Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Circles of Care VI

Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities

An Overview for Potential Applicants

Request for Applications (RFA) No. SM-14-003
CFDA No: 93.243

January 24, 2014
Webinar
Welcome and Circles of Care Intro

Gary M. Blau, Ph.D – Branch Chief
Child, Adolescent and Family Branch at the Center for Mental Health Services (CMHS)

- Circles of Care is historically the only SAMHSA grant specifically designed by and for American Indian/Alaska Native tribes and communities
- This is the 6th cohort/round of grants with 38 previous grantees since 1998
- Increasing from 7 to 11 awards & from $314K to $400K/year
- Overall program emphasis on community-based planning that will result in systems change to benefit Native youth and their families...
  - Think of this opportunity as a part of a long-term “movement”, or ongoing “initiative” to improve services and supports for Native youth and not just another “project”
Presented by

CAPT R. Andrew Hunt, MSW, LICSW
CMHS/Child, Adolescent and Family Branch
Public Health Advisor – Circles of Care Project Officer

- Enrolled member of the Lumbee Tribe of North Carolina
- Worked in the Pacific Northwest for the Indian Health Service from 1991-2006. Was on detail assignments to 4 different tribal and Urban Indian programs as a mental health counselor, tribal mental health director and mental health consultant
- Has been involved with the Circles of Care grant program in various capacities since it began in 1998, including potential tribal applicant, technical assistance provider to grantees and became a Government Project Officer at SAMHSA in 2006
Goal of Today’s Webinar

1. Increase understanding of the purpose and goals of the Circles of Care grant program
2. “Walk through” each element of the Circles of Care VI Request for Applications (RFA)
3. Provide additional background information, tips and other suggestions from experience
   • This will appear in italic font throughout the presentation
4. Answer questions and offer individual follow-up as needed
Circles of Care VI
Executive Summary (p. 4)

- **Application due date:** March 7, 2014
- **Estimated No. of Awards:** up to 11
- **Estimated Award Amount:** up to $400,000/yr
- **Match Required:** No
- **Length of Project Period:** up to 3 years
- **Eligible Applicants:** federally recognized tribes and tribal organizations, Tribal colleges and universities, Urban Indian organizations (further defined in RFA Section III on p. 13)
Suggestions from experience: First step – Understand the work.

- Seek to understand the general concept of the grant and purpose. Thoroughly review the specific expectations and required activities detailed in the RFA.
  - Section I. 1-2.1 (p.5-10) of the Circles of Care VI RFA
- Review articles in Appendix J (Resources) on p. 58
  - For example, the 2004 Special issue of American Indian and Alaska Native Mental Health Research is focused on the very first cohort of Circles of Care grants
- Search the internet for other info about the “system of care” approach to increase your understanding of the philosophy that underlies the COC program
Suggestions from experience:
Learn from the work of past grantees.

• Review a summary of the Circles of Care program and success stories from previous grantees in the Volume 19, No. 6 issue of SAMHSA News

• Visit the Circles of Care Evaluation Technical Assistance Center website for more background:
  http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/coc/Pages/coc.aspx

• Feel free to contact current or prior COC grantees (see Appendix K on p.64-65)
Suggestions from experience:
Make sure you’re ready to begin this work!

• Once you understand the goals, purpose and activities of COC and feel confident the grant fits with the goals of your community...

• Be sure tribal leaders and program administrators understand the grant will promote community and systems change and are committed to support it

• Talk to families, youth, service providers and other community leaders to gain input, support and assurance there is a general community readiness to engage in the work of the grant
Suggestions from experience:
In writing your application...

• **Strictly follow instructions in Section IV (p.14-18)**

• **In your narrative, follow Sections A-D (p. 19-23) as the headings and format. Each bullet point should guide the body of your narrative and how you tell the “story” of your ideas.**
  
  — Reviewers are instructed to score how well you address each of the *bullet points in the appropriate section*. Failing to do so will result in a lower score, no matter how compelling your “story” is.

• **Prior to submitting your application, review Appendix A on p. 26 to assure you have followed ALL formatting requirements on the Checklist**
I. FUNDING OPPORTUNITY DESCRIPTION
1. Purpose (p.5)

- ...to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families.
- ...increase the capacity and effectiveness of mental health systems
- ...focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.
1. Purpose (cont. p.5)

- ...draws on the **system of care** philosophy and principles...
- ...a **system of care** is defined as a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with mental health needs and their families.
- ...families and youth work in partnership with public and private organizations to design mental health services and supports that build on the **strengths** of individuals and address each person’s **cultural** and linguistic needs.
Background Note: Typical Service System Approach

- Youth and families who seek services are passive recipients and need to fit eligibility criteria and adapt to fit into the structure of the “program”
- Administrators and professionals organize services and develop programs
- Professionals are experts that assess problems and direct treatment for “clients”
- Professionals plug the “client” into service “slots” of existing programs
- Professionals in each program write their own treatment plans for the “client”
- Children often fall between the cracks and family input/expertise is not valued
Background Note:

Systems of Care Approach

• Systems of care represents a “paradigm shift” from the typical western service system approach. Tribal grantees tell us it supports and strengthens traditional/cultural and community-based ways of helping.

• At the service level: Youth and family members have a key role in determining the focus of their own individualized service plan through a “wraparound” team approach. Professionals, natural support people and family members work together to identify needs and build on strengths.

• At the program level: staff acknowledge the family’s expertise about their own needs and preferences. Staff use their professionals skill to navigate systems and tailor needed services/supports. Cross-agency collaboration and use of informal/natural supports is the expectation and norm.

• At the Planning/Policy level: funding streams, intake & referral, training programs, interagency agreements, hiring practices and other policy and procedures are used to reinforce the system of care approach.
Background Note: System of Care Principles

- Family-Driven
- Youth-Guided
- Culturally & Linguistically Competent
- Community-Based
- Accessible
- Individualized strengths-based care
- Least Restrictive
- Accountable
- Interagency
- Coordinated & Collaborative

For more background info on the “Systems of Care” approach:
http://tapartnership.org/SOC/SOCintro.php
Background Note: Model of a Systems of Care Approach
I. 1. Purpose (cont. p.5-6)

• Address the impact of **historical trauma** on the well-being of AI/AN communities through community and culturally-based activities
  – the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. (Brave Heart, 2003, p. 7).

• Address mental health and “wellness”
  – being in balance and taking care of physical, emotional, mental, and spiritual needs of individuals and families. ...promote positive mental health, prevent substance use and abuse, improve physical health, strengthen spiritual and cultural connections, and address environmental and social factors. (Hodge and Nandy, 2011).
1. 2. Expectations (p.6)

• Be a catalyst for multi-agency systemic change based on system of care principles...
• Implement policy reform and service infrastructure development...
• Actively engage a wide range of AI/AN community members...
• Develop a community-based and culturally relevant planning process...
I. 2. Expectations (p.7)

- Increase participation of youth, families, tribal leaders and spiritual advisors in planning and development... based on the cultural values and practices of your community

- Develop strong collaborative working relationships and formalized agreements...

- Actively utilize technical assistance provided through SAMHSA’s Circles of Care contractors... Note: this technical assistance includes regular conference calls, webinars, on-site training, an annual grantees meeting and other group and individualized assistance (at no cost to the grantee)
I. 2. Expectations (p.7-8)

• Develop a Health Disparities Impact Statement
  1. Identify subpopulations vulnerable to disparities...
  2. Quality improvement plan to decrease differences to access...
  3. Align with CLAS standards
     • (see www.ThinkCulturalHealth.hhs.gov for more info)

• Promote the principles of “recovery”
  – “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

• Consider needs of returning vets and their families
I. 2.1 Required Activities (p. 8)

• Funds must be used primarily to support Infrastructure development
  – Note: This means funds from this grant cannot provide direct services

• Support elements of the Tribal Action Plan encouraged for tribes under the Tribal Law and Order Act (PL 111-211)...as it relates to planning for the mental health needs of children and their families
  – Note: if your tribe is developing (or will develop) a Tribal Action Plan under the TLOA, this grant may be used to complete some aspects. See www.samhsa.gov/tloa for more on TLOA.
First year:

- **Hire** staff and identify a structure to provide guidance to the project...
- ...**ongoing training** on the systems of care approach to a wide audience ... for the purpose of workforce development...
- Use a **community-based process** that is culturally appropriate and actively engage community members...
First Year (Cont.)

• Develop the following products related to youth mental health and wellness services and supports
  1. Community Needs Assessment
  2. Community Readiness Assessment
  3. Community Resource/Asset Map
• Develop a social marketing/public education plan...
• Conduct an ongoing process evaluation which documents the grant activities...
I. 2.1 Required Activities (p. 9)

Years 2 and 3

• Develop a local evaluation plan and implement evaluation activities... use a community-based participatory research approach...

• Conduct network development and collaboration activities... ongoing training...

• Implement strategies identified in the social marketing/public education plan...
I. 2.1 Required Activities (p. 9)

Years 2 and 3 (Cont.)

• Develop community-based **system of care model** or “blueprint”...
  – *Note: this is the primary/central product for the grant*

• Develop an **implementation plan**... for how the blueprint may be put into operation and sustained after the life of the grant...

• Develop an **outcome measurement plan** to monitor effectiveness of the blueprint after implementation...
Years 2 and 3 (Cont.)

- **Formalize interagency agreements for collaboration and coordination...** how the blueprint can be put into action.
- **Develop policies, procedures and other infrastructure** that will result in system-wide improvements and support implementation of the blueprint...
- **Disseminate** local evaluation reports
- **Disseminate** the final system of care model document
Any questions about the Purpose, Expectations, Required Activities or Allowable Activities?
I. 2.2 Data Collection and Performance Measurement (p.10)

• Grantees are required to collect and report certain data for SAMHSA to meet Government Performance and Results (GPRA) obligations.
  1. Number of people in the workforce trained...
  2. Number of organizational changes to support improvement...
  3. Number of organizations collaborating / coordinating / sharing resources...
  4. Number of consumer/family members involved in evaluation oversight, planning and advocacy...
I. 2.2 Data Collection and Performance Measurement (p.10-11)

- GPRA data will initially be gathered through the CMHS Transformation Accountability (TRAC) Web system.
- Reporting will migrate to SAMHSA’s Common Data Platform (DCP) during the life of the grant.
  - Note: the date for this “migration” has not been determined
- Data will be collected Quarterly after entry of annual goals.
- Technical assistance for web-based data entry will be available.
I. 2.3 Local Performance Assessment (p. 11)

• Grantees **must** periodically review the performance data they report to SAMHSA and assess their progress...

• ...**required to report on progress** achieved, barriers encountered and efforts to overcome these barriers in a performance assessment report to be submitted **twice per year**...format...provided by the Government Project Officer after the award.
...may also consider outcome and process questions, such as the following examples [local evaluation]:

- **Outcome Questions**
  - Workforce
  - Promote system of care values
  - Funding
  - Collaboration
  - Capacity

- **Process Questions**
  - Challenges encountered
  - Resources
  - Workforce
  - Collaboration
  - Family and youth involvement

- **No more than 20% of grant award may be used for data collection**
Circles of Care promotes a Community-based Participatory Evaluation model:

- Evaluation provides important information (“data”) to help inform the planning effort to build infrastructure.
- The evaluator/evaluation team have expertise in evaluation methods, but are not an outside “objective/expert” observers. They actively participate in the planning effort and seek true community involvement while mentoring those with an interest in learning evaluation methods.
- The community (including family and youth) is active in designing and implementing the evaluation process, plan and review of results. Community members are not simply the “target” or “subject” of evaluation activities.
Any questions about Data Collection and Performance Measurement or Local Performance Assessment?
I. 2.4 Grantee Meetings (p.12)

- Send a minimum of 6 people (including the Project Director) to at least one joint grantee meeting in each year of the grant.
- Each meeting will be up to 3 days
- Budget and narrative should estimate costs for Denver, CO as a potential site...
  - Note: An example of the 6 people may include a team such as...
    1. Project director, 2. Evaluator, 3. Family representative,
    4. Youth representative, 5. Cultural broker/community leader,
    6. Behavioral health provider/administrator
  - Additional people (tribal council members, state/county partners or others) may also be appropriate to attend the grantee meeting
II. AWARD INFORMATION
(p. 12)

• Budget **cannot exceed $400,000 in total costs** (direct and indirect) in any year of the proposed project.

• **Annual continuation awards** will depend on availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports and compliance with terms and conditions of the award.

• Applicants should be aware that funding amounts are **subject to availability of funds**.
III. ELIGIBILITY INFORMATION  
(p. 13)

1. In an effort to address mental health disparities within AI/AN communities, SAMHSA is limiting eligibility...

   a. Federally recognized tribes and tribal organizations (as defined by USC 25, Chapter 14, Subchapter II, Section 450b)

   b. Tribal colleges and universities (as identified by the American Indian Education Consortium)

   c. Urban Indian Organizations (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts)

• Prior Circles of Care grantees are ineligible to apply (see Appendix K on p. 64-65)
III. ELIGIBILITY INFORMATION
(p. 13)

2. Cost sharing/match is **not** required

3. Other:
   - You must comply with... [all application and submission]...requirements, or your application will be screened out and will not be reviewed.

*Note (On page 13, the RFA lists all of the specific grant application forms required. Please review closely to avoid having your application screened out and not reviewed.)*
Any questions about Eligibility?
IV. APPLICATION AND SUBMISSION INFORMATION

[Standard for all SAMHSA grants]
IV. APPLICATION AND SUBMISSION INFORMATION (p. 14-15)

1. Content and Grant Application Submission
   • You must go to Grants.gov (http://www.Grants.gov)
   • ...and the SAMHSA website (http://www.samhsa.gov/grants/apply.aspx)
   • Download the required documents for this grant by search using the RFA number (SM-14-003) or CFDA number (93.243)

**TIP:** Review the electronic grant submission process. http://beta.samhsa.gov/grants/applying/submitting-your-application
1.1 Required Application Components

- Application for Federal Assistance (SF-424)
- Abstract (no more than 35 lines)
- Table of Contents
- Budget Information Form (SF 424A)
- Project Narrative (Section A-D may not be longer than 30 pages)
- Attachments 1-5
- Project/Performance Site Location(s) Form
- Assurances
- Disclosure of Lobbying Activities
- Checklist
- Documentation of nonprofit status
IV. APPLICATION AND SUBMISSION INFORMATION (p. 17)

1.2 Application Formatting Requirements (refer to Appendix A on p. 26)

2. Application Submission Requirements

– APPLICATIONS DUE BY 11:59PM (EASTERN TIME) ON MARCH 7, 2014


Refer to Appendix B on “Guidance for Electronic Submission of Applications” (p.28-34) if you wish to request a waiver and submit a paper application.
IMPORTANT TIP: Submitting Your Application in Grants.gov

• **DO NOT PUT OFF SUBMITTING YOUR ELECTRONIC SUBMISSION UNTIL MARCH 7!!! (THE DUE DATE)**
  – There have been grant applicant who experienced unexpected technical glitches with their submission at the last minute. That resulted in them missing the grants.gov deadline and their application was not reviewed. **PLEASE DO NOT PUT YOURSELF IN THIS POSITION!**

• We suggest you submit to grants.gov at least 3 days prior to March 7th in order to troubleshoot and resolve any technical issues with grants.gov.
  – IT help available 24/7 at 1-800-518-GRANTS
IV. APPLICATION AND SUBMISSION INFORMATION (p. 17-18)

3. Intergovernmental Review (E.O. 12372) Requirements
   – This is not applicable for Tribes and tribal organizations.
   – *For Urban Indian organizations, see Appendix C on p. 35 to determine if it applies to you.*

4. Funding Limitations/Restrictions
   – Cost principles describing allowable and unallowable expenditures...
     *http://www.samhsa.gov/grants/management.aspx*
     • No more than 20% of Circles of Care funds may be used for data collection, performance measurement and performance assessment expenses...identify these expenses in your budget
Any questions about Application and Submission?
V. APPLICATION REVIEW INFORMATION
V. 1. Evaluation Criteria (p.18-19)

- Your application will be reviewed and scored according to the quality of your responses.
- Project Narrative (Section A-D) no longer than 30 pages.
- Must use the four sections/heading identified...
- You must place the required information in the correct section, or it will not be considered... will be scored according to how well you address the requirements for each section...
- Budget Justification and Supporting Documentation ...will be considered...
- ...each bullet is assessed in deriving the overall score...
V. Section A: Statement of Need (15 Points)

6 bullet points to be addressed (p. 19-20)

• Identify the proposed catchment area...
• Document the need for enhanced infrastructure...
• Describe existing service gaps, barriers, needs...
• Describe potential project partners and community resources...
• Identify funding currently received from BIA, IHS... SAMHSA
• Affirm that goals of the project are consistent with priorities of the tribal government, or board of directors...
Any questions about Section A “Statement of Need”? 
V. Section B: Proposed Approach
(35 points)

12 bullet points to be addressed (pgs. 20-21)

• Describe purpose, goals and objectives...
• Describe how activities will increase capacity...
• Discuss local language, concepts, attitudes, norms and values related to child/youth mental health and wellness...
• ...address issues of diversity within the population of focus...
• Describe proposed community advisory structure...
• ...how members of the community (including youth and families...) will be involved in planning...
• ...how efforts...will be coordinated with any other related federal grants
V. Section B: Proposed Approach (Cont.)

- Describe how activities will be implemented and how adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) will be monitored...
- Provide a chart or graph depicting a realistic timeline...
- ...advisory board... membership, roles and functions...
- Identify other organization(s) that will participate...their roles and responsibilities...
- ...address... demographics, language and literacy, sexual identity, disability.
Any questions about Section B “Proposed Approach”?
V. Section C: Staff, Mgmt. & Relevant Exp. (20 Points)

5 bullet points to address (p. 21)

• Describe the management capability and experience of the applicant organization...

• Discuss the organization’s experience and capacity to provide culturally appropriate/competent services to the community...

• Describe the resources available... (e.g. facilities, equipment, IT systems, financial management systems).

• Describe how program continuity will be maintained if/when there is a change in operational environment...

• Provide a complete list of staff positions for the project, including Project Director and other key personnel.... How key staff has demonstrated experience...
Background Note: 
Potential Staffing patterns for COC

• Review Appendix N “Key Personnel”.
  – This will give you an idea of staff positions and roles that should ideally be part of your initiative.

• Regardless of your approach, we highly recommend a full-time Project Director to oversee the day-to-day operations and to lead of the initiative among the various partners and community.
Any questions about Section C “Staff, Management and Relevant Experience”? 
V. Section D: Performance Assessment & Data (30 points)

3 bullet points to be addressed (p. 21-22)

• Document your ability to collect and report on required performance measures in the RFA...describe your plan for collection, management, analysis and reporting of data...

• Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved...

• Describe your plan for conducting the performance assessment and document ability to conduct the assessment...
Any questions about Section D “Performance Assessment and Data”? 
V. Supporting Documentation (p. 22-23)

• Budget Justification, Existing Resources, Other Support
  – Narrative justification of items in the budget...

• Section E: Literature Citations

• Section F: Biographical Sketches and Job Descriptions

• Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects
Applications are peer-reviewed according to evaluation criteria listed above

Decisions to fund are based on...
- Strengths and weaknesses of application identified by peer reviewers
- Approval by the CMHS National Advisory Council
- Availability of funds
- Equitable distribution in terms of geography...

Note: The SAMHSA Office of Grants Review selects peer-reviewers and facilitates the review process and scoring. Circles of Care reviewers will likely be AI/AN tribal members from across the country and individuals with experience in tribal programs.
VI. ADMINISTRATIVE INFORMATION

1. Award Notices
   - General results will be mailed from SAMHSA
   - If funded, a Notice of Award will be mailed from the SAMHSA Grants Management Officer
   - If not funded, you will receive notification from SAMHSA (the Office of Grants Review)

Note: the date for the release of results and notification of awards is yet to be determined by the Office of Grants Management.

The anticipated start of the grant funding is no later than Sept 30, 2014.
VI. ADMINISTRATIVE INFORMATION
(p. 24-25)

2. Administrative and National Policy Requirements
   – See details of terms and conditions and administrative compliance requirements at http://www.samhsa.gov/grants/management.aspx
   – Grants funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipients existing program with funds from a federal grant.

3. Reporting Requirements
VII. AGENCY CONTACTS
(p. 25)

• Questions about program issues
  R. Andrew Hunt, MSW
  240-276-1926
  andrew.hunt@samhsa.hhs.gov

• Questions on grants management and budget
  Gwendolyn Simpson
  240-276-1408
  gwendolyn.simpson@samhsa.hhs.gov
Appendixes A-E
[Standard SAMHSA Boilerplate]

• Appendix A – Checklist (p. 26-27)
• Appendix B – Guidance for Electronic Submission (p. 28-34)
  – [Includes “Waiver Request Process”]
• Appendix C – Intergovernmental Review Requirements (p.35-36)
  – [does not apply to tribes or tribal organizations – check link to see if applicable for urban Indian organizations]
• Appendix D – Funding Restrictions (p. 37-38)
• Appendix E – Biographical Sketches and Job Descriptions (p. 39)
• Appendix F – Sample Budget and Justification (p. 40-49)
  • *Note: this sample is for the correct FORMAT, but should not be used as an example of suggested program content*

• Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects (p. 50-53)

• Appendix H – Addressing Behavioral Health Disparities (p. 54-56)

• Appendix I – Electronic Health Record (EHR) Resources (p. 57)
Appendixes J-N
[Circles of Care - Program Specific]

- Appendix J - References (p. 58-63)
  - AI/AN Youth Mental Health
- Appendix K - Prior Circles of Care Grantees (p. 64-65)
- Appendix L – Definition of Family-Driven Care (p. 66-67)
- Appendix M – Definition of Youth-Guided Care (p. 68)
- Appendix N – Key Personnel (p. 69-70)
Summary of Important Information

• Application due date: March 7, 2014
• Estimated No. of Awards: up to 11
• Estimated Award Amount: up to $400,000/yr.
• Match Required: No
• Length of Project Period: up to 3 years
• Eligible Applicants: federally recognized tribes and tribal organizations, Tribal colleges and universities, Urban Indian organizations (further defined in RFA Section III)
Any final questions about this Request for Applications?
Final Tip: A Federal Grant Writing Resource

• The Tribal Youth Program at the Office of Juvenile Justice and Delinquency Prevention (OJJDP) recently released a toolkit for tribes to help in the grant writing process. It can be useful for a variety of federal grant applications, even Circles of Care

After the Application

• Hope for a good score and getting an award, but don’t let your efforts stop if you are not funded.
  – The process of developing and writing a COC application can plant the seed of systems change
  – With leadership and commitment you can use your existing resources and community support to start incorporating the ideas of a systems of care approach

• Attend the Georgetown Training Institutes (July in DC) to learn from others who are implementing systems of care. Access free resources on the website
  – http://gucchdtacenter.georgetown.edu/
Thank you!
For Additional Questions

• Program related issues
  R. Andrew Hunt, MSW
  240-276-1926
  andrew.hunt@samhsa.hhs.gov

• Grants management and budget issues
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  240-276-1408
  gwendolyn.simpson@samhsa.hhs.gov