

Comprehensive Community Mental Health Services for Children and their Families Program

Short Title: Children's Mental Health Initiative (CMHI)

Frequently Asked Questions

1. Can you clarify acceptable diagnoses for an early childhood population?

For children 3 years of age or younger there must be significant behavioral or relational symptoms that meet the criteria for a DCM-IV diagnosis, a diagnosis as identified in the *Diagnostic Classification of Mental Health Development Disorders of Infancy and Early Childhood-Revised (DC-0-3R)*, including an Axis II Relationship Disorder with a PIRGAS Score of 40 or below (which indicates a Relationship Disorder in the "Disturbed" Category), or a diagnostic impression of "imminent risk" that is identified through an intake process that includes a standardized measure (e.g., Baby's Emotional and Social Style (BABES)) and an approval by a licensed mental health practitioner with knowledge and experience with early childhood development.

For children who are 4 or 5 years of age the Diagnostic Interview Schedule for Children (DISC) may be used as an alternative to the DSM-IV and the imminent risk diagnosis can be identified through an intake process that includes a standardized measure (e.g., Strengths and Difficulties Questionnaire (SDQ)) and an approval by a licensed mental health practitioner with knowledge and experience with early childhood development.

2. How do we address the requirement for a Youth Coordinator if we are an early childhood site that is focusing on young children?

The relatively new role of the Youth Coordinator is one that is evolving. Currently, Youth Coordinators are charged with facilitating youth involvement in the development of systems of care and ensuring that youth voice is part of service planning and implementation. These youth empowerment activities have enhanced services and supports in communities working with older children and youth, however, many activities that would be best practice in communities serving older children and youth are developmentally inappropriate when the population of focus is infants, toddlers and very young children.

In response to this disconnect and in accordance with developmentally appropriate practice, CMHS is giving those sites serving only children younger than age 9 an *option* to employ a youth coordinator. For communities serving children 9 years of age and older, hiring a youth coordinator *is required*, consistent with existing best practice guidance. The functional title for this position should be "Youth Engagement Specialist" or "Youth Empowerment Specialist."

For communities who opt not to hire a youth coordinator, it is essential that they use their funds to build, enhance and extend the involvement of families of infants, toddlers and very young children in ways that are developmentally appropriate, and ensure that these families are actively included in all areas of program and policy development and implementation. Further, these grantees should develop transition plans that engage partners serving children who age out of the early childhood system, particularly school personnel (e.g. principals, teachers, school psychologists) and that address areas such as school-wide positive behavior supports and the transition from IFSPs to IEPs.

For communities serving only children under the age of 9 who choose to employ a youth coordinator, there is a need to assure that the activities they engage in are developmentally appropriate. For example, they should not work directly with the population of focus nor should they bring the voice of very young children to the planning and policy table (that role should be provided by the families being served). However, Youth Coordinators should be encouraged to work with community partners who do reach out to older youth and support their learning and empowerment. Further, Youth Coordinators can participate in program and policy planning (bringing their own experience to the table), collaborative activities, and community outreach activities. In close partnership with the Lead Family Contact and Clinical Director, Youth Coordinators may assist in the support provided to teen parents and older siblings (i.e., ages 9 and up).

3. Are there any other federal grant or government collaborations that would be appropriate for us to collaborate with?

If applicable, applicants should collaborate with Project LAUNCH grantees and Healthy Transition grantees, both funded by the Center for Mental Health Services. In addition, applicants should consider collaborating with Maternal and Child Health programs (i.e., Title V of the Social Security Act). Details about collaborations can be found on pages 8 and 9 of the RFA.

4. What Counts as Non-Federal Match?

Federal law defines matching funds as:

- Non-federal public or private funds;
- Funds that are not used as match for any other federal program;
- Unrecovered indirect costs
- Funds that are spent on the system of care;
- Either cash or in-kind, fairly evaluated.

Matching funds must be spent for the same purposes as authorized for the federal funds allocated under the grant.

Matching funds must be funds (or in-kind contributions) that are in-hand and have been spent in the year for which they are claimed. Grantees may not count contributions that have been promised but not received.

The requirements for meeting the non-federal match rest with the public entity that has been awarded the grant.

Cash match can be new state or local dollars, including:

- New state or local general fund dollars appropriated to any child serving system or agency that are spent on the system of care or children served by the system of care;
- Funds redirected from services previously offered to a child in another part of the state who is returned (or moves to) the area served by the program and is provided services through the system of care;
- Funds redirected from residential or other institutional services and spent on community services for a child who is served by the program;
- Funds from private entities, including private health insurance payments, donations from business, charity groups, foundations, or other similar organizations.
- Earned income, such as a payment for a grantee's services, training, or publications.

Matching funds may not be federal funds or funds used to match any other federal program.

In addition to cash, match can be claimed for in-kind contributions from any source. In-kind match:

- May be plant, space, equipment, or services;
- Must be fairly evaluated;
- Must be an allowable cost under the terms of the grant if the party receiving the contributions were to pay for them,
- Volunteer services must be an integral and necessary part of the system of care's operations, and
- Must meet the standards and requirements for financial management systems and non-Federal audits.

5. If we have or have had a previous CMHI cooperative agreement, can we apply for another grant if we focus on a different population?

If you have previously received a CMHI award, you must specify a geographic service area within the State, county, tribe or territory that is different from the geographic area of your current or past award. (See Table 1, pages 20-21). For example, if your city or county has received a CMHI cooperative agreement in the

past for children and adolescents 7-17, you are not eligible to apply again for an early childhood population (birth-6) in that same jurisdiction.

An exception to this requirement will be made for States whose previous award(s) was to develop systems of care across the entire State. If your State had a previous CMHI award for a Statewide implementation approach, you may apply for funding under this announcement if your previous award(s) has expired, including all no-cost extension years. You must also demonstrate that the programs implemented under these previous awards have been sustained and that the population of focus you are now proposing is different from that in the previous award(s).

In keeping with SAMHSA's commitment to providing opportunities to serve American Indian/Alaska Native communities, an exception will also be made for whose new CMHI application focuses on American Indians and Alaska Native children and families living off reservations in urban centers who were not served by a previous award. Such a new cooperative agreement must be developed in partnership with an American Indian non-profit organization that is recognized by the Indian Health Service Urban Indian Health Program under Title V of the Indian Health Care Improvement Act, PL 94-437, as amended.

[Note: Please refer to Appendix J of this RFA for a list of current and past CMHI grantees, including the counties in which each of the funded systems of care has been implemented.]

The authorizing legislation for this program limits only one award per public entity. However, a State, county, city, tribal or territorial government may apply simultaneously for separate cooperative agreements within a State, if the geographic area specified in a CMHI application does not overlap with the geographic area specified in another CMHI application within the same State.

6. Would providing CMHI funding from our grant in order to provide services to a tribe in our area be a factor that would make the tribe ineligible to apply for their own CMHI grant in the future?

The current eligibility criteria in the RFA states that CMHI funds cannot be used to serve the same geographic location. If you write a tribe into your application or plan to provide sub-grants, sub-contracts or direct service staff to serve AI/AN children and families on the reservation (or service area) then that tribe will have already been "served" by a CMHI grant and would not be eligible to apply for a grant on their own as a tribal organization. An exception could be if the non-tribal grantee were to provide CMHI funds to serve a specific geographic area within the reservation (such as a district, service unit or chapter house) then a tribe could apply for a CMHI grant that serves other geographic areas on the reservation that have not been previously served. This would be similar to different counties receiving CMHI grant funds within the same state.