



Transformation Transfer Initiative Application

(Proposals Due to NASMHPD by Monday, October 7th, 2024, at 5pm ET)

Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). **The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs.**

This year’s TTI umbrella topic holds relevance and value for all states and territories: Crisis care system improvements and expansion, including prevention and follow-up strategies. Its six unique subtopics encourage creativity, flexibility, collaboration, and coalition building opportunities. TTI offers not only funding, but TA, learning opportunities, networking, and enveloping support from NASMHPD staff to help guide your team to achieve your intended outcomes and transform your systems on your timeline. Hear former recipients describe their TTI experience [HERE](#).

These efforts regarding 988 implementation and crisis services have roots in the [National Guidelines for Crisis Care – A Best Practice Toolkit](#), [National Guidelines for Child and Youth Behavioral Health Crisis Care](#), and new [2024 National Strategy for Suicide Prevention](#). These resources advance national guidelines in crisis care that supports program design, development, implementation, and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs. NASMHPD’s has also published [multiple technical assistance papers](#) on topics related to the TTI opportunities over the last several years as well.

“[The] Monthly TA call is immensely helpful and motivating. This meeting inspired and spurred ideas to produce a better work product. It also provided support and resources to rely on what has worked and has not worked for other states. As always, I am so grateful for the partnership and support we have received from NASMHPD. It has meant a lot to us.”

-TTI FY2021 Participant

“The award gave us the ability to push forward our philosophy and our model and what we were committed to in terms of the community. If we had not had [this, then we could not]... include the kind of work that we wanted to do. Everything about it, the funding, the timing... if we had not had that capacity then I don't think the work would have had the same impact. We would be in no place, shape, or form this close to doing something so radically different, if we were not able to engage in the work of this award. I am beyond grateful for the support and for you giving us the ability to get this out of the box.”

-TTI FY2021 Participant

For Federal Fiscal Year (FFY) 2025, SAMHSA will award 48 TTI awards of \$250,000 to states and territories on the following six (6) topics directly related to implementing and expanding sustainable crisis services:

1. Community-based service approaches for justice involved individuals with SMI or SED
2. Community crisis system mapping and implementation: building intra and inter-systems bridges for coordinated crisis care
3. Crisis care and suicide prevention for underserved youth
4. Crisis workforce wellness, and resilience and prevention of burnout
5. Training and professional development the non-clinical crisis workforce
6. Treatment and supports for children with high acuity and/or complex needs at risk of out of home placements

All proposals must focus on Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) populations.

All states and territories are eligible to apply, and like last year, states and territories are allowed to apply for multiple TTI awards.

- *States and territories seeking multiple awards must submit a separate proposal for each initiative.*
- *States and territories are welcome to address more than one sub-topic in a single initiative, however, on your proposal please clearly indicate which single topic fits best.*
- *States may apply for funding to expand upon a previous TTI Initiative, but funding cannot be used to sustain a pre-existing initiative. If you are expanding upon a previous TTI initiative, please indicate this clearly in your proposal.*

TTI Timeline

- *September 9th, 2024* – TTI Application Release
- *September 10th and 12th, 2024* – TTI Q&A session
- *October 7th, 2024* – By 5:00 pm ET, all proposals are due to NASMHPD.
- *November 2024* – TTI awardees are selected and announced by CMHS.
- *December 2024* – Subcontracts are initiated, finalized, and signed.
- *August 15th, 2025* – “Snapshot” Final Reports are submitted to NASMHPD.
- *August 24th, 2025* – NASMHPD submits comprehensive TTI final report to CMHS



Topics

Below are the topics and descriptions for TTI 2025. The examples included are for inspiration. We encourage states and territories to be innovative and work with partners to identify needs in their specific communities.

1. **Community-based service approaches for justice involved individuals with SMI or SED**

As part of states and territories' ongoing efforts to support and uplift justice involved individuals, this topic promotes community-based programming amongst this diverse and underserved community.

Innovative examples include:

- ◆ With the 2021 TTI, *Ohio* Department Mental Health and Addiction Services (OMHAS) expanded and enhanced treatment services within jails and increased reentry coordination for treatment and recovery supports for individuals with SMI to transition into the community through crisis prevention and training staff on trauma-informed care, access to psychiatric services, and access to supportive housing and transportation.
- ◆ *Pennsylvania's* 2024 TTI Project worked with the Department of Corrections and Pennsylvania Peer Support Coalition (PaPSC) to develop a bridge program for Certified Peer Specialists (CPSs) reentering into communities from incarceration. This initiative, building off their 2023 TTI Workforce Project, provides resources and training to secure employment in the behavioral health system, improving community integration and mental health services.

2. **Community crisis system mapping and implementation: building intra and inter-systems bridges for coordinated crisis care**

In listening to states and territories discuss the challenges in integrating physical and behavioral health care, this topic addresses the need for coordinated care by designing and implementing new and innovative approaches.

Innovative examples include:

- ◆ As a 2022 TTI awardee, *Nevada* mapped the state's current Crisis Response System for children and adolescents, used the standardized scoring tool developed by Crisis Now to measure system readiness for 988 implementations to identify gaps and provide analysis.
- ◆ *South Dakota's* 2024 TTI initiative aimed to support services for youth experiencing SMI/SED. They worked with a subject matter expert to assess their available services and develop a training plan to implement national best practices of children's crisis care. This training plan has been developed for existing and new staff across the crisis continuum, including emergency departments, child protective services, law enforcement, first responders, and other behavioral health staff.

3. Crisis care and suicide prevention for underserved youth

This topic allows states and territories to support initiatives among a wide array of underrepresented youth with the hopes of addressing stigma, develop prevention, intervention, and treatment systems that are tailored to their needs, and increase accessibility and utilization of quality services.

Innovative examples include:

- ◆ As a result of their 2023 TTI project, *Texas* modified the Zero-Suicide framework for the juvenile justice system, implemented a learning collaborative for juvenile justice system partners, and facilitated train-the-trainer trainer series to increase suicide prevention trainings.
- ◆ In one of their 2024 TTIs, *Kentucky* Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is implementing the *Kentucky Black Youth Suicide Prevention Initiative* to develop and empower a multi-disciplinary taskforce to enhance strategic engagement and collaboration with agencies and organizations that in some capacity support or serve Black youth, ages 5-24, with emphasis on entities that address SED or SMI. This coordinated approach will support organizations and agencies that play a significant role in serving Black youth most at risk for suicide in the state.

4. Crisis workforce wellness, and resilience and prevention of burnout

For several years, workforce has been identified as a critical area for expansion amongst concerns for burnout and retention amongst staff throughout the crisis care continuum, but especially the direct care staff. This topic looks to identify and promote wellness for these staff so that they may be able to thrive while providing services in an intense and fast-paced environment.

Innovative examples include:

- ◆ In their 2023 TTI, *Guam* provided training to behavioral health staff providing services, such as crisis response, provided virtual professional development opportunities for more immediate means of accessing information, education, and trends in behavioral health, and built on-demand professional development capacity for staff seeking to improve clinical and direct service practices to retain staff.
- ◆ *Georgia* Department of Behavioral Health and Developmental Disabilities (DBHDD) as a part of the 2024 TTI awardees, is creating and implementing a Crisis Peer Learning Collaborative which will provide training; improve communication and relationships across peers who work in the state-funded crisis system; and create a mechanism for DBHDD to get feedback from their provided network to address system challenges.

5. Training and professional development the non-clinical crisis workforce

This topic aims to support growing interest in broadening a sustainable and non-clinical workforce to ameliorate the behavioral healthcare workforce shortage, including, but not limited to increasing the diversity and increasing the number of staff that are recruited directly from within the local community that serve the community.

Innovative examples include:

- ◆ Over the last 3 years, *Kansas* has utilized TTI funds to launch their Peer Support Guild, ensuring Peer Support professionals have access to trauma-informed and culturally and linguistically competent training for special populations, including, but not limited to, Veterans, individuals with Intellectual and Developmental Disabilities, individuals who are BIPOC and LGBTQ+. Several of their resources are made available on their [Certified Peer Specialist Training](#) webpage.
- ◆ As a result of their 2022 TTI initiative, *Tennessee* Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the University of Tennessee School of Social Work (UT School of SW), launched the Tennessee Public Behavioral Health Workforce Recruitment and Outreach Initiative.

6. Treatment and supports for children with high acuity and/or complex needs at risk of out of home placements

Recognizing the growing number of children in our systems with higher acuity and/or complex needs, this topic seeks to ensure adequate and expansive crisis response for children and youth. Through innovative crisis response, this topic aims to alleviate the number of children boarding in emergency rooms, sleeping in child welfare offices, or placed in residential placements because there are not the appropriate prevention and intervention supports for youth with these specific needs.

Innovative examples include:

- ◆ In 2019, *West Virginia* utilized TTI funds to strengthen their continuum of care by identifying and integrating call centers, mobile crisis teams, and wraparound services for children, youth and families in a [unified platform](#). They have expanded to include psychiatric hospitals and units, crisis triage centers, outpatient, substance use care, children's respite, and residential care.
- ◆ *Connecticut's* most recent TTI award at the Department of Children and Families is establishing and implementing a Performance Improvement Center (PIC) for a newly established statewide network of Urgent Crisis Centers (UCC) for youth and families.

TTI Proposal Components:

Applications for the TTI will be judged on the following criteria:

- Transformation infrastructure, demonstrated by examples of transformative initiatives already underway using state funds, Block Grant funds, other identified public or private resources
- Existing multi-agency collaboration on transformative initiatives
- Established partnerships with public and private hospitals, community providers, family and peer organizations
- Proposed initiatives rooted in policy and/or systems change with the greatest impact
- Identification of other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative
- Involvement/collaboration of individuals with lived experience in the development, review, planning and the implementation, and the evaluation of the initiative as feasible
- Expansion and sustainability plans after the TTI funding is exhausted
- Realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.

Proposal Requirements

I. Initiative Description and Projected Budget

In three (3) pages or less, please describe your proposed initiative, how it would fit into your state's larger reform or transformation goals, how it would improve your behavioral health system and/or other systems, and *specifically the activities you would fund* using your TTI subcontract, if awarded. Make sure to identify the following items:

- The main subtopic and any secondary subtopic(s) under which your proposal falls
- Other agencies or organizations (including hospitals, community providers, and community-based organizations) that will be collaborating with you
- Other resources and infrastructure (in-kind and/or financial) that you will use to leverage these TTI award funds, if any
- Involvement of individuals with lived experience in the planning and the implementation of the initiative, as feasible
- Specific measurable outcomes you plan to achieve with this initiative and how you will document them
- Expansion and sustainability plans after the TTI funds are exhausted.
- Lastly, if applicable, please indicate how participating in a policy academy has enhanced the viewpoint of your state's proposal.

NOTE: The federal government requirements prohibit spending technical assistance funds on food, beverages, and purchasing of equipment such as computers or other infrastructure/administrative items. There are also spending limits on certain items. Please contact the NASMHPD project director with any questions pertaining to items that you may or may not include in your proposal.

II. Initiative Timeline

In one page or less, please outline projected timeframes for your initiative. From implementation in December 2024 to a final report in August 2025, chart the projected path of your project and tie the timeframes to your projected measurable outcomes.

III. Initiative Coordinator

Designate an individual within your state office of mental health to be the coordinator and contact person for your TTI initiative. The designated individual will be the main contact person with NASMHPD and CMHS and will need to have the ability to negotiate and oversee deliverables for the project and will know and understand your state or departments contracting process. Please include their contact information and a resume within your proposed submission.

IV. Fixed-Priced Subcontract

In one page or less, please describe your state or department's contracting process. Each TTI awardee will be expected to quickly (within 4-6 weeks) approve and sign a fixed-price subcontract with NASMHPD, outlining the work and outcomes each state will accomplish and produce under this technical assistance project. Deliverables under this subcontract include monthly written and oral status reports and a written final report. Given the short timeframe of the project, from award to final report, please outline how your contracting process will not hamper your ability to deliver your proposed outcomes in a timely manner.

Submission of Proposal

By 5:00 pm ET of Monday, October 7th, 2024, all proposals are due electronically to David Miller, NASMHPD Project Director david.miller@nasmhpd.org & jonel.emlaw@nasmhpd.org. Please ensure you receive a confirmation email and follow up if not.

The proposal must be sent to NASMHPD **by or on behalf of the State Mental Health Commissioner/Director** with the acknowledgement that the proposal has his or her approval. For questions or concerns regarding your proposal please contact David at david.miller@nasmhpd.org or jonel.emlaw@nasmhpd.org.

Question & Answer Sessions:

NASMHPD will hold two Q&A meetings via Zoom on **Tuesday, September 10th at 3 pm EST and Thursday 12th at 6pm EST**. See the following directions below to join the call. Feel free to send any question in advance of the call to jonel.emlaw@nasmhpd.org or share questions on the call.

Topic: TTI 2025 Q&A Session

Times:

1. [Sep 10th at 3pm EST, 2024 Eastern Time \(US and Canada\)](#), and
2. [Sep 12th at 6pm EST, 2024 Eastern Time \(US and Canada\)](#)

Please register in advance for this meeting. After registering, you will receive a confirmation email containing information about joining the meeting.