable Objectives**. They must align with the Statement of Need in A.3. Provide the following table:

	Year 1	Year 2	Year 3	Year 4	Total
Number of Individuals Served (with funds under this grant) NOTE: Must serve at least 200 unduplicated individuals annually					

2. Describe how you will implement all the **required activities** and selected allowable activities, including:

    a. A description of the specific services you will be adding and/or enhancing to meet **CCBHC Certification Criteria** requirements as a result the project, which CCBHC sites will be implementing these services, and how these services are responsive to community needs as described under **Required Activity #1**.

    b. Plans to conduct and complete a Community Needs Assessment within six (6) months of award and again in the fourth year of the project period as described under the **Required Activity #2.**

    c. Your plan for delivering the nine (9) required services and meeting **CCBHC Certification Criteria** requirements within a year of award and throughout the project period, as described under **Required Activities 4 and 5**. Be sure to include a description of the approach for developing and maintaining required staffing array to deliver the nine (9) required services to any one in need in the community served. [NOTE: Be sure to describe the specific area(s) of

development and implementation for the CCBHC that will be the focus of the project.]

d. Your approach for implementing infrastructure activities described in **Required Activity 6** to meet and continue meeting **CCBHC Certification Criteria** requirements and to maintain and improve service quality and effectiveness, including:

    i. Discuss how your project will work with community partners and DCOs (if you plan to use them) to ensure seamless care coordination and transitions of care.

    ii. Describe your approach for continuous quality improvement to ensure that you can track progress in meeting grant goals and objectives.

e. Your approach for using Technical Assistance (TA), including SAMHSA-provided TA and any other TA as applicable as described in **Required Activity 7**.

NOTE: **Please describe your approach to the required and allowable activities rather than copying the list from the NOFO.**

3. Describe how your proposed implementation approach will address **SAMHSA Strategic Priorities**.

4. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire four (4) years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Proposed evidence-based practice (EBP) and/or evidence-informed practice (EIP) (5 points – approximately 1 page)

1. Identify the EBP(s) and/or EIP(s) that you will implement or use. Discuss how each intervention chosen is appropriate for the individuals you will serve and based on community needs.

2. Describe any modification(s) you will make to the EBP(s) and/or EIP(s) and the reasons the modification(s) are necessary. If you are not proposing to make any modification(s), indicate so in your response.

3. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. For more information about monitoring fidelity, see **Fidelity Monitoring Tip Sheet**.

D: Organizational experience and staffing (25 points – approximately 3 pages)

1. Describe your organization's experience providing at least five (5) of the nine (9) required CCBHC services, including (a) mental health (including SMI and SED), (b) substance use, and (c) co-occurring mental health and substance use services.

2. Describe your CCBHC's experience with serving individuals across the lifespan with or at risk for mental health and substance use disorders. [NOTE: A statement affirming that your proposed CCBHC served at least 200 unduplicated individuals annually (children, youth, adults, older adults), with a mental health and/or substance use disorder in the prior calendar year, must be included in **Attachment 1.**]

3. Identify any Designated Collaborating Organizations (DCOs) (if you plan to use them) and any direct service organizations that will deliver CCBHC services. For each, include a description of their experience providing services to the individuals you plan to serve, if you have care coordination MOAs with them, and their specific roles and responsibilities for this project. Please identify which of the nine (9) required CCBHC services each DCO will provide. If your CCBHC does not use any DCOs, please state so. [NOTE: Letters of Commitment (LOCs) from each DCO, as applicable, must be included in **Attachment 1.**]

4. Describe your organization's current staffing and capacity for delivering the required CCBHC services to anyone in need including children, youth, adults, and older adults with mental health and substance use disorder, including those with the most serious and complex disorders (e.g., Serious Mental Illness, Severe Substance Use Disorders, and Serious Emotional Disturbance). Provide a list of significant staff positions for the project, including the key personnel (Project Director and Project Evaluator) and any positions/roles you propose to add for this project. For each, describe their:

    - Role/duties
    - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
    - Qualifications (see **Key Personnel** section for specific qualifications for PD and PE), including their experience providing services to the individuals to be served

E: Data collection and performance measurement (20 points – approximately 2 pages)

1. Identify the specific outputs/outcomes you plan to achieve for this project.

2. Discuss your approach for developing a random sampling methodology for data collection and reporting to SAMHSA.

3. Describe how you will collect the performance measures and measurable objectives data for this project, which will measure the success and progress towards your goals.

4. Describe how you will use the data to manage and monitor your project and continuously improve the quality and effectiveness of your CCBHC (see **Developing the Plan for Data Collection and Performance Measurement**). Please address the role of the Project Evaluator in your description.

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices.

We use SAM.gov **Responsibility/Qualification** to check this history for all awards likely to be over $250,000.

You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see **2 CFR Part 200**.

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. The program office and approving official make the final determination for funding.
- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with **SAMHSA's Strategic Priorities**. To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA's Strategic Priorities will not receive funding.

Decisions may be based on the following:

- Approval by the Center for Mental Health Services National Advisory Council when the award is over $250,000.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.
- If your organization was funded under the FY2023 CCBHC-PDI (SM-23-024) or FY2023 CCBHC-IA (SM-23-016) NOFOs, you are not eligible to apply under this NOFO unless you

a select a distinct CCBHC serving a different and non-overlapping geographic area. If applicable, include as **Attachment 12** a statement that your organization was funded under either SM-23-024 or SM-23-016 but under this NOFO you are supporting a different and non-overlapping CCBHC.

- You must include a completed Licensure Checklist (see **Appendix B: CCBHC Licensure Checklist)** showing that your proposed CCBHC meets the licensure requirements and include copies of all relevant licenses. **Applications that do not include a completed Attachment 11 will be screened out and not reviewed.**

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards. Agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a **Notice of Award (NoA)** will be emailed to: (1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the Project Director identified on page 1 of the SF-424 (8f).

If your application is not funded, an email will be sent to you from eRA Commons. This email will include a summary of the peer reviewer comments and scores. It may take up to four months from the program's award date for this information to be sent to you.

The NoA is the only document that authorizes recipients to receive federal funding for a project.

Step 5: Submit Your Application

Submission Requirements and Deadlines

Go to **Find the Application Package** to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See **Get Registered**.

You must maintain your registration throughout the life of any award.

Deadlines

Application

Due on August 17, 2026.

For electronic submissions, the due time is 11:59 p.m. ET. If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in ***Section A*** in the *Application Guide***.**

- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

You will need to submit application information for intergovernmental review under **Executive Order 12372**. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. For more information, see ***Section J*** in the *Application Guide*.

This requirement does not apply to states or American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's **standard terms and conditions** on our website.
- The regulations at **2 CFR Part 200** — Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS **Grants Policy Statement** (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in **HHS Administrative and National Policy Requirements**. See ***Section H*** in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in **2 CFR 200.340(a)(4)**.

Reporting Requirements

If funded, you will have to follow reporting requirements. The NOA will provide specific details.

You are required to submit an annual Programmatic Progress Report (PPR) in years 1, 2, and 3 and a cumulative Final Progress Report (FPR) in year 4. You must use the OMB-approved Excel **Programmatic Progress Report (PPR)** template for your program.

You will need to submit your completed PPRs in eRA Commons.

The annual PPR for years 1 ,2, and 3 must be submitted within 90 days of the end of each budget period. You must submit the FPR within 120 days after the end of the project period. The FPR must be cumulative and include all activities during the entire project period.

The **programmatic progress report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives as stated in your grant application;
- Progress implementing required services and activities, including whether these services and structures were supported with grant funds, accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Problems encountered serving the populations of focus and efforts to overcome them;
- Success stories; and
- Program-specific measures, including:
    - Total number of clients receiving services through the CCBHC; and
    - A list of service delivery sites operated by or in partnership with the CCBHC.

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see **SAMHSA Reporting Requirements**.

Appendix A – Definitions of Key Terms

Attestation: Documentation that grant recipients who are not state-certified CCBHCs submit to SAMHSA to affirm that the CCBHC meets the requirements of the **CCBHC Certification Criteria**. The Attestation must:

- Fully and succinctly describe how your CCBHC meets each criterion and list the supporting documentation (e.g., Community Needs Assessment, Organizational Chart, Staffing Plan, Training Plan, Care Coordination MOAs, and DCO agreements).
- Fully describe how your CCBHC meets the **CCBHC Certification Criteria** without restating or copying the exact language or text from the criteria guidance, other CCBHC attestations, or the checklist.
- Address the six (6) program area requirement areas in the **CCBHC Certification Criteria** and all sub-criteria.

Care coordination: CCBHCs establish activities and with care coordination partners that promote clear and timely communication, deliberate coordination, and seamless transition. This may include (but is not limited to):

- Establishing accountability and agreeing on responsibilities between care coordination partners.
- Engaging and supporting people receiving services in and, subject to appropriate consent, their family and caregivers, to participate in care planning and delivery and ensuring that the supports and services that the person receiving services and family receive are provided in the most seamless manner that is practical.
- Communicating and sharing knowledge and information, including the transfer of health records and prescriptions, within care teams and other care coordination partners, as allowable and agreed upon with the individual being served.
- Coordinating and supporting transitions of care that include tracking of admission and discharge and coordination of specific services if the person receiving services presents as a potential suicide or overdose risk.
- Assessment of the person receiving services needs and goals to create a proactive treatment plan and linkage to community resources.
- Monitoring and follow-up, including adapting supports and treatment plans as needed to respond to changes in the needs and preferences of individuals being served.
- Coordinating directly with external providers for appointment scheduling and follow up after appointment for any prescription changes or care needs, 'closing the loop.'

- Communicating and sharing knowledge and information to the full extent permissible under HIPAA, 42 CFR part 2, and the Office of the National Coordinator for Health IT and Centers for Medicare and Medicaid Services interoperability regulations on information blocking without additional requirements unless based on state law.

As used here, care coordination applies to activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each person receiving services as required by the Protecting Access to Medicare Act (**PAMA**) (including both behavioral and physical health care), regardless of whether the care and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.

Certified Community Behavioral Health Clinic (CCBHC): A CCBHC is a qualifying clinic that meets the six (6) program requirements outlined in **PAMA** and in the **CCBHC Certification Criteria**. The CCBHC is responsible for:

- Providing the nine required services in a manner that meets or exceeds CCBHC Criteria requirements.
- Delivering the nine required services directly or through formal agreements with DCOs.
- The CCBHC must have the capacity to directly provide mental health and substance use services to people with serious mental illness and serious emotional disorders as well as developmentally appropriate mental health and substance use care for children and youth separate from any DCO relationship, unless substantially prohibited by their state because of their provider type.

***Note**:* The **CCBHC Certification Criteria** require that CCBHCs deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs.

A CCBHC must be one of the following: a nonprofit organization; part of a local government behavioral health authority; an entity operated under authority of the IHS, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act; or an entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437). CCBHC and Clinic are used interchangeably to refer to Certified Community Behavioral Health Clinics.

CCBHCs must be certified by their state as a CCBHC or have submitted an attestation to SAMHSA as a part of participation in the SAMHSA CCBHC-Expansion grant program. State-certified clinics are designated as CCBHCs for a period of time determined by the state but not longer than three years. CCBHCs must be recertified or submit a new attestation every three years. States may decertify CCBHCs if they fail to meet the criteria, if there are changes in the state CCBHC program, or for other reasons identified by the state.

CCBHC directly provides: When the term, "CCBHC directly provides" is used within this NOFO and the **CCBHC Certification Criteria**, it means employees or contract employees within the management structure and under the direct supervision of the CCBHC deliver the service.

Community Needs Assessment (CNA): A systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. CCBHCs will conduct or collaborate with other community stakeholders to conduct a CNA. The assessment should identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders. Specific CCBHC criteria are tied to the community needs assessment including staffing, language and culture, services, locations, service hours and evidence-based practices. The CNA must be thorough and reflect the treatment and recovery needs of those who reside in the service area across the lifespan including children, youth, and families. If a separate CNA has been completed in the past year, the CCBHC may decide to augment, or build upon the information to ensure that the required components of the CNA are collected.

The **CCBHC Certification Criteria** require that the CNA include the following elements:

1. A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.
2. Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose.
3. Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.
4. Cultures and languages of the populations residing in the service area.
5. The identification of the underserved population(s) within the service area.
6. A description of how the staffing plan does and/or will address findings.
7. Plans to update the community needs assessment every 3 years.
8. Input about:
    - cultural, linguistic, physical health, and behavioral health treatment needs;
    - evidence-based practices and behavioral health crisis services;
    - access and availability of CCBHC services including days, times, and locations, and telehealth options; and

- potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.

Designated Collaborating Organization (DCO): A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required services as described in Program Area 4 of the **CCBHC Certification Criteria**. CCBHC services provided through a DCO must conform to the relevant applicable CCBHC criteria. The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. The formal relationship between CCBHCs and DCOs creates the platform for seamlessly integrated services delivered across providers under the umbrella of a CCBHC. DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the **CCBHC Certification Criteria**. To this end, DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.

From the perspective of the person receiving services and their family members, services received through a DCO should be part of a coordinated package with other CCBHC services and not simply accessing services through another provider organization. To this end, the DCO agreement shall take active steps to reduce administrative burden on people receiving services and their family members when accessing DCOs services through measures such as coordinating intake process, coordinated treatment planning, information sharing, and direct communication between the CCBHC and DCO to prevent the person receiving services or their family from having to relay information between the CCBHC and DCO. CCBHCs and their DCOs are further directed to work towards inclusion of additional integrated care elements (e.g., including DCO providers on CCBHC treatment teams, collocating services). Regardless of DCO relationships entered into, the CCBHC maintains responsibility for assuring that people receiving services from the CCBHC receive all nine services as needed in a manner that meets the requirements of the **CCBHC Certification Criteria**.

Required services: The nine service areas identified in **PAMA**, which CCBHCs must provide to people receiving services based on their needs (described in Program Requirement 4: Scope of Services):

1. Crisis Services
2. Screening, Assessment, and Diagnosis
3. Person-Centered and Family-Centered Treatment Planning
4. Outpatient Mental Health and Substance Use Services

5. Primary Care Screening and Monitoring
6. Targeted Case Management Services
7. Psychiatric Rehabilitation Services
8. Peer Supports and Family/Caregiver Supports
9. Community Care for Uniformed Service Members and Veterans

Appendix B – CCBHC Licensure Checklist

Please complete the following checklist and submit the completed checklist with requested additional documents in **Attachment 11** of your application.

1. **My agency is an enrolled Medicaid provider for behavioral health services as listed below (check all that apply):**

   ☐ Adult Mental Health Treatment ☐ Adult Substance Use Treatment

   ☐ Child/Youth Mental Health Treatment ☐ Child/Youth Substance Use Treatment

2. **My agency is licensed by the State to provide outpatient mental health treatment services for (check all that apply):**

   ☐ Adults [Submit copy(ies) of the license(s)].

   ☐ Children/Youth [Submit copy(ies) of the license(s)].

   ☐ The state in which our CCBHC provides services has a state or federal administrative, statutory, or regulatory framework that substantially prevents our CCBHC from obtaining the necessary licensure, certification, or accreditation to provide these services. Explain why this is not possible with current state requirements, providing links to state policies if available:

3. **My agency is licensed by the State to provide outpatient substance abuse treatment services for (check all that apply):**

   ☐ Adults [Attach copy(ies) of the license(s)].

   ☐ Children/Youth [Attach copy(ies) of the license(s)].

   ☐ The state in which our CCBHC provides services has a state or federal administrative, statutory, or regulatory framework that substantially prevents our CCBHC from obtaining the necessary licensure, certification, or accreditation to provide these services. Explain why this is not possible with current state requirements, providing links to state policies if available:

4. **My agency has an Integrated or Single license that covers multiple treatment services (Mental Health Treatment, SUD Treatment, Child and Youth, Adult) (check the appropriate box and explain if checking "yes"):**

   ☐ Not Applicable

   ☐ Yes - This applies to my CCBHC (Explain):

Appendix C – Table of All-Intents Drug Overdose Deaths by County or County Equivalent, and State

Applicants proposing to fund CCBHCs providing service to one or more of the counties in the table below are eligible for 5 priority points.

Source: CDC National Vital Statistics Systems. All-intents drug overdose deaths (X40-44 unintentional, X60-64 intentional, X85 homicide, Y10-14 undetermined) provisional 2024 data. Accessed from CDC WONDER (https://wonder.cdc.gov/) on January 8, 2026.

State	County or County Equivalent*	Rate per 100,000 Population
AK	Anchorage Borough	68.5
AK	Bethel Census Area	65.8
AK	Matanuska-Susitna Borough	52.1
AL	Walker County	63.3
AZ	La Paz County	71.8
CA	Lake County	91.3
CA	Lassen County	55.4
CA	Mendocino County	51.6
CA	Del Norte County	67.7
CA	San Francisco County	60.9
CA	Tehama County	55.5
CA	Butte County	55
GA	Dodge County	50.6
IN	Wayne County	57.5
IN	Scott County	52.7

State	County or County Equivalent*	Rate per 100,000 Population
KY	Knott County	139.1
KY	Breathitt County	123.5
KY	Powell County	92.5
KY	Lawrence County	81.3
KY	Estill County	78.9
KY	Lee County	164.5
KY	Clay County	86.5
KY	Pendleton County	81
KY	Boyd County	79.5
KY	Harlan County	75
KY	Rowan County	65.5
KY	Marion County	55.5
KY	Franklin County	52.3
LA	Washington Parish	60.2
LA	Orleans Parish	53.3
LA	Rapides Parish	50.7
LA	Iberville Parish	50.6
LA	St. Bernard Parish	49.5
LA	Plaquemines Parish	49.1
MD	Baltimore City	112.5
ME	Aroostook County	60.9
ME	Waldo County	56.6
ME	Washington County	53.9
MO	St. Louis City	64.6
NC	Richmond County	68.5
NC	Avery County	62.6

State	County or County Equivalent*	Rate per 100,000 Population
NC	Burke County	56.6
NC	Vance County	52
NC	Edgecombe County	51.2
NC	Robeson County	48.6
NJ	Atlantic County	54.1
NJ	Cumberland County	49.2
NM	Rio Arriba County	112.8
NM	Taos County	58.1
NM	Cibola County	52.3
NM	San Miguel County	71.2
NV	Nye County	59.2
NY	Bronx County	50.3
OH	Scioto County	65.3
OH	Meigs County	64.3
OK	Okmulgee County	62.1
OR	Lincoln County	55.1
OR	Multnomah County	68.1
OR	Josephine County	50.1
PA	Philadelphia County	60.4
SC	Marion County	49.1
TN	Anderson County	59.8
TN	Davidson County	55.3
TN	Union County	77.1
TN	Roane County	74.9
TN	Rhea County	61.9
TN	Campbell County	59.7

State	County or County Equivalent*	Rate per 100,000 Population
TN	Cocke County	58.8
TN	DeKalb County	56.5
TN	Hamblen County	55.9
TN	Knox County	55.9
TN	Morgan County	55.6
TN	Sevier County	52.3
TX	San Jacinto County	51.8
VA	Hopewell city	48.3
VA	Buchanan County	68.1
VA	Roanoke City	64.8
VA	Richmond City	57.6
VA	Tazewell County	48.6
VT	Caledonia County	58.8
WA	Okanogan County	54.9
WA	Grays Harbor County	64.7
WA	Yakima County	57.7
WA	Spokane County	57.3
WA	Mason County	55.6
WA	Asotin County	53.2
WV	Mercer County	93
WV	Cabell County	92.3
WV	Wyoming County	74
WV	Raleigh County	73.2
WV	Mason County	64.6
WV	Lincoln County	96.4
WV	McDowell County	91.7

State	County or County Equivalent*	Rate per 100,000 Population
WV	Boone County	77.8
WV	Kanawha County	72.7
WV	Logan County	71.4
WV	Mingo County	63.6
WV	Fayette County	56.3
WV	Greenbrier County	49.8
WV	Marion County	48.4

* The definition of counties and equivalents can be found here: **https://www.census.gov/programs-surveys/popest/guidance-geographies/terms-and-definitions.html**.