

## Request for Applications (RFA) Announcement:

### Early Interventions and Treatment Programs for Early Serious Mental Illness (ESMI)

The State of Nevada, through the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention (BBHWP) is pleased to announce the availability of funding through the Community Mental Health Services (CMHS) Block Grant, which is administered by the U.S. Department of Health and Human Services /Substance Abuse and Mental Health Services Administration (SAMHSA) and awarded to the states. The CMHS Block Grant is administered locally by the Nevada Department of Health and Human Services (DHHS) / Division of Public and Behavioral Health (DPBH).

The availability of this funding for this announcement is to support Nevada Early Serious Mental Illness (ESMI) Programs. This funding opportunity will depend upon the availability of federal funds that are awarded to the State by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Budget Periods outlined below.

The award period will run from October 1, 2025, through September 30, 2027. This will be divided into two budget periods:

- Budget Period #1-October 1, 2025-September 30, 2026
- Budget Period #2-October 1, 2026-September 30, 2027

This application will be used to fund both budget periods. Please use the budget template to create two budgets, one for Budget Period #1 and one for Budget Period #2.

### Background:

The CMHS Block Grant is provided through the Substance Abuse and Mental Health Services Administration (SAMHSA). CMHS Block Grant provides funding for community mental health services. It is available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions.

A core objective of the CMHS Block Grant is to support the states in carrying out comprehensive community-based mental health services. The CMHS Block Grant is authorized by [sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Services \(PHS\) Act](#).

Utilizing the latest CMHS Block Grant award, the Bureau of Behavioral Health Wellness and Prevention within DPBH is seeking applications from community stakeholders to support the state's efforts to provide mental health services to Nevadans. These efforts may include the following: Uninsured populations, services not covered through insurance (including Medicaid), innovative programs, maintenance of programs, and services that fill service gaps.

### Funding Priorities:

While there is flexibility in the use of CMHS Block Grant funds for existing and new programs, they must be used for the targeted populations as identified and defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)

#### TARGET POPULATIONS: EARLY SERIOUS MENTAL ILLNESS (ESMI)

The CMHS Block Grant aims to ensure that all persons have equitable access to quality mental health services that promote recovery, health, and wellbeing. The mission of the Division of Public and Behavioral Health (DPBH) is to improve the behavioral health of all Nevadans.

1. Early-stage Serious Mental Illness (ESMI)–With Psychosis, includes the following:

1-A: First Episode of Non-Affective Psychosis (first-episode Schizophrenia Spectrum Disorder and Other Psychotic Disorders); and

1-B: Early-stage Affective Psychosis (early-stage Bipolar I Disorder with Psychotic Features).

2. Early-stage Serious Mental Illnesses (ESMI)–Without Psychosis in Nevada’s adolescents and transition-age youth (ages 12-25), including the following:

2-A: Early-stage depressive, severe anxiety (including severe post-traumatic stress disorder), and substance use disorders; and

2-B: Early-stage Serious Mental Health Distress and Concerns (for example, Suicide-related behaviors)

EARLY-STAGE AND FIRST EPISODE Mental Illness: As detailed above, for the purpose of this Request for Application (RFA), ESMI involves specific diagnostic categories of early serious mental illness, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5: American Psychiatric Association, 2013); namely: Schizophrenia Spectrum and Other Psychotic Disorders; Bipolar I Disorder with Psychotic features; Depressive, Anxiety, and Substance-Related Disorders; and Mental Health concerns (including suicide-related). For this RFA, Early SMI involves the initial onset and beginning clinical stage of those mental disorders. For this RFA, Early SMI involves the initial stage of the disorders listed above and that are diagnosable as a mental disorder of sufficient severity and duration to meet the diagnostic criteria specified within the DSM-5.

Funds are available from U.S. Substance Abuse & Mental Health Services Administration (SAMHSA), Community Mental Health Services (CMHS) Block Grant have set-aside funding requirements for ESMI, which is dedicated to mental health services for the target populations of individuals experiencing Early Serious Mental Illness (ESMI).

#### TARGETED PROGRAMS: EARLY SERIOUS MENTAL ILLNESS (ESMI)

##### Early Detection Programs

- Programs in schools to help identify behavioral changes that may indicate a need for intervention
- Programs to support pediatricians and other primary care providers who regularly see youth throughout their development and help parents ensure their children develop healthfully.

- Programs to support the justice system and child welfare settings who regularly encounter youth and young adults whose involvement in these systems can potentially be attributed to the effects of underlying behavioral health conditions.
- Connection with 988.

#### Supporting Treatment and Recovery

I. Coordinated Specialty Care for Early Serious Mental Illness-With Psychosis is an evidence-based multi-components treatment approach. Services are provided by multi-disciplinary teams of mental health professionals whose clinical expertise span biological, psychological, and social domains. Interventions are Recovery-oriented and involve clients, the multi-disciplinary team members, and, as appropriate, relatives, partners, and significant others. For example, the evidence-based, manual-driven NAVIGATE Early Treatment Program for First Episode of Psychosis includes 4 Core Interventions and 2 Auxiliary Supports:

- Pharmacotherapy & Primary (Medical) Care Coordination
- Individual Psychotherapy-Individual Resiliency Training (IRT)
- Family Education
- Supported Employment & Education

Case Management and Peer Support Services are provided as Auxiliary Support Services.

II. Treatment Programs for Early Serious Mental Illness-Without Psychosis: Treatment goals of the evidence-based interventions for adolescents and transition-age youth who are served within schools-based settings include:

- Reducing the duration and impact of active mental illness;
- Improving quality of life;
- Enhancing social, educational, and occupational functioning.

STRATEGIC PLAN PRIORITY AREAS: Mental Health Services for ESMI must be linked to two or more of the following Priority Areas:

- A. Schools-based Mental Health Services
- B. Primary and Mental/Behavioral Health Care Integration
- C. Peer Support Services
- D. Workforce Pipelines
- E. Stigma Reduction Strategies
- F. Homelessness
- G. Transportation Gaps

See here for further [information](#).

## Unallowable Expenses and Activities:

When applying for Nevada CMHS Block Grant for ESMI program funding, it is important to ensure that the proposed budget and activities align with SAMHSA's guidelines for allowable expenses. The following is a list of unallowable expenses and activities that cannot be funded under this grant program:

1. **Advertising And Public Relations:** Advertising and public relations costs are generally unallowable except under the instances allowed by federal regulations such as program outreach and other specific purposes necessary to meet the requirements of the federal award.
2. **Automobile Costs for Personal Use:** The portion of automobile costs furnished by the entity that relates to personal use by employees (including transportation to and from work) is unallowable as either fringe benefit or indirect (F&A) costs.
3. **Contingency Funds:** Contingency funds or funds set aside for events whose occurrence cannot be foretold with certainty as to time, intensity, or assurance of their happening are unallowable under non-construction grants.
4. **Entertainment:** Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with SAMHSA's prior written approval.
5. **Goods and Services for Personal Use by the non-Federal entity's employees:** Costs for these items are unallowable.
6. **Incentive Compensation:** Generally unallowable; however, allowable for employees only if based on cost reduction, or efficient performance, suggestion awards, safety awards, etc., to the extent that the overall compensation is reasonable and paid or accrued based on an agreement between the organization and the employees before the services were rendered, or based on an established plan followed by the organization so consistently as to imply an agreement to make such payment.
7. **Lobbying/Political Activities:** The costs of certain influencing activities (i.e., attempts to influence the enactment or modification of any pending legislation through communication with any member or employee of the state legislature, or with any government official or employee concerning a decision to sign or veto enrolled legislation) associated with obtaining grants, contracts, cooperative agreements, or loans is unallowable.
8. **Major Alteration and Renovation (A&R):** Payment for the purchase or construction of any building or structure to house any part of the program is unallowable. Minor A&R of existing facilities, if necessary and appropriate for the project, may be authorized for up to 25 percent of the total approved budget (direct and indirect costs) for a budget period, or \$150,000, whichever is less. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: Increase the floor area; and/ or, change the function and purpose of the facility. SAMSHA must approve all minor A&R.
9. **Meals:** Meals are generally unallowable unless they are a part of per diem or are specifically stated as an allowable expense in the NOFO.

10. Miscellaneous expenses: “Miscellaneous” expenses are unallowable. Budget line items should reflect specific expenses only. See item 3– Contingency Funds.
11. Promotional Materials: Funds must not be used to pay for promotional items and memorabilia including, but not limited to, gifts, souvenirs, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

Additional budgeting guidance can be found in [SAMHSA Budget Guidance](#).

In addition, funding may not be used to pay staff salaries for any Medicaid-reimbursable services. If services are to be delivered to uninsured individuals, a fee for service model based on Medicaid rates should be included in the proposed budget. Please see [Nevada Medicaid Fee Schedule](#).

### Cost Sharing/Matching:

Cost sharing/matching is not a requirement for this funding.

### Requirements for Mental Health Client Level Data (MH-CLD) Data Collection and Reporting:

As a condition of funding under CMHS Block Grant, all entities providing direct services are required to submit Mental Health Client-Level Data (MH-CLD).

What is MH-CLD Data?

MH-CLD data provides information on mental health diagnoses and mental health treatment services, outcomes, insurance coverage, and demographic and substance use characteristics of individuals in mental health treatment facilities that report to individual state administrative data systems.

The MH-CLD system works with states to collect data on the demographic, clinical, insurance coverage, and outcome characteristics of individuals receiving mental health treatment services. MH-CLD helps SAMHSA and state-level agencies understand mental health needs and available services.

### Data Collection and Reporting Requirements

The required MH-CLD data report will be provided to subgrantees. The report is an Excel document. Data must be collected on an ongoing basis and submitted monthly, along with request for reimbursement claims. Any changes to data collection and the method used for reporting will be communicated in advance.

### Eligibility:

CMHS Block Grant funding is designed to support a wide range of Nevada-based entities committed to providing quality mental health services across the state. CMHS Block Grant funding is available to various types of organizations that have demonstrated the capacity to deliver impactful services. This includes:

Government Agencies: County health departments, city governments, state agencies, and other local government entities may apply for the CMHS Block Grant to support the continuum of mental

health services at the community level. These entities often work closely with healthcare providers, law enforcement, and community-based organizations to implement programs and services.

**Community-Based Organizations:** Nonprofit organizations, community health centers, mental health providers, tribal entities, and other community-based organizations may apply for CMHS block grant funding to expand access to services, provide education and outreach, and support individuals affected by all stages and severity of mental illness.

**Healthcare Providers:** Hospitals, clinics, and healthcare systems may apply for the CMHS block grant to enhance mental health services, such as Assertive Community Treatment (ACT), crisis prevention, monitoring and management of mental health disorders, integrated care and case management and behavioral therapies. These entities play a crucial role in delivering healthcare services and addressing the needs of individuals with mental health disorder.

**Coalitions and Partnerships:** Collaborative efforts involving multiple stakeholders, including government agencies, healthcare providers, community organizations, and advocacy groups, may apply for the CMHS block grant to implement comprehensive strategies to address mental illness. These partnerships leverage diverse expertise and resources to maximize impact.

**Experience Requirement:** SAMHSA requires each mental health organization must have at least 2 years of experience providing relevant services as of July 1, 2024. This requirement ensures the organizations have established a successful track record in delivering services before they can receive CMHS block grant funding.

### Informational Webinar:

An informational webinar will be held on Thursday, May 15, 2025, at 2:00 PM for RFA application requirements. This webinar will offer interested applicants an opportunity to learn more about the funding process, key application components, and eligibility criteria. Additionally, there will be a Q&A session to address any questions. We encourage all interested applicants to attend this webinar to ensure a thorough understanding of the application process.

Details on how to join the webinar:

## Microsoft Teams [Need help?](#)

### [Join the meeting now](#)

Meeting ID: 263 788 502 688 9

Passcode: cV9f5pA6

### Dial in by phone

[+1 775-321-6111,,235775375#](#) United States, Reno

[Find a local number](#)

Phone conference ID: 235 775 375#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Thank you for planning to attend this Teams meeting.

## Letters of Intent and Application Deadlines:

### Letter of Intent

Entities interested in applying for funding are asked to submit a short Letter of Intent (LOI) to the Community Mental Health Services (CMHS) section by 11:59 PM PST on Tuesday, May 27, 2025. The LOI should include:

- Name of Organization
- Contact Information
- Which targeted population/program your project addresses?
- Project Period Dates
- Estimated Funding Request

The Letter of Intent (LOI) may be submitted here:

<https://app.smartsheet.com/b/form/e9f37292c5b344909e4db315ffe57668>

### Application

The announcement, application, budget template, and Funding Acknowledgement Form will be available on the DPBH webpage here:

[https://dpbh.nv.gov/Programs/BBHWP/Mental\\_Health\\_Programs/ESMI\\_RFA](https://dpbh.nv.gov/Programs/BBHWP/Mental_Health_Programs/ESMI_RFA)

Applications must be submitted electronically by 11:59 PM PST on Sunday, June 15, 2025, here:

<https://app.smartsheet.com/b/form/e269d7c7fabd4efc8cde5d1a2ebf7709>

To apply, please submit the following:

- ESMI Application,
- Budget,
- Funding Acknowledgement Form,
- Other required attachments.

Late applications are not guaranteed funding during this budget period. However, they may be considered for inclusion in an application pool for potential funding opportunities at a later date, subject to the availability of funds and the priorities of the program.

This application is for Early Serious Mental Illness (ESMI) funding only. If you are interested in applying for Projects for Assistance in Transition from Homelessness (PATH) or Community Mental Health Services Block Grant (CMHS BG) funding, you will need to complete separate applications per their RFA application processes.

## Questions:

For all applicants, please submit questions by 11:59 PM PST on Monday, June 2, 2025, here:

<https://app.smartsheet.com/b/form/e7a5099676d740138245abc880cd6990>