

Attachment 1

**Guidance for Applicants No. SM-02-002
pp. 1-21**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM- 02-002
Part I - Programmatic Guidance**

**Cooperative Agreements for the Comprehensive
Community Mental Health Services For Children
and Their Families Program**

Short Title: Child Mental Health Initiative

Application Due Date: April 26, 2002

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Date of Issuance: January 26, 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.104
Authority: Part E of Title V Section 561 et. seq. of the Public Health Service Act, as amended
and subject to the availability of funds.

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Agency

US Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

The Center for Mental Health Services (CMHS), SAMHSA, announces the availability of funds for cooperative agreements to develop systems of care that deliver effective comprehensive community mental health services for children and adolescents with serious emotional disturbance and their families.

The cooperative agreements will award funds to develop community service systems for the target population, and also to fund a broad array of services within these community service systems.

In addition, awardees will participate in a national multi-site evaluation, conducted under a separate contract, and will be encouraged to develop the capacity for continuous evaluation of their systems of care.

Approximately \$13 million will be available for 13-16 awards. About \$6 million of these funds will be set aside to fund up to four cooperative agreements in cities with a population larger than 500,000, and up to two cooperative agreements in territories. About \$7 million will be for 7-10 cooperative agreements awarded to states, counties, cities, tribes and tribal organizations. Funds from any of these cooperative agreements must be used to develop systems of care in geographic areas that have not been targeted for a Children's

Mental Health Initiative (CMHI) award in the past. Actual funding levels will depend on the availability of funds.

The project period is 6 years. It is anticipated that the maximum amount available for each year of the award will be as follows:

- ▶ Year 1: \$1 million
- ▶ Year 2: \$1.5 million
- ▶ Year 3: \$2.5 million
- ▶ Year 4: \$2 million
- ▶ Year 5: \$1.5 million
- ▶ Year 6: \$1 million

Continuation of the cooperative agreement beyond the first year of funding will require annual review of progress achieved, and demonstration that the system of care under development is included in specific goals of the State Mental Health Plan.

Non-Federal Match

By statutory mandate, this program requires that the applicant entity will provide, directly or through donations from public or private entities, non-federal contributions:

- ▶ For the first, second and third fiscal years of the cooperative agreement, the awardee must provide at least \$1 for each \$3 of federal funds;
- ▶ for the fourth fiscal year, the awardee must provide at least \$1 for each \$1 of federal funds; and
- ▶ for the fifth and sixth fiscal year, the awardee must provide at least \$2 for each \$1 of federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment, or services, and must be derived from non-federal sources (e.g., State or sub-State non-federal revenues, foundation grants).

It is expected that non-federal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, juvenile justice). The applicant should specify the names of the expected sources, the types of sources (e.g., education, child welfare, juvenile justice), and amounts of matching funds as evidence of the project's potential to sustain itself beyond the six-year award period.

CMHS is concerned that the federal funds for this program might be used to replace existing non-federal funds. Therefore, in the first year of the cooperative agreement, applicants may include non-federal match contributions in excess of the average amount of non-federal funds spent on community-based mental health services for children with serious emotional disturbance within the jurisdiction of the cooperative agreement over the 2 fiscal years before the proposed cooperative agreement starts. Non-federal public contributions, whether they are from State, county or city governments, must be dedicated to the community(ies) served by the cooperative agreement.

A letter from the Director of the State, county or city mental health agency which is applying for the cooperative agreement should certify that non-federal matching funds for the proposed project are available. The letter must be included in Appendix No. 5 entitled, Non-Federal Match Certification. Such letter should also indicate that proposed changes in funding streams required for the match or other funding innovations necessary for the implementation of the proposed project will be allowed.

Additional letters from other non-mental health agency directors (e.g., education, child welfare, juvenile justice) at the State, county or city levels, may be included in Appendix No. 5.

Indian tribes receiving funds from the Indian Self Determination and Education Assistance Act (as amended) PL93-638, are exempt from the restriction which prohibits the use of those Federal funds as a match.

Who Can Apply?

Eligibility for any applicant is limited to public entities defined as:

- ▶ State
- ▶ Indian tribe or tribal organization (as defined in Section 4[b] and Section 4[c] of the Indian Self-determination and Education Assistance Act)
- ▶ Political subdivision of a State (e.g., County, City)

the District of Columbia, and the territories of

- ▶ Guam,
- ▶ Commonwealth of Puerto Rico,
- ▶ Northern Mariana Islands,
- ▶ Virgin Islands,
- ▶ American Samoa, and
- ▶ Trust Territory of the Pacific Islands (now Palau, Micronesia, and the Marshall Islands).

Only cities or territories that have not previously received grant funds through this program may apply for the \$6 million that have been set aside for cities and territories. Current or former awardees of the program may apply for the approximately \$7 million that have not been set-aside for cities or territories. However, a new cooperative agreement application must be targeted to a geographic location within the State,

County, or Tribe that is different from the geographic location of existing awards.

An exception to the requirement that funds be targeted to new geographic areas will be made for States whose previous award(s) were to develop systems of care across the entire State. Such States may apply for this cooperative agreement, as long as any previous awards under this program have expired in their entirety, including their no-cost extension years. (Please note that current and previous awardees received funds through grants, not cooperative agreements. See Appendix G for a list of current and past grant recipients, including the geographic areas in which each of these grants has been implemented.

The legislation intends only one application per public entity. However, a State government and a State subdivision, such as a county or city in the same State, may apply for separate cooperative agreements, as long as the geographic regions where each cooperative agreement will be implemented do not overlap.

A public entity within a State or territory that has not been funded previously is encouraged to apply. States not previously funded include Connecticut, Idaho, Iowa, Louisiana, Oklahoma, Missouri, and Montana. None of the territories nor the District of Columbia have been funded yet.

Eligible applicants must meet the following requirements:

- ▶ The application may only be submitted by the Office of the Governor, or chief executive officer in a State subdivision (e.g., county, city), or an Indian tribe or tribal organization, or any subordinate executive agency specifically designated in writing by

the Governor (or chief executive officer for an entity other than one of the several States).

- ▶ As an indicator of potential sustainability, eligible public entities in States and political subdivisions of States must include a letter of assurance from the Governor of the State, or his or her designee, that the system of care proposed under this Guidance for Applicants (GFA) is specifically included in the goals of the State's Community Mental Health Services Block Grant Plan, as authorized in Section 564 (b) of the PHS Act, and in the State Mental Health Plan for Children and Adolescents with Serious Emotional Disturbance, submitted under Public Law 102-321. If the proposed system of care is not included in these State plans, the letter of assurance should indicate that it will be included in a revision of the Plan at its next renewal date. This letter is not required of Indian Tribe or tribal organization applicants.

The letter of assurance must appear in Appendix No. 2 entitled, "Health Coverage Modification Plans/Governor's Assurance." **If this letter does not appear in the appendix, the application will not be reviewed.**

See Table 1 on page 6 for a summary of eligibility requirements.

Summary of Eligibility Requirements

Cities and Territories

Eligible Applicant	Previous Award	Application signed by	Letter of Assurance Required	# of awards	\$
Cities larger than 500,000	Ineligible if awarded in the past	Chief executive officer or other designated in writing by governor	Yes	4	\$6 million
Territories	Ineligible if awarded in the past	Chief executive officer or other designated in writing by governor	Yes	2	

All Other Public Entities

Eligible Applicant	Previous Award	Application signed by	Letter of Assurance Required	# of awards	\$
State government	Eligible if targeted to new geographic area; may not overlap target area from sub-State application. Exception: If applicant was previously awarded a grant for the entire State, such applicant may be eligible, as long as previous award has expired, including any no-cost extension year.	Office of the Governor	Yes	7-10	\$7 million
counties, cities, territories	Eligible if targeted to new geographic area; may not overlap target area from any other concurrent application within the State	Chief executive officer or other designated in writing by governor	Yes		
Tribe	Eligible only if targeted to new Tribe or tribal organization.	Tribal leader or Council	No		

Application Kit

Application kits have several parts. One of them is the cooperative agreement announcement itself called Guidance for Applicants (GFA). **The GFA has two parts.** Part I describes application requirements specific to the cooperative agreement program that SAMHSA is announcing. Part II informs about general policies and procedures that apply to all SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application. **This document is Part I.**

A complete application kit includes Parts I and II of the GFA, as well as forms SF 424 and PHS 5161, which you will need to submit with your application.

Written requests for an application kit may be sent to:

Knowledge Exchange Network
P.O. Box 42490
Washington, DC 20015

Please indicate in the request that you are ordering the application kit for the **Child Mental Health Initiative, GFA No. SM-02-002**. Only one application kit will be sent per request.

An additional copy of the kit may also be ordered by phone at 800-789-2647. Be prepared to provide the name of the GFA ("Child Mental Health Initiative") and the GFA number ("SM-02-002") that you are ordering.

You may also download the application kit from the SAMHSA website at www.SAMHSA.gov. Go to the "Grant Opportunities" link.

Where to Send the Application

Send the original and 2 copies of your cooperative agreement application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health, Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Note: Please change the zip code to 20817, if you use express mail or courier service to send your application.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
"SM -02-002 Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program " in Item Number 10 on the face page of the application form. If you are applying through the city or territory set-asides then also add in Item Number 10 "city set-aside" or "territory set-aside."

3. **Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted**

Application Date

Your application must be received by April 26, 2002.

Applications received after this date will only be accepted if they have a legible proof-of-mailing date from the carrier no later than April 19, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Contacts for Further Information

For questions on *program issues*, contact:

Diane L. Sondheimer, M.S., M.P.H. or
Rolando L. Santiago, Ph.D.
Child, Adolescent, and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
5600 Fishers Lane, Room 11C-16
Rockville, MD 20857
(301) 443-1333
E-Mail: dsondhei@samhsa.gov,
rsantiago@samhsa.gov

For questions on *grants management issues*, contact:

Steve Hudak
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services
Administration
5515 Security Lane, Rockwall II, Room 630
Rockville, MD 20852
Phone: (301) 443-9666
E-Mail: shudak@samhsa.gov

Technical Assistance Workshops

CMHS intends to sponsor two technical assistance workshops in mid-March for potential applicants. The first workshop is scheduled for March 13-14, 2002, in Denver, Colorado, and the second workshop is scheduled for March 18-19, 2002, in Washington, D.C.

To receive logistical information, contact Knowledge Exchange Network (KEN) by calling 800-789-2647. A registration form for the TA workshop may be downloaded from the SAMHSA website at www.SAMHSA.gov. Go to "Grant Opportunities" in the SAMHSA home page and click on it. Then click on "Current Grant Funding Opportunities" and then look for Child Mental Health Initiative GFA No. SM-02-002, and click on the link for the CMHS Child TA Workshops. Or, you may contact:

Pam Cook
Technical Assistance Partnership for Child and Family Mental Health
1000 Thomas Jefferson Street, N.W.
Washington, D.C. 20007
Phone No.: 202 298-2645
E-mail: pcook@air.org

Cooperative Agreements

This award is being made as a cooperative agreement because it will require substantial Federal staff involvement that will include:

- ▶ Monitoring of each awardee's progress in the implementation of program requirements;
- ▶ Review and approval of each stage of project implementation;
- ▶ Participation in making decisions with the awardee that will help achieve project objectives;
- ▶ Approval of decisions of each awardee about:
 - use of technical assistance resources for developing the system of care according to requirements of the cooperative agreement, and for increasing the likelihood that the system of care will be sustained beyond the federal funding period;
 - use of communications, public awareness, and social marketing techniques in the community to promote good mental health practice among children and youth with serious emotional disturbance and their families; advertise system-of-care services; and reduce community-wide stigma associated with serious emotional disturbance;
 - ways to insure implementation of the national evaluation to demonstrate the effectiveness of each system of care through evidence that the well-being of

children with serious emotional disturbance and their families increases as a result of receiving system-of-care services; how to ensure timely submission of data to the national evaluation contractor; use of data to improve and to sustain the system of care; and, insuring that capacity for evaluation continues beyond the federal funding period;

- ▶ Conducting a site visit in Years 2 and 4 of the cooperative agreement, or more frequently, as needed; and,
- ▶ Ensuring that system-of-care activities under this program are coordinated with CMHS, SAMHSA, and other Federal initiatives, as appropriate.

Role of Awardee:

- ☐ Comply with the terms and conditions of the agreement, as specified in the Notice of Grant Award (NOGA) and other such documents.
- ☐ Collaborate with CMHS staff in project implementation and monitoring.
- ☐ Participate in national program evaluation which includes required SAMHSA measures for complying with the Government Performance and Results Act (GPRA)

Role of the Project Officer

- ☐ The Project Officer (PO) manages negotiation, award, financial and other administrative aspects of assigned cooperative agreements. The PO utilizes information from federal visits, quarterly progress reports, re-application forms,

technical assistance and national evaluation reports, phone calls, e-mail messages, and other appropriate means to help make decisions with the awardees.

The PO has direct responsibility for assuring that the project is operated in compliance with applicable Federal laws, regulations, guidelines and the terms and conditions of award. The PO works with the Grants Management Officer to respond to questions about regulations and policies that apply to this cooperative agreement, and to answer requests for required prior approval.

Funding Criteria

Decisions to fund a cooperative agreement under this announcement are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee and approved by the CMHS National Advisory Council.
2. Availability of funds.
3. Availability of matching non-Federal resources.
4. Equitable allocation of assistance among the principal geographic regions of the United States, as indicated in the PHS Act, Section 561(b)(3)(A).
5. Distribution of awards to public entities in cities with a population larger than 500,000; in territories; and in geographic areas that have not been funded previously.

Post Award Requirements

After an applicant has been awarded a cooperative agreement, the applicant is required to:

1. Comply with the terms and conditions negotiated for the award.
2. Provide at least the following reports:
 - ▶ Quarterly reports
 - ▶ Annual report (in place of fourth quarterly report) summarizing project progress, problems, and alterations in approaches. This report will be used to determine whether the awardee has achieved its goals and will be eligible for a noncompetitive renewal.
 - ▶ Final report at the end of the 6 year project period summarizing progress, problems, and alterations in approaches.
3. Provide information needed by SAMHSA to comply with GPRA reporting requirements. Awardees will be able to provide information on GPRA measures through participation in the national evaluation.

Target Population

Children and adolescents with a serious emotional disturbance are eligible for services provided under this program if they:

Age. Are under 22 years of age.

Diagnosis. Have an emotional, behavioral, or mental disorder diagnosable under DSM-IV or its ICD-9-CM equivalents, or subsequent revisions (with the exception of DSM -IV "V" codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder).

Disability. Are unable to function in the family, school, or community, or in a combination of these settings. (Awardees must define level of functioning required for eligibility.)

Or, level of functioning is such that the child or adolescent requires multiagency intervention involving two or more community service agencies, such as mental health, education, child welfare, juvenile justice, substance abuse, and health.

Duration. Have a disability that must have been present for at least one year or, on the basis of diagnosis, severity, or multiagency intervention, be expected to last more than one year.

Program Goals

The statutory goal of the program is to award federal funds to public entities to provide comprehensive community mental health services to children with a serious emotional disturbance. The goal can only be carried out by operating one or more systems of care as defined in the Definitions Section of this GFA (see Appendix A).

The statute further requires that evaluations of systems of care carried out under the program include longitudinal studies of the outcomes of

services provided by such systems. These evaluations are conducted by awardees in collaboration with a CMHS contractor to assess the effectiveness of systems of care.

In brief, the primary goals of the program are to:

1. Develop systems of care for children with serious emotional disturbance and their families.
2. Provide a broad array of mental health and other related services treatments and supports to the target population.
3. Evaluate the effectiveness of the system of care and its component services.
4. Involve families in the development of the system and the services, and in the care of their own children.
5. Use cultural competence approaches for serving children and their families from minority racial and ethnic populations in the community.

For a background and history of systems of care which was influential in the creation of the Comprehensive Community Mental Health Services for Children and Their Families Program, please see Appendix C.

Program Requirements

Appendix B: Program Requirements for System of Care Development contains the requirements of the Center for Mental Health Services for developing a system of care through this cooperative agreement. These requirements include those mandated in Section 561-565 of the Public Health Service Act, as amended.

The applicant must have a thorough

understanding of these requirements before writing the Project Narrative of this application. The Project Narrative instructions refer directly to the requirements and guidance in Appendix B. Successful applications will be those which best address the requirements and guidance in Appendix B.

Use of Funds

Allowable Items of Expenditure

Cooperative agreement funds may be used for the costs of planning, implementing, and evaluating the project. These costs include:

- 1) Salaries, wages, and fringe benefits of the project director and other support staff who are engaged in project activities. (Support from the cooperative agreement for salaries and wages of staff who are engaged less than full-time in activities supported by the cooperative agreement, must be commensurate with the effort provided under the cooperative agreement);
- 2) Travel directly related to carrying out activities under the approved project;
- 3) Office supplies and equipment, and rental of space directly related to approved project activities;
- 4) Contracts for performance of project activities such as implementation of required mental health services, interagency coordination, evaluation, and communications.
- 5) Training activities as specified in the Program Requirements section of this GFA.

- 6) Other approved activities necessary to support the development of the project, so long as they are allowable under applicable cost principles.

Funds cannot be used for:

Non-mental health services including medical services, education services, vocational counseling and rehabilitation, and protection and advocacy.

The purchase, renovation or construction of facilities to house any portion of the proposed project. Any lease arrangements associated with the proposed project that utilizes PHS funds may not be funded by PHS beyond the project period nor may the portion of the space leased with PHS funds be used for purposes not supported by the cooperative agreement.

Room and board in any residential setting (including therapeutic foster homes or group homes) serving 10 or more children.

Room and board or other services or expenditures associated with care of children in residential breakout centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis.

Any training activity with the exception of those mentioned above.

Limitation on Imposition of Fees for Services

If a charge is imposed for the provision of services funded under the cooperative agreement, such charge:

- ▶ Will be made according to a schedule of charges that is made available to the public;
- ▶ Will be adjusted to account for the income level of the family of the child involved; and
- ▶ Will not be imposed on any child whose family has income and resources equal to or less than 100 percent of the official poverty line as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with Section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

Administrative Costs

Section 564 (e) of the Public Health Service Act, states that not more than 2 percent of each cooperative agreement is to be used for administrative expenses incurred by the awardee.

Other Costs

Applicants are required to budget for attendance of a core team of approximately ten (10) individuals at three 3-day meetings per year, one in the Washington, D.C. area and two elsewhere in the Nation, to create a learning community among all awardees. The learning community will be used to: (1) provide the most recent information about best practices, policy trends, and research findings on systems of care; (2) provide innovative training, technical assistance, and educational experiences that will directly contribute to developing and sustaining systems of care; (3) discuss improvements in system-of-care practice based on the most recent national evaluation findings; and (4) assist with the development of strategic plans for the national program and for each funded community.

The core team must include the project director, evaluator, key family contact, clinical director, youth coordinator, technical assistance coordinator, communications manager, representatives from at least two other child-serving systems in the community, and the State contact for the project.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

☐ **1. FACE PAGE**

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete. Be sure to sign the application.

☐ **2. ABSTRACT**

Your total abstract may not be longer than 35 lines. In the first 5 lines or less of your abstract, state the main goal of your project. This statement will be used in publications, reports to Congress, press releases, and other such dissemination products, if the project is funded.

☐ **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

☐ **4. BUDGET FORM**

Standard Form 424A. Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B of Part II.

☐ **5. PROJECT NARRATIVE
AND SUPPORT DOCUMENTATION**

These sections describe your project. The Project Narrative is made up of Sections A through D. More detailed information of A-D follows #10 of this checklist. The total number of pages for Sections A-D may not exceed 35.

☐ **Section A - Understanding of the Project**

☐ **Section B - Implementation Plan**

☐ **Section C - Project Management and Staffing Plan**

☐ **Section D - Evaluation Plan**

The support documentation for your application is made up of sections E through H.

There are no page limits for the following sections, except for Section G, the Biographical Sketches and Job Descriptions.

☐ **Section E- References to Literature Citations**

This section must contain a complete list of references for literature citations. Each reference should include at least the title, author(s), and date of publication.

☐ **Section F - Budget Justification, Existing Resources, Other Support**

NOTE: Although the budget for the proposed project is not included in a review criterion, the Review Group will be asked to comment on the adequacy, appropriateness, and reasonableness of the budget for implementing the project. These

comments will be requested after the merits of the application have been considered.

☐ **Section G- Biographical Sketches and Job Descriptions**

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS 5161-1.*

☐ **Section H- Confidentiality and SAMHSA Participant Protection (SPP)**

The areas you need to address in this section are described after the *Project Narrative Sections A - D Highlighted* section of this document.

☐ **6. APPENDICES 1 THROUGH 6**

--Use only the appendices listed below.

--**Don't** use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider them if you do).

--**Don't** use more than **30 pages** for the appendices. Any data collection instruments should be included within these pages.

Appendix 1: Memoranda of Understanding for Services Coordination and Evaluation

Appendix 2: Health Coverage Modifications Plans/Governor's

Assurance

Appendix 3: Data Collection
Procedures

Appendix 4: Sample Consent Forms

Appendix 5: Non-Federal Match
Certification

Appendix 6: Organizational Chart,
Staffing Pattern, Timeline, and
Management Chart

☐ **7. ASSURANCES**

Non- Construction Programs. Use Standard
form 424B found in PHS 5161-1.

☐ **8. CERTIFICATIONS**

☐ **9. DISCLOSURE OF LOBBYING
ACTIVITIES**

Please see Part II for lobbying prohibitions.

☐ **10. CHECKLIST**

See Appendix C in Part II for instructions.

Project Narrative/ Review Criteria – Sections A Through D Highlighted

The application consists of responses to
sections A through H. **Sections A through D,**
the Project Narrative part of your
application, describe what you intend to do

with your project. Below you will find
detailed information on how to respond to
sections A through D.

- ✓ A peer review committee will assign a total
score to your application based on how
well you address these sections.
- ✓ The number of points after each main
heading shows the maximum points a
review committee may assign to that
category.
- ✓ Reviewers will also be looking for plans to
address cultural competence. Points will be
awarded to applications that adequately
address the cultural aspects of the review
criterion.

To assure that sufficient information is included
for technical merit review, the application
should develop complete and concise
responses to each of the following sections.
The total number of pages for Sections A to D
should not exceed 35.

Section A: Understanding of the Project (15 Points)

This section should demonstrate an
understanding of systems of care, and
especially the need and significance of
developing systems of care in the proposed
geographic area.

- ▶ Provide a brief literature review which
demonstrates:
 - knowledge of the history of systems of
care for children with serious emotional
disturbance in the United States; and,
 - need for system-of-care reform in this

country, and specifically, in the targeted community.

(List in Section E references for literature citations.)

- ▶ Describe the population of children with serious emotional disturbance in the geographic area which will be targeted by the project. Include in this description:
 - projected age range (e.g., birth to 21 years of age, 5 to 17 years of age);
 - prevalence estimate (in numbers) of children with serious emotional disturbance within the geographic boundaries of the project;
 - racial and ethnic composition of the children and their families;
 - other demographic characteristics such as gender, family income levels, level of disability, literacy levels;
 - institutional and family settings in which these children are currently located (e.g., special education programs, foster care, probation), and which will be potential sources of referrals. Include expected number of referrals from each source;
 - primary language, level of acculturation, migration and immigration characteristics, and mental health and service disparities (e.g. out-of-home or out-of-state placement rates, representation in juvenile justice facilities, restrictive mental health treatment settings, barriers in access to services, and quality of care) of children from racial or ethnic minority groups.
- ▶ Describe the current capacity to serve children with serious emotional disturbance and their families. Specifically, describe the existing resources and services available within the jurisdiction of the proposed

project. If possible, try to estimate the number of children currently served.

- ▶ Establish the significance of the proposed project by identifying the gaps, inadequacies, and barriers in current service structures that justify the need for the proposed project.
- ▶ Describe how the proposed project will also benefit from other State and local reform initiatives.
- ▶ Discuss how the proposed project will help to achieve the goals of the cooperative agreement program.

Section B: Implementation Plan (45 Points)

Use Appendix A: Program Requirements for System of Care Development as a guide for developing the implementation plan required in this section. Specifically,

- ▶ Describe how you will develop the system of care.
 - Include the approach for developing the procedures of systems integration, interagency collaboration, services integration, wraparound process, case review, access, fiscal sustainability, and community leader support.
 - Also include the approach and strategies for developing the structures of infrastructure, governance body, administrative team, office in the community, and management information system.
- ▶ Explain how the services provision components of the system of care will be developed in your project. Include how the

following services will be implemented throughout the six-year period:

- required mental health services and supports;
 - optional services; and
 - non-mental health services.
- Describe the strategies to implement key activities for providing services including:
- clinical interventions;
 - case management services; and,
 - individualized service plans.
- Explain how family involvement, youth involvement, and cultural competence will be applied throughout the six-year period.
- Describe the strategies to support the development of the system of care including training and technical assistance, and social marketing. *(Do not describe evaluation activities in this section, but please do so in Section D.)*
- Explain how the project will increase the capacity and quality of services delivered to children with serious emotional disturbance. State the number of children expected to be served annually by the system of care, and the number of children to be served through some key services such as case management, intensive home-based services, day treatment, therapeutic foster care, respite care, among others.
- Specify eligibility criteria, referral sources and enrollment procedures to be developed for creating efficient access into system-of-care services.
- Describe how the following individuals have participated in the development of the implementation plan contained in this application:

- representatives of State and local child-serving agencies and community leaders;
- family members and representatives of family-run organizations;
- representatives of racial or ethnic minority groups in the community. Such racial or ethnic representatives may be youth from the target population, family members, service providers, or community leaders.

- Discuss the extent to which non-federal match dollars demonstrate interagency collaboration through contributions from child-serving agencies.

- Discuss strategies for ensuring project sustainability after the sixth year of the cooperative agreement through amounts and sources of match requirements.

Section C: Project Management and Staffing Plan (25 Points)

The management and staffing plan should be clearly explained in this section. Please include the following in the plan:

- A brief description of the applicant organization and its relationship and experience with other relevant child and family serving organizations. Please include an organizational chart in Appendix 6. Memoranda of understanding with any collaborating institutions or subcontractors must be provided in Appendix 1.
- The qualifications and experience of key personnel including:
 - principal investigator
 - project director

- clinical director
- key evaluation staff
- key family contact
- youth coordinator
- technical assistance coordinator
- communications manager
- State and local agency liaison
- key consultants.

See Appendix F for a description of several of these key staff persons.

- ▶ The percentage of time that each person will dedicate to the project. Provide a rationale for the time dedicated by each person. Include a chart for the staffing pattern in Appendix 6.
- ▶ A description of the tasks to be performed and the relationship of the tasks to each other and to the project objectives. The staff position responsible for each task should be identified. Include a management chart in Appendix 6.
- ▶ A timeline of activities and tasks which will be implemented throughout the six-year federal funding period. Discuss the feasibility of accomplishing the proposed order of activities and tasks in the timeline. Please include the timeline in Appendix 6.

(The charts for the above management plan and activities timeline can be incorporated into one chart, and included in Appendix 6.)

- ▶ A description of the facilities, equipment and resources (e.g., office space, computer and computer networks) available to the project.
- ▶ Evidence that the services are provided in a location that is accessible, compliant with ADA, and culturally appropriate for the

children and their families which will be served.

Section D: Evaluation Plan (15 Points)

Use the description of evaluation activities in the Program Requirements section to prepare the evaluation plan. The evaluation plan should:

- ▶ describe the evaluation activities and procedures that will assure successful implementation of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.
- ▶ describe how data derived from the national evaluation will be used for
 - improving the service system,
 - increasing the quality of service delivery,
 - developing system of care policies in the local community, and
 - sustaining the system of care beyond the six-year period of federal funding.
- describe the knowledge and experience of individuals with evaluation expertise who are available in universities or in the community, and especially how you intend to obtain and use the expertise of these individuals for implementation of evaluation activities. Specify the degree to which these individuals have specialized knowledge and experience about:
 - applied research and evaluation methods, especially longitudinal study techniques, as well as family and community study approaches;
 - children's mental health services;
 - directing and supervising research and

- evaluation projects;
 - writing and reporting of research and evaluation findings for peer-reviewed journals but also for multiple public audiences including family members, policymakers, administrators and clinicians.
- ▶ describe the facilities, equipment, materials, and resources that will be dedicated to evaluation activities. Include a description of the data management, spreadsheet, and statistical software available to the project.
- ▶ describe how the project will perform the functions of data entry, data storage, data management, data analysis, and data reporting. Especially indicate how completed surveys and records will be kept in a secure and confidential location.
- ▶ provide a detailed description of the type of data currently available in management information systems (MIS), as well as the child-serving agencies which have these MIS. Also, assess the feasibility of creating one integrated MIS among the collaborating child-serving agencies;
- ▶ explain how family members and youth will be incorporated into evaluation activities including, but not limited to, providing feedback on the design and objectives of the evaluation, conducting interviews, analyzing data, interpreting results, among other evaluation tasks.
- ▶ describe the purpose, nature and feasibility of any local evaluation efforts which will be added to the required efforts for implementing the national evaluation.

- ▶ indicate the institution which will be approving an Institutional Review Board (IRB) application for protection of human subjects after the award is made, and relating to data collected through the evaluation.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

(Please refer to the required procedures for the national evaluation described in the Program Requirements section of this GFA for responding to this section. Also, refer to additional procedures included in any local evaluation efforts of your project.)

This information will:

- √ reveal if the protection of participants is adequate or if more protection is needed.
- √ be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section H of your application, you will need to:

- report any possible risks for people in your project,
- state how you plan to protect them from those risks, and

- discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following issues must be discussed:

1. Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants, if needed in the project.

2. Data Collection:

- Identify from whom you will collect data.
- Provide in Appendix No. 3, "Data Collection Procedures," a description of strategies for obtaining data.

3. Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
 - How data will be obtained.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example on data records, limiting access to records, or storing identifiers separately from data.

4. Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.

- Explain how you will get consent for youth, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent

will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project.

5. Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.