

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Substance Abuse and Mental Health Services Administration**  
**Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM 01-011**  
**Part I - Programmatic Guidance**

**Circles of Care: Planning, Designing, and Assessing Mental Health Service  
System Models for  
American Indian and Alaska Native Children and their Families**  
**Short Title: Circles of Care**

Application Due Date: May 10, 2001

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Date of Issuance: February 2001

Catalog of Federal Domestic Assistance (CFDA) No.  
Authority: Section 520 A of the Public Health Service Act, as amended, and subject to the availability of funds.

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## Agency

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

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## Action and Purpose

The Center for Mental Health Services (CMHS) SAMHSA announces the availability of Fiscal Year 2001 funds for grants to federally recognized tribal governments and urban Indian organizations to plan, design and assess the feasibility of implementing a culturally appropriate system of care for American Indian and Alaska Native (AI/AN) children and their families who are experiencing or are at risk of serious emotional/behavioral disturbance.

This is the second issuance of the grant program which seeks to provide tribal communities with tools and resources to design systems of care for their children that reflect the unique needs of their communities. This grant program will not fund actual services. An important focus will be to integrate traditional healing methods indigenous to the communities with conventional treatment methodologies.

Approximately \$2.4 million will be available for 7-9 awards. The average annual award should range from \$250,000 to \$350,000 total costs (direct and indirect). Funding levels will depend on the availability of funds and number of excellent applications.

Awards may be requested for up to 3 years. Annual non-competitive continuation awards depend on the availability of funds and progress achieved.

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## Who Can Apply?

Tribal governments and urban Indian organizations as defined by the Indian Self Determination Act, PL 93-638, and the Indian Health Care Improvement Act, PL 94-437 can apply. (see Appendix D) The terms “Indian”, tribal, “AI/AN”, and “Native American” include Alaska Native organizations. Collaboration with tribal colleges or universities (TCU’s) is strongly encouraged.

Previous Circles of Care grantees, (listed in Appendix I) are not eligible to apply.

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## Application Kit

**Application kits have several parts.** The grant announcement (GFA) has 2 parts. Part I is different for each GFA. **This document is Part I.** Part II has 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.

The kit also includes the blank forms (SF-424 and PHS-5161) you will need to submit your application.

**To get a complete application kit, including parts I and II, you can:**

Call the National Mental Health Services Knowledge Exchange Network at 1-800-789-2647, or

Download from the SAMHSA site at [www.SAMHSA.gov](http://www.SAMHSA.gov). Go to the “grants” link.

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## Where to Send the

# Application

Send the original and 2 copies of your grant application to:

## SAMHSA Programs

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

\*Change the zip code to 20817 if you use express mail or courier service.

### Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:  
“SM 01-011 Circles of Care in item number 10 on the face page of the application.
3. If you require a phone number for delivery, you may use 301-435-0715.

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## Application Date

**Your application must be received by *May 10, 2001.***

Applications received after this date must have a proof-of-mailing date from the carrier before May 3, 2001.

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

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## How to Get Help

### For questions on *program issues*, contact:

Jill Shepard Erickson M.S.W., and  
Gary De Carolis, M.Ed.  
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: [jerickso@samhsa.gov](mailto:jerickso@samhsa.gov)  
[gdecarol@samhsa.gov](mailto:gdecarol@samhsa.gov)

### For questions on *grants management issues*, contact:

Gwen Simpson  
Division of Grants Management, OPS  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 13-103  
Rockville, MD 20857  
(301) 443-4456  
E-mail: [gsimpson@samhsa.gov](mailto:gsimpson@samhsa.gov)

### Post award technical assistance will continue to be available from:

- , The National Indian Child Welfare Association for Program Development, through an agreement with the Indian Health Service (IHS).
- , The National Center for American Indian and Alaska Native Mental Health Research for evaluation assistance, through an agreement with the National Institute of Mental Health (NIMH).

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## Funding Criteria

Decisions to fund a grant 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  
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2. Availability of funds.
3. Geographic distribution.

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## Post Award Requirements

1. Reports:
  - < Quarterly reports
  - < Annual re-application and final report at end of project period summarizing project progress, problems, and alterations in approaches utilized.
2. Participation in the evaluation as described in Appendix A, including written reports to the evaluation contractor.
3. Attendance at all three scheduled national technical assistance meetings with a minimum of Project Director, Project Evaluator, and Family/Community member.
4. Attendance at all scheduled evaluation meetings by Project Evaluator.
5. Participation in technical assistance center site visits from Program and Evaluation Technical

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## Background

The White House Conference on Mental Health of June 1999 included a federal interagency imperative to improve the mental health of Native American Youth, citing that the suicide death rate for 15 to 24 year old Indians and Alaska Natives is 2.4 times the corresponding rate for all U.S. populations. According to statistics provided by the Indian Health Service, homicide is the second leading cause of death among Indians from 1-14, and third for 1-24 years of age. The current National Household Survey on Drug Abuse indicates that the Indian population demonstrates the greatest illicit drug use of all racial/ethnic populations. According to the Federal Bureau of Prisons, 60% of the juveniles in confinement were American Indian, despite being .08% of the general population. More than 180 gangs have been identified in Indian Country. Jurisdictional differences between tribal and state governments often result in lack of appropriate resources for troubled youth within the tribal communities. Racism and historical trauma are issues being resolved by restoration of traditional ceremonies and languages, and are increasingly reflected in the system of care.

### **Executive Order 13084, Consultation and Coordination with Tribal Governments:**

Each executive department and agency shall consult, to the greatest extent practicable and to the extent permitted by law, with tribal governments prior to taking action that effects federally recognized tribal governments. This grant program is making funds available to tribal governments and communities to develop consensus around solutions to the problems outlined above.

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## Program Goals

The overarching goals of the CMHS *Circles of Care* initiative are:

- , To support the development of systems of care models that are designed by American Indian/Alaska Native community members to achieve their selected emotional, behavioral, educational, vocational, and spiritual outcomes for their children.
- , To put tribal and urban Indian organizations in a good position to secure funding to implement service system and development grants, secure permanent sources of funding, and/or to enhance self governance efforts.
- , To support tribal and urban Indian organizations' evaluation of their own service system's effectiveness.
- , To develop a body of knowledge to assist tribal and urban Indian organizations and other policy makers and program planners from all child-serving systems in improving systems of care for the American Indian/Alaska Native population overall.
- , To support achieving the *Healthy People 2010* goals relevant to American Indian and Alaska Native children: Reduce the rate of suicide attempts by adolescents; increase the proportion of children with mental health problems who receive treatment; increase the proportion of juvenile justice facilities that screen new admissions for mental health problems.
- , urban Indian grantees will define culturally specific outcome expectations for community behavioral health systems of care for their children with serious emotional/behavioral disturbances.
- , Grantees will develop feasible service system designs. They will document strategies for building a cohesive and effective mental health service system that draws on tribal, federal, state, local, and private resources, including traditional healers as determined by the community. The system of care must involve education, primary care, justice, child welfare, as well as behavioral health prevention and treatment.
- , The grant program will develop a blueprint that tribal and urban Indian organizations or other agencies involved in service delivery to American Indian/Alaska Native children can use to guide implementation and/or modification and improvement of current service systems.
- , Grantees will develop a knowledge base of reliable and valid service system models that define the best outcomes for American Indian/Alaska Native children and their families, respecting the unique features of the culture of the target community, e.g., Northern Plains, Pueblo, Alaska Native Village.
- , Grantees will increase the participation of families, tribal leaders, and spiritual advisors in planning and developing service systems and treatment options based on the values and principles of the American Indian/Alaska Native community served by the project.

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## Program Objectives

- , Individually and collectively, the tribal and
- , The feasibility of the proposed service system designs will be assessed in terms of the fiscal and program resources available or potentially available to the target community.

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## Target Population

**Community:** Tribal and urban Indian communities with substantial rates of depression, behavioral problems, suicide, alcohol and substance abuse problems, low educational attainment and high drop out rates, high rates of child abuse and family violence in the community, high levels of violence and gang activities. Communities should describe existing service system relationships addressing mutual program concerns, including mental health, substance abuse, social services, education, justice systems, and tribal colleges.

**Age:** Children and adolescents under the age of 22 years and their families.

**Diagnosis:** The child or adolescent at risk of or experiencing a serious emotional, behavioral, or mental disorder diagnosable under the Diagnostic and Statistical Manual IV (DSM IV).

**Disability:** The child or adolescent is in some way limited in the degree or level of functioning. Inability to perform in the family, school, and/or community is the basic factor which determines the need for services.

**Duration of Illness:** Disability must have been present for at least one year or be expected to last more than one year in the absence of appropriate interventions; or of such intensity that the child is at risk of harm to self or others.

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## Use of Funds

, Allowable items of expenditure include salaries, wages, and fringe benefits of staff and consultants engaged in the project activities.

- , Travel directly related to carrying out activities under the approved project, including a minimum of three national grantee meetings per year. Community teams attending the meetings are to include Program Coordinators, Evaluators, Family/Youth, and Community/Spiritual Leaders. The evaluation staff will have at least one additional meeting to address the evaluation plans.
- , Expenses to support family and community activities related to project goals and objectives, including child care and local protocols for traditional healing.
- , Supplies, communications, and rental of equipment and space directly related to project activities.
- , Other such expenditures as listed in the PHS Grants Policy Statement.

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## 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.

**2. ABSTRACT**

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used

in publications, reporting to Congress, or press releases, if 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. See Appendix B in Part II for instructions.

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

**These sections describe your project. The Project Narrative is made up of Sections A through E. Sections A-E may not be longer than 25 pages. More detailed information of A-E follows #10 of this section.**

**G Section A** -Project Description

**G Section B** - Needs of the Target Population

**G Section C** - Implementation Plan

**G Section D** - Project Management and Staffing Plan

**G Section E** - Evaluation Plan

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

**G Section F**- Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**G Section G** - Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard

Form 424A. Follow instructions in Appendix B, Part II.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

**G Section H**- 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.*

**G Section I**- Confidentiality and SAMHSA Participant Protection (SPP)

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

' **6. APPENDICES 1 THROUGH 2**

--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** (plus all instruments) for the appendices.

**Appendix 1:**

Letters of Coordination and Support including any MOU (Memorandum of

Understanding) of an ongoing public health agreement.

### **Appendix 2:**

Data collection instruments and confidentiality assurances.

#### **7. ASSURANCES**

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

#### **8. CERTIFICATIONS**

#### **9. DISCLOSURE OF LOBBYING ACTIVITIES**

SAMHSA's policy does not allow lobbying. Please see Part II for lobbying prohibitions.

#### **10. CHECKLIST**

See Appendix C in Part II for instructions.

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## **Project Narrative— Sections A Through E Highlighted**

Your application consists of responding to sections A through I. **Sections A through E, the project narrative parts 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 E.

T Sections A through E may not be longer than 25 pages.

T A peer review committee will assign a point value to your application based on how well you address these sections.

T The number of points after each main heading shows the maximum points a review committee may assign to that category.

T 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.

### **Section A: Project Description (15 Points)**

- , Describe the proposed project.
- , Describe your tribal or urban Indian community, including geographical, demographical, and cultural features.
- , Identify the measurable goals and objectives of the proposed project, as related to the goals and objectives of this Guidance For Applicants (GFA).
- , Describe the existing system of care including traditional healing practices, funding sources and the nature of your fiscal relationship with IHS Behavioral Health, i.e., direct care, contract, or self governance compact. Provide information on the nature of your community school system, the judicial resources available to community youth, and the nature of the relationship with state and county systems.
- , Provide a review of the literature on AI/AN children's mental health and its relevance to your community.

### **Section B: Needs of the Target Population (15 Points)**

This section of your application should:

- , Reference data and information from needs assessments, health status information and

surveys from such sources as your community social, educational, judicial, and health programs, your tribal college or university, your state, and the National Household Survey on Drug Abuse.

- , Identify and describe gaps in the existing service system or barriers to needed services.

### **Section C: Implementation Plan (25 Points)**

- , Provide a schedule/time line of planned events to implement a participatory planning process including parents, youth, elders, spiritual and tribal leaders, to develop consensus around definitions of the continuum from a healthy child to children and youth with serious emotional problems; and identify community risk and protective factors.
- , Describe a plan for developing a detailed service system design for a feasible community system of care.
- , Provide evidence of support from key organizations in the community.
- , Show plans to address age, gender, race/ethnicity, language, and cultural factors.
- , Show plan for participation of program staff in the evaluation activities as detailed in Appendix A.
- , Indicate whether a tribal college is available to the target community, would be included in project activities, and the nature of those activities.

### **Section D: Project Management and Staffing Plan (25 Points)**

In this section include:

- , Qualifications and experience of the project director and other key personnel, including evidence of staffing to reflect successful experience with and/or representation of the target population.
- , Evidence in the budget section of full financial support for consultation from community leadership, consumers, family, youth, and spiritual advisors, including travel to grantee meetings. Child care for local and national meetings is essential.
- , Describe how the program staff will work with the evaluation staff to support the evaluation effort. The program planning activities and the evaluation activities will be expected inform each other in a constant cycle, locally and collectively.
- , Capability, experience, and evidence of commitment of proposed consultants and subcontractors including evidence of successful experience with the target population.
- , Reasonableness of organizational structure, including mechanisms for interagency collaboration.
- , Evidence that project activities will be provided in a location that is accessible and the environment is sensitive to the population to be served.

### **Section E: Evaluation Plan ( 20 Points)**

The plan to evaluate the process and feasibility of the project should describe the applicant's approach to completion of the following tasks including:

1) Cooperation with the evaluation technical assistance provider ( See Appendix A for guidelines).

2) Evidence that evaluation and program plans are carefully coordinated with one another.

3) Assurances that real needs, conditions, and resources drive the grant activities.

The evaluation plan should explain how the applicant intends to:

- , Document how community consensus will be facilitated to identify unmet service needs and desired outcomes for children, youth and families within each participating community.
- , Document how community consensus will be facilitated to develop locally-relevant definitions of mental health and serious emotional/behavioral disturbance (SED).
- , Document improved relationships among components of the service system, including efforts to improve cultural competence.
- , Document the model System of Care in sufficient detail to complete a meaningful assessment of its fiscal and programmatic feasibility.
- , Describe the plan for measuring outcomes.
- , Assess the feasibility of this model System of Care.

Appendix A, *Guidelines for Project Evaluation*, are provided to help write this plan and to outline expectations for grant activities.

Note: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget

after the merits of the application have been considered.

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## Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

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 I of your application, you will need to:

- C report any possible risks for people in your project,
- C state how you plan to protect them from those risks, and
- C discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

- Ø **Protect Clients and Staff from Potential Risks:**
  - C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
  - C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.

C 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.

C Give plans to provide help if there are adverse effects to participants, if needed in the project.

C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.

C Offer reasons if you do not decide to use other beneficial treatments.

### U Fair Selection of Participants:

C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

C Explain the reasons for using special types of participants, such a pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

C Explain the reasons for including or excluding participants.

C Explain how you will recruit and select participants. Identify who will select participants.

### U Absence of Coercion:

C Explain if participation in the project is

voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

C If you plan to pay participants, state how participants will be awarded money or gifts.

C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

### U Data Collection:

C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

C Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

### U Privacy and Confidentiality:

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

C Describe:

-How you will use data collection instruments.

- 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, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

### Y Adequate Consent Procedures:

- C 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.
- C 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.
- C Explain how you will get consent for youth, the elderly, 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.

- C 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?

- C 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.

- C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

### P Risk/Benefit Discussion:

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



## Appendix A.

### Guidelines for Project Evaluation

The Circles of Care initiative requires an Evaluation Plan that both informs and assesses the strategic planning process. The overarching goals of the Evaluation Plan are as follows:

- , to provide a knowledge base for the planning effort;
- , to facilitate the process for developing the capacity for ongoing evaluation efforts;
- , to examine the feasibility of the service system models;
- , and to document and disseminate the results of the initiative

Thus, evaluation activities help assure that the final service delivery models developed through the *Circles of Care* initiative are consistent with community needs, developed through community consensus building, and practical and feasible given the resources available.

#### The Evaluation Plan

##### Evaluation Components

- , **Assessment of Community Needs:** In this component of the evaluation, applicants should outline a plan to answer the following questions: How many children and adolescents suffer from Serious Emotional Disturbances in the community? What specific types of difficulties do these children, youth, and families struggle with? What strengths do these children, youth, families, and community at large possess that can be mobilized to address these difficulties?
- , **Definition of Serious Emotional Disturbance (SED):** The definition of Serious Emotional Disturbance as outlined in this GFA allows grantees to define what kind and level of emotional, behavioral, or mental disability are required for eligibility. This is important for several reasons. First, the term “SED” may be perceived as stigmatizing, and there are concerns about labeling in the educational and managed care field which could limit future opportunities. In addition, communities may prefer strength based conceptualizations of need. Finally, DSM IV conceptualizations of dysfunction may map poorly onto local conceptualizations of health and illness. Because the definition of the target population will have significant implications for the design of a model system of care, applicants should outline a process for developing a definition of SED that is both acceptable and relevant to the community to be served.
- , **Description and Assessment of the Current Service System:** Also critical to the development of a locally relevant system of care is a careful description and assessment of existing services within the community. In this component of the Evaluation plan, applicants should outline a plan to answer the

following questions: What are the components of the System of Services? What are characteristics of each component? How do the different components of the System of Services interact with each other? How available, accessible, and acceptable are these services? How effective are they? What are the gaps in the existing service system?

- , **Plan for Measuring Outcomes:** In this component of the Evaluation Plan, applicants should outline a plan that will enable them to identify the key domains-in terms of individual children, families, and the community, that will be impacted by the model system of care as well as the methods for measuring them..
- , **Feasibility Assessment of the Service Delivery Model:** In this component of the Evaluation plan, applicants should outline a process for assessing the feasibility of the model system of care. The Feasibility Assessment should assure that the model system of care is well-designed with careful consideration of project goals, community resources, and measurable outcomes. This process should be designed to answer the following questions: Are the needs for services in the community matched with model system of care? Are there adequate human and other resources to bring the plan to fruition? Is the management system appropriate to the service system design? If the service system design financially sound? Is it economically justified?
- , **Assessment of the Planning Effort:** The goals of this component of the Evaluation Plan are to monitor, record, and assess the strategic planning effort itself. Applicants should outline a plan for answering the following questions: What are the accomplishments of the *Circles of Care* Initiative? What steps have been taken to achieve these accomplishments? What types of barriers or obstacles have been encountered? How did you overcome them or how do you anticipate overcoming them? Are people in the community satisfied with *Circles of Care*?

## Evaluation Methodology

- , **Data Collection**
  - C Types of information (data) to be collected for each of the above activities
  - C informants/information sources (e.g., parents, youth, treatment and administrative records)
  - C methods of data collection (e.g., surveys, focus groups, case studies).
  - C instruments the applicant intends to use for data collection.
  - C how the applicant will balance quantitative and qualitative approaches to data collection.
  - C methods for compiling and storing data.
- , **Information Dissemination:** Methods for disseminating evaluation findings back to the tribal government and key stakeholders of the target communities.

- , **Community Involvement:** Describe how key representatives of the community (e.g., parents, youth, tribal leaders, spiritual advisors, service providers) will participate in developing and implementing the evaluation effort.
- , **Tribal College Participation:** Indicate whether a tribal college is available to the target community, whether the tribal college would be included in project activities, and the nature of those activities.
- , **Allocation of Project Effort:** Evidence that appropriate time and resources will be allocated to the proposed evaluation (approximately 40% of the project time and resources, including program and evaluation staff and activities).
- , **Cultural Competence:** Evidence that the Evaluation Plan is sensitive to age, gender, racial/ethnic, cultural, and linguistic characteristics of the target population.

**Time-line:** The applicant should outline a time-line for completing each component of the evaluation. The following dates are provided as a guideline to assure the completion of each component in concert with the cross-site evaluation.

- , Needs Assessment, Definition of Serious Emotional/Behavioral Disturbance, and Service System Description- completed by the 18<sup>th</sup> program month.
- , Draft Service Delivery Model and Outcome Measurement Plan-completion by 24<sup>th</sup> program month.
- , Feasibility Assessment- completion by the 30<sup>th</sup> program month
- , Final Service Delivery Model and Process Evaluation- completion by the 36<sup>th</sup> program month.

**Resources:** The applicant should describe the resources that will be utilized for the evaluation effort. Particular attention should be given to the personnel making up the evaluation team. Because of the close integration of the strategic planning and evaluation components of this initiative, the evaluation team should demonstrate not only the training and experience necessary to carry out this effort, but also a history of close collaboration with the application organization and community.

### **The Evaluation**

As a part of this effort, the *Circles of Care* Evaluation Technical Assistance Center (CoCTAC, Division of American Indian and Alaska Native Programs, University of Colorado Health Sciences Center; [www.uchsc.edu/sm/ncaianmhr/aiarp.htm](http://www.uchsc.edu/sm/ncaianmhr/aiarp.htm)) will provide technical assistance to the grantees regarding their evaluation efforts and will perform an evaluation of the initiative. CoCTAC will provide technical assistance through the following activities: 1) participation in the national technical assistance meetings; 2) hosting the evaluators' meetings; 3) conducting annual site visits to each grantee; 4) ongoing technical assistance by telephone, e-mail, and fax.

The evaluation is designed to maximize the independence of each grantee in terms of developing a local evaluation plan that is relevant to their programs and communities while assuring sufficient consistency

across grantees to prepare for a meaningful evaluation. For example, CoCTAC will facilitate a process of identifying the key domains for each component of the evaluation as well as the methods for reporting results, but each grantee will choose the specific methods necessary to prepare for the evaluation.

Responsibilities for completion of the evaluation will be divided as follows:

, CoCTAC will facilitate the following efforts:

- C Definition of the central goals of the evaluation,
- C Development of the common core domains and evaluation procedures,
- C Development of evaluation reporting requirements,
- C Assisting grantees in the development of site-specific evaluation plans and in training on how to obtain appropriate IRB approvals,
- C And training on types of analysis and reporting of evaluation results.

, Grantees will be responsible for the following efforts:

- C Development of site specific domains, constructs, and measures,
- C Receive training for data collection, reduction, and analysis,
- C Receive training to obtain necessary IRB and other research approvals,
- C The writing and submission of local interim and final reports.

## Appendix B

### Science-Based Practices

A primary goal of the *Circles of Care* initiative is to build the knowledge base for more effective, culturally appropriate, community based mental health services for children and families. Funding decisions tend to be based on the extent to which an intervention has scientific data to indicate the effectiveness of the intervention. Elements considered in establishing levels of evidence include *study design, intervention effects, sustainability of effects, and replication.*

Level I-A: *Evidence obtained from at least one randomized controlled study using an experimental design. A sufficient number of subjects have been randomly assigned to either an intervention or a control group. In addition, the outcome of the program shows a statistically significant positive effect, and the effect is sustained for at least one year post-intervention. Evidence is stronger if the beneficial effect has been replicated in one or more settings.*

Level I-B: *Evidence obtained from at least one well-designed quasi-experimental controlled trial without randomization. A sufficient number of subjects have been assigned to either an intervention or a control group, but randomization is not required. As in the case of Level I-A, the outcome of the program shows a statistically significant positive effect, The effect is sustained for at least one year post-intervention, and the evidence is stronger if the beneficial effect has been replicated in one or more settings.*

Level II-A: *Evidence obtained while using a quasi-experimental design, the outcome shows a significant positive effect, and the beneficial effect has been replicated in at least one setting.*

Level II-B: *Evidence obtained using a quasi-experimental design and the outcome shows a significant positive effect.*

Level III: *Evidence obtained over time from strong and replicated results in uncontrolled experiments.*

Level IV: *Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.*

## Appendix C

### REPORTING REQUIREMENTS, GPRA

The Government Performance and Results Act (GPRA) was enacted in 1993 to hold Federal agencies accountable for achieving program results. Its provisions were phased in over several years and became fully effective in FY 1999. The law places increased emphasis on evaluation and on the collection and reporting of performance data, particularly outcome data. The performance reporting requirements of this law may result in the need to request additional data, including client outcome data where appropriate, from funded programs.

Currently there are no CMHS requirements for collecting standard programmatic data for the GPRA that are relevant to the *Circles of Care* grant program. However, GPRA measures may become a requirement during the grant period, at which point this program may need to obtain data for such measures.

## Appendix D

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25 U.S.C. 13, Public Law 94-437, Title V, *Health Services for Urban Indians*, defines an urban Indian center as:

a nonprofit corporate body situated in an urban center governed by a board of directors of whom at least 51% are American Indian/Alaska Natives, for the purpose of establishing and administering an urban Indian health program and related activities.

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## Appendix E

### SYSTEMS OF CARE PRINCIPLES FOR CHILDREN'S MENTAL HEALTH

- , **Child Centered:** Services meet the individual physical, emotional, social, and educational needs of the child, consider the child's and family's context, and are developmentally appropriate, strengths-based, and child specific.
- , **Family-Focused:** Services recognize that the family is the primary support system for the child and they participate as full partners in all aspects of the planning, implementing, managing, delivery, and evaluation of the service delivery system responsible for serving their children. Through implementation of activities, family voice, access, and ownership is supported.
- , **Community-Based:** Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.
- , **Multi-System:** Case management and other services are planned in collaboration with the family and child-serving systems involved in the child's life, are delivered in a coordinated and therapeutic manner, and move through the system of services with the child and family in accordance with their changing needs.
- , **Culturally Competent:** Services recognize and respect the values, beliefs, customs, language, rituals, ceremonies, practices, behavior, and ideas characteristic of the child, family, and community.
- , **Least Restrictive/Least Intrusive:** Clinically appropriate services take place in settings that are the least restrictive and intrusive available to meet the needs of the child and family.
- , **Accountable:** Service delivery systems that consolidate existing fragmented, categorical service funding streams so that accountability for effective care can be clearly attributed.
- , **Outcomes Based:** Early identification and intervention by the system of care in order to enhance the likelihood of positive outcomes.
- , **Transition:** Appropriate services assure a smooth transition to the adult service system as adolescents reach maturity.
- , **Protection:** Children, youth, and family's rights are protected and effective advocacy efforts are promoted. Services are sensitive and responsive to cultural and gender differences. Special needs are provided without regard to race, religion, national origin, sex, physical disability, sexual orientation, or other characteristics.



## Appendix F

### Healthy People 2010

In 2000, the Surgeon General released the following mental health performance measures and 2010 targets for reducing disparities after extensive consultation with public health experts, service providers and consumers. Elimination of the disparities will require a concerted effort of public and private sector, individuals and communities, Federal, Tribal, State, and local governments, foundations, mental health advocacy groups, health service providers, and consumers/patients and their families.

<u>HP 2010 Leading Indicator</u>	<u>Population Group</u>	<u>Current Status</u>	<u>Goal</u>
Increase the proportion of adults with recognized depression who receive treatment	All U.S.	23%	50%
	American Indian	Not Determined	50%
	African American	16%	50%
	White	24%	50%
	Latino	20%	50%
	Asian/Pacific Island	Not Determined	50%
Increase the proportion of adolescents not using alcohol or any illicit drug during the past 30 days.	All U.S.	77%	89%
	American Indian	55%	89%
	African American	80%	89%
	White	76%	89%
	Latino	78%	89%
	Asian/Pacific Island	86%	89%
Reduce the proportion of adults using any illicit drug during the past 30 days.	All U.S.	5.8%	3%
	American Indian	11.3%	3%
	African American	7.1%	3%
	White	5.7%	3%
	Latino	5.1%	3%
	Asian/Pacific Island	3.4%	3%
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	All U.S.	16%	6%
	American Indian	22%	6%
	African American	12%	6%
	White	17%	6%
	Latino	18%	6%
	Asian/Pacific Island	7%	6%

## Appendix G

### Limited English Proficiency Assistance

Effective August 30, 2000, the Department of Health and Human Services issued policy guidance to assist health and social services providers in ensuring that persons with limited English skills (LEP) can effectively access critical health and social services. All organizations or individuals that are recipients of Federal financial assistance from DHHS including hospitals, nursing homes, home health agencies, managed care organizations, health and mental health service providers, and human services organizations have an obligation under Title VI of the 1964 Civil Rights Act to:

- , Have policies and procedures in place for identifying the language needs of their providers and client population;
- , provide a range of oral language assistance options, appropriate to each facility's circumstances;
- , provide notice to LEP persons of the right to free language assistance;
- , provide staff training and program monitoring; and
- , a plan for providing written materials in languages other than English where a significant number or percentage of the affected population needs services or information in a language other than English communicate effectively.

Providers receiving DHHS funding including SAMHSA's mental health and substance abuse block grants and discretionary grants must take steps to assure that limited English skills do not restrict access to full use of services.



## APPENDIX H

### GUIDELINES FOR ASSESSING CONSUMER AND FAMILY PARTICIPATION

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- , **Program Mission:** An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- , **Program Planning:** Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.
- , **Training and Staffing:** The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.
- , **Informed Consent:** Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.
- , **Rights Protection:** Consumers and family members must be fully informed of all their rights including those designated by the President's Healthcare Consumer Bill of Rights and Responsibilities: Respect and Non Discrimination.
- , **Program Administration, Governance, and Policy Determination:** Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Director, Steering Committee, and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities, including child care.
- , **Program Evaluation:** Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should include consumer satisfaction and dissatisfaction measures.

## Appendix I

### Circles of Care Grantees, 1998-2001

Descriptions of the grant communities may be found at [www.uchsc.edu/sm/coc/](http://www.uchsc.edu/sm/coc/)

- , Cheyenne River Sioux Tribe, South Dakota
- , Choctaw Nation, Oklahoma
- , Fairbanks Native Association, Alaska
- , Feather River Tribal Health Association, Oroville, California
- , First Nations Clinic, Albuquerque, New Mexico
- , In-Care Network, Billings, Montana
- , Intertribal Council of Michigan
- , Native American Health Center, Oakland, California
- , Oglalla Sioux Tribe, South Dakota