Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

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

(Short Title: Circles of Care VII)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-17-002

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

PART 1: Programmatic Requirements

Note to Applicants: This document MUST be used in conjunction with SAMHSA's "Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You MUST use both documents in preparing your application.

Application Deadline	**Applications are due by December 20, 2016**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII) grants. The purpose of this program is to provide tribal and urban indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will 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.

Funding Opportunity Title:	Circles of Care VII
Funding Opportunity Number:	SM-17-002
Due Date for Applications:	December 20, 2016
Anticipated Total Available Funding:	$4,600,000
Estimated Number of Awards:	11
Estimated Award Amount:	Up to $418,000 per year
Cost Sharing/Match Required	No [See Section III-2 of this FOA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years
Eligible Applicants:	Indian tribes and tribal organizations, Tribal colleges and universities, and Urban Indian organizations [See Section III-1 of this FOA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-3 and Section II-2 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII) grants. The purpose of this program is to provide tribal and urban indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will 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.

The Circles of Care grant program draws on the *system of care* philosophy and principles that are implemented in the SAMHSA Cooperative Agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program. 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. In the system of care approach, families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life. Community leaders and constituency groups work in partnership with child serving agency directors and staff members to formulate methods

to improve relationships between provider groups, address service capacity issues, and increase cultural competence in the overall system.

The Circles of Care program is also intended to address the impact of historical trauma on the well-being of AI/AN communities through community and culturally-based activities. The multiple traumas encountered by AI/AN people have contributed to the uprooting of traditional tribal cultural practices and a dismantling of the AI/AN family structure. In combination, these "historically traumatic events" resulted in a significant loss of culture, language, and traditional ways of life.

Note: For the purposes of the Circles of Care program, historical trauma will be defined as the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. (Brave Heart, 2003, p. 7).

"Wellness" is defined as being in balance and taking care of physical, emotional, mental, and spiritual needs of individuals and families. Achieving this wellness includes developing and integrating programs, supports and systems (both formal and informal) that 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).

Circles of Care grants are authorized under section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

The Circles of Care grants closely align with SAMHSA's Prevention of Substance Abuse and Mental Illness and Trauma and Justice Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach. In addition, the Circles of Care grant provides the opportunity for AI/AN communities to support youth and young adults as they transition to adulthood by facilitating collaboration between child and adult serving agencies.

2. EXPECTATIONS

Circles of Care grant funds must be used to support the planning and development of infrastructure, overall systems change, and local capacity building to improve mental health, substance abuse prevention and wellness services and supports for children, youth and families. There is a strong emphasis on cross-system collaboration, inclusion of family, youth and community resources, and cultural approaches. Circles of Care grant funds may not be used to provide direct services.

Grantees will be expected to do the following:

- Serve as a catalyst for multi-agency systemic change that is based on the system of care principles and trauma informed care, which results in an increased capacity to provide coordinated mental health treatment and wellness services to AI/AN children, youth, and families in the community.

- Implement policy reform and service infrastructure development that results in a holistic system of care approach for children's mental health and wellness that is community-based, family-driven, youth-guided, culturally and linguistically competent and collaborative across multiple agencies.

- Actively engage a wide range of AI/AN community members (including youth and family members representative of the population of focus) in all aspects of the grant activities, including evaluation tasks.

- Develop a community-based and culturally relevant planning process that promotes mental health and wellness, and addresses the child and youth mental health and/or substance use related problems identified as a high concern to the local AI/AN community.

- Increase the participation of youth, families, tribal leaders, and spiritual advisors in planning and developing mental health service systems and treatment options based on the cultural values and practices of the AI/AN community served by the project.

- Develop strong collaborative working relationships and formalized agreements between various child serving agencies and providers such as mental health, substance abuse, school systems, juvenile justice, child welfare, and primary health care providers.

- Actively utilize the technical assistance provided through SAMHSA's Circles of Care contractors to help meet local programmatic and evaluation goals of the grant and participate in peer-to-peer learning opportunities with other grantees.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See PART II-Appendix E, Addressing Behavioral Health Disparities.)

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent[1] of all cigarettes

[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder*

smoked and can experience serious health consequences[2]. A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recovery from mental and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition 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. See http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider

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Account for 40 Percent of All Cigarettes Smoked. Rockville, MD. http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Required Activities

Circles of Care grant funds must be used primarily to support infrastructure development, including the following types of activities:

Activities of this grant will also work to support elements of the Tribal Action Plan (TAP) that is encouraged for Federally recognized tribes under the Tribal Law and Order Act (Public Law 111-211, as amended, July 29, 2010) as the TAP may be related to planning for the mental health needs of children and their families.

In the first year of the project, grantees will be required to:

- Hire project staff necessary to implement proposed activities and assure staff and contractors receive training and orientation on the *systems of care* approach to children's mental health services and a family-driven, youth-guided philosophy to community-based change.

- Identify a structure (i.e. advisory boards, workgroups, task force) and process that will provide ongoing guidance to project staff and promote the sense of community ownership. The identified structure may be a new or existing group, but must include representation from partner agencies, elected tribal officials and other decision makers, in addition to a variety of community members including youth and families as equal partners.

- Assure that orientation and ongoing training on the systems of care approach is provided to a wide audience for the purpose of workforce development, through the life of the grant and beyond.

- Use a community-based process that is culturally appropriate and actively engages community members, key stakeholders, youth, elders, spiritual advisors, and tribal leaders throughout the life of the grant.

- Develop the following three products related to child/youth mental health and wellness services and supports: 1) community needs assessment, 2) community readiness assessment, and 3) community resource/asset map. These documents should be submitted the to Government Project Officer no later than the 1st Quarter of Year-2 (October 1- December 31, 2018).

- Develop a community-based social marketing/public education plan to increase awareness of child/youth mental health and wellness issues, the need for a

coordinated approach to services, and promote increased access to mental health and wellness supports and services through a system of care approach.

- Conduct an ongoing process evaluation which documents the grant activities, progress, challenges and lessons learned towards meeting grant goals. This activity will continue through the life of the grant.

During years two and three of the project, grantees will be required to:

- Develop a local evaluation plan and implement evaluation activities based on Year 1 assessments and planning activities. Use a community-based participatory research approach to identify specific issues of interest to the community related to child/youth mental health and wellness.

- Conduct network development and collaboration activities, including ongoing training, for child and youth service providers, paraprofessionals and other informal support providers such as traditional healers, community natural helpers, youth peer leaders, and family members.

- Implement strategies identified in the social marketing/public education plan, to build and strengthen support for the project among community and system partners including dissemination of products produced by the grant.

- Develop a community-based *system of care model*, or “blueprint”, for how child/youth mental health and wellness services and supports will be provided in the community. Use a variety of ongoing consensus-building activities with continuous feedback from the community to develop the model, which should be holistic, community-based, culturally competent, family-driven, and youth-guided across multiple agencies.

- Develop an implementation plan that includes a feasibility study to evaluate how and when each element of the *system of care model*, or “blueprint”, may be put into operation and sustained after the life of the grant. A community-based participatory research approach should be used.

- Develop an outcome measurement plan to be used in monitoring the effectiveness of the *system of care model* after its implementation. Use a community-based participatory research approach.

- Formalize interagency commitments for collaboration and coordination of services and develop policies, corresponding funding streams, and other strategies for how the *system of care model*, or “blueprint”, can be put into action.

- Develop policies, procedures, and other infrastructures that will result in system-wide improvements and support implementation of the *system of care model* such as, but not limited to:

    - standards of care for child/youth mental health services and supports;
    - credentialing, licensure, core training requirements, or accreditation requirements;
    - the role of local traditional healing/helping practices (practice-based evidence) in supporting children, youth and families;
    - the role of western/clinical mental health practices (e.g., evidence-based practices) for children, youth, and families; and
    - support of ongoing family and youth leadership and involvement at every level of the *system of care model*.

- Disseminate local evaluation reports that summarize outcomes and results of the grant program.

- Disseminate the final *system of care model* document, in accordance to strategies in the social marketing/public education plan.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. Grantees will be required to report performance on the following performance measures

- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.

- The number of organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant.

- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

- The number of consumers/family members who are involved in ongoing mental health-related evaluation oversight, data health-related planning and advocacy activities as a result of the grant.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. Data are to be collected quarterly after entry of annual

goals. Technical assistance for the web-based data entry, fiscal and annual report generation is available.

The collection of these data will enable CMHS to report on key outcome measures relating to mental health). In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

Grantees must assess their projects, addressing the performance measures described in Section I-2.2. The assessment should be designed to help determine whether objectives and outcomes are achieved and whether adjustments need to be made. Grantees are 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. A suggested reporting format will be provided by the Government Project Officer after the award**.** At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What is the impact of changes made through program activities to support appropriate training, credentialing and/or certification that promote local AI/AN workforce development and how is that measured?

- How many new program or tribal government policies have been instituted to promote ongoing family-driven and youth-guided participation in formulating and implementing behavioral health related policies, practices, and evaluations?

- What amount and type of collaborative funding across program partners has been initiated as a result of program activities?

- How many and which organizations have initiated collaboration activities to promote program goals?

- How has the community's capacity to provide access to a coordinated mental health system for children and youth been increased as a result of funded program activities?

Process Questions:

- What challenges were encountered in implementing program goals and objectives?

- What community resources were identified for training and educational opportunities around culturally based behavioral health service delivery for youth?

- How many people have been trained in specific mental health related practices/activities targeted by the program, and what was their role or profession?

- How many and what type of collaborations have been established between behavioral health organizations and providers?

- What strategies have been implemented to promote the ongoing family-driven and youth guided efforts in administration and other aspects of program development?

- How were new practices and strategies identified to fund and/or improve practices/activities targeted by the program?

- How were youth, families and community members (including traditional healers) involved in the program goal setting and planning/evaluation process?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above. Be sure to include these costs in your proposed budget (see Appendix B).

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in years one and three of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $4,600,000

Estimated Number of Awards: 11

Estimated Award Amount: Up to $418,000 per year

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $418,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

In an effort to address mental health disparities within AI/AN communities, SAMHSA is limiting eligibility to federally recognized tribes and tribal organizations. Eligible applicants are as follows:

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 D).

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix B of this document**. It is highly recommended that you use the sample budget format in Appendix B. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Section II-3.1, Required Application Components.)

- **Attachments 1 through 5** Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

  - **Attachment 1***:* Letters of Commitment

- **Attachment 2**: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3***:* Sample Consent Forms

- **Attachment 4***:* Tribal resolution or letter of commitment from governing body of the tribal organization indicating that the proposed project addresses an identified tribal or tribal organization priority.

- **Attachment 5***:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities**.**

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on December 20, 2016.

Important: **IMPORTANT**: Due to SAMHSA's transition to NIH's eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

Please be sure to read PART II of this FOA very carefully to understand the requirements for SAMHSA's new grant system. Applicants will need to register with NIH'S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix C, Standard Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type "A-1", "A-2", etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-G and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data.

Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.

3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention and/or mental health services in the proposed catchment area that is consistent with the purpose of the program and intent of the FOA. Describe the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.]

4. Describe the existing children's mental health service gaps, barriers, and other systemic challenges related to the need for planning and infrastructure development and coordination of mental health and wellness services.

5. Describe potential project partners and community resources in the catchment area that can participate in the planning process and infrastructure development.

6. Identify funding currently received by the tribe or organization from the Bureau of Indian Affairs, Indian Health Service, other related federal or state grant programs and any other SAMHSA grants.

7. Affirm that goals of the project are consistent with priorities of the Tribal government, or board of directors and that the governing body is in support of this application.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in Section D: Data Collection and Performance Measurement.

2. Describe how achievement of goals will increase system capacity to support effective substance abuse and/or mental health services.

3. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.

4. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.

5. Provide a chart or graph depicting a realistic timeline for the entire three years of the project period, showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]

6. Describe how the key activities in your timeline will be implemented.

7. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to http://ThinkCulturalHealth.hhs.gov). Select one element from each of the CLAS Standards: 1) Governance, Leadership, and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

8. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.

9. Identify any other organization(s) that will participate in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from each partner in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.

10. Describe how the proposed project will address issues of diversity within the population of focus including developmental stages, age, race, gender, ethnicity, culture/cultural identity, language, sexual orientation, disability, and literacy.

11. Describe how members of the community (including youth and families that may receive services) will be involved in the planning, implementation, and performance assessment of the project.

12. Describe how the efforts of the proposed project will be coordinated with any other related federal grants, including SAMHSA, Indian Health Service (IHS) or Bureau of Indian Affairs (BIA) services provided to children and families in the community.

Section C: Staff, Management, and Relevant Experience (20 points)

1. Describe the management capability and experience of the applicant organization and other participating organizations in administering similar grants and projects.

2. Discuss the organization's experience and capacity to provide culturally appropriate/competent services to the community and specific populations of focus.

3. Describe the resources available for the proposed project (e.g., facilities, equipment, IT systems, and financial management systems).

4. Describe how program continuity will be maintained if/when there is a change in the operational environment (e.g., staff turnover, change in project leadership, change in elected officials) to ensure stability over the life of the grant.

5. Provide a complete list of staff positions for the project, including the Project Director (suggested at .75 – 1.0 FTE level of effort) and other key personnel, showing the role of each and their level of effort and qualifications.

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this FOA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. Specify and justify any additional measures you plan to use for your grant project.

2. 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. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this FOA and document your ability to conduct the assessment.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in Appendix B – Sample Budget and Justification of this document. **It is highly recommended that you use the Sample Budget format in Appendix B. This will expedite review of your application.**

Be sure your proposed budget reflects the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget**.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Section II-3.1, Required Application Components.)

REQUIRED SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix D, Biographical Sketches and Job Descriptions, for instructions on completing this section.

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section F of your application. **Failure to include these procedures will impact the review of your application.** See Appendix A of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over $150,000, approval by the CMHS;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System

for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Grantees are expected to submit bi-annual reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

R. Andrew Hunt, MSW, LICSW
Child Adolescent and Family Branch
Division of Service and Systems Improvement, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 14N06D Rockville, Maryland 20857
(240) 276-1926
Andrew.hunt@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1408
FOACMHS@samhsa.hhs.gov

Appendix A – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LBGT people or other targeted groups.

    - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

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

   - Provide in **Attachment 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

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

- 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.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

    - Whether or not their participation is voluntary.

    - Their right to leave the project at any time without problems.

    - Possible risks from participation in the project.

    - Plans to protect clients from these risks.

- Explain how you will obtain 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 **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent 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, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, "Sample Consent Forms",** of your application. 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. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix B – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	**$52,765**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	**$10,896**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) $10,896

C. Travel: Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
(2) Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	**$2,444**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **$2,444**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: Materials costing less than $5,000 per unit (federal definition) and often having one-time use

FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900
Printer	$300	$300
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$750
(2) Treatment Services	1040 Clients	$27/client per year		$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*****Travel at 3,124 @ .50 per mile = $1,562 *****Training course $175 *****Supplies @ $47.54 x 12 months or $570 *****Telephone @ $60 x 12 months = $720 *****Indirect costs = $9,390 (negotiated with contractor)	$46,167
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12 month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: Expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	$15/sq. ft. x 700 sq. ft.	$10,500
(2) Telephone	$100/mo. x 12 mo.	$1,200
(3) Client Incentives	$10/client follow up x 278 clients	$2,780
(4) Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	**$15,815**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.

(3) The $10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: https://rates.psc.gov/fms/dca/map1.html. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe **(.08 x $63,661)** **$5,093**

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) $5,093

TOTAL: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
$177,806

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Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date: 09/30/2012 b. End Date: 09/29/2017

BUDGET SUMMARY (should include future years and projected total)

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.
Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II - Appendix C, Standard Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-5 of the** FOA **Part I: Programmatic Guidance.**

Infrastructure Development	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Infra-structure Costs**
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	$558	$558	$558	$558	$558	$2,790
Travel	0	0	0	0	0	0
Equipment	$15,000	0	0	0	0	$15,000
Supplies	$1,575	$1,575	$1,575	$1,575	$1,575	$7,875
Contractual	$5,000	$5,000	$5,000	$5,000	$5,000	$25,000
Other	$1,617	$2,375	$2,375	$2,375	$2,375	$11,117
Total Direct Charges	$6,000	$11,758	$11,758	$11,758	$11,758	**$53,072**

Infrastructure Development	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Infra-structure Costs**
Indirect Charges	$750	$750	$750	$750	$750	**$3,750**
Total Infrastructure Costs	**$6750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$56,782**

Data Collection & Performance Measurement	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Data Collection & Performance Measurement Costs**
Personnel	$6,700	$6,700	$6,700	$6,700	$6,700	$33,500
Fringe	$2,400	$2,400	$2,400	$2,400	$2,400	$12,000
Travel	$100	$100	$100	$100	$100	$500
Equipment	0	0	0	0	0	0
Supplies	$750	$750	$750	$750	$750	$3,750
Contractual	$24,950	$24,950	$24,950	$24,950	$24,950	$124,750
Other	0	0	0	0	0	0
Total Direct Charges	$34,300	$34,300	$34,300	$34,300	$34,300	$171,500
Indirect Charges	$698	$698	$698	$698	$698	$3,490
Data Collection & Performance Measurement	**$34,900**	**$34,900**	**$34,900**	**$34,900**	**$34,900**	**$174,500**

Appendix C - References

American Indian and Alaska Native Youth Mental Health

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Appendix D - Prior Circles of Care Grantees

Circles of Care 1998-2001:

- 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
- Oglala Sioux Tribe, South Dakota

Circles of Care II 2001-2004:

- Blackfeet Nation, Montana
- Central Council Tlingit and Haida Indian Tribes of Alaska
- Pascua Yaqui Tribe of Arizona
- Puyallup Tribal Health Authority, Washington
- Salt River Pima-Maricopa Indian Community, Arizona
- United Indian Involvement, Los Angeles, California
- Ute Indian Tribe, Utah

Circles of Care III 2005-2008:

- Cook Inlet Tribal Council, Alaska
- Denver Indian Family Resource Center, Colorado
- Muscogee (Creek) Nation, Oklahoma
- Native American Rehabilitation Association, Portland, Oregon
- Quileute Tribe, Washington
- Sinte Gleska University, South Dakota
- Tulsa Indian Health Care Resource Center, Oklahoma

Circles of Care IV 2008-2011:

- American Indian Center, Chicago, Illinois
- American Indian Health and Family Services of Southeast Michigan, Detroit, Michigan

- Crow Creek Sioux Tribe, South Dakota
- Indian Center Inc, Omaha and Lincoln, Nebraska
- Karuk Tribe of California
- Mashantucket Pequot Tribe, Connecticut
- Pueblo of San Felipe, New Mexico
- Standing Rock Sioux Tribe, North Dakota and South Dakota

Circles of Care V 2011-2014:

- American Indian Education Center, Cleveland, Ohio
- Boys and Girls Club of the Northern Cheyenne Nation, Montana
- Fresno American Indian Health Project, California
- Native American Indian Center of Central Ohio, Cleveland, Ohio
- Tohono O'odham Community College, Arizona
- Yellowhawk Tribal Health Center, Confederated Tribes of the Umatilla Indian Reservation, Oregon
- Yurok Tribe, California

Circles of Care VI 2014-2017:

- Hoh Tribe, Washington
- Indian Heath Center of Santa Clara Valley, San Jose, California
- Lower Brule Sioux Tribe, South Dakota
- Makah Indian Tribe, Washington
- Native Americans for Community Action, Flagstaff, Arizona
- Osage Nation, Oklahoma
- Quartz Valley Indian Reservation, California
- Red Cliff Band of Lake Supperior Chippewas, Wisconsin
- Seattle Indian Health Board, Washington
- Tanana Chiefs Conference, Fairbanks, Alaska
- Ute Mountain Ute Tribe, Utah

Appendix E - Definition of Family-Driven Care

Definition of Family-Driven Care

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, State, Tribe, territory and nation. This includes:

- choosing supports, services, and providers;
- setting goals;
- designing and implementing programs;
- monitoring outcomes; and
- determining the effectiveness of all efforts to promote the mental health of children and youth.

Guiding Principles of Family-Driven Care

1. Families and youth are given accurate, understandable and complete information necessary to make choices for improved planning for individual children and their families.
2. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.
3. Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers.
4. Providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth.
5. Providers take the initiative to change practice from provider-driven to family-driven.
6. Administrators allocate staff, training and support resources to make family-driven practice work at the point where services and supports are delivered to children, youth and families.
7. Families and family-run organizations engage in peer support activities to reduce isolation and strengthen the family voice.
8. Community attitude change efforts focus on removing barriers created by stigma.
9. Communities embrace and value the diverse cultures of their children, youth and families.
10. Everyone who connects with children, youth and families *continually advance their cultural and linguistic responsiveness as the population served changes.*

Characteristics of Family-Driven Care

1. Family and youth experiences, their visions and goals, their perceptions of strengths and needs and their guidance about what will make them comfortable steer decision making about all aspects of service and system design, operation, and evaluation.
2. Family-run organizations receive resources and funds to support and sustain the infrastructure that is essential to insure an independent family voice in their communities, States, Tribes, territories and the nation.

3. Meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted and it is safe for everyone to speak honestly.
4. Administrators and staff actively demonstrate their partnerships with all families and youth by sharing power, resources, authority and control with them.
5. Families and youth have access to useful, usable and understandable information and data, as well as sound professional expertise so they have good information to make decisions.
6. All children, youth and families have a biological, adoptive, foster or surrogate family voice advocating on their behalf.

Appendix F – Definition of Youth-Guided Care

"Youth Guided" means that young people have the right to be ***empowered***, ***educated***, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state [tribe] and nation. This includes giving young people *a* ***sustainable*** *voice and then* ***listening*** *to that voice*. Youth guided organizations create safe environments that enable young people to gain self ***sustainability*** in accordance with the cultures and beliefs with which they identify. Further, a youth guided approach recognizes that there is a continuum of **power** that should be shared with young people based on their understanding and maturity in a ***strength*** based ***change process***. Youth guided organizations recognize that this process should be ***fun*** and ***worthwhile***.

*This definition was developed by Youth M.O.V.E. National, in conjunction with the Substance Abuse and Mental Health Services Administration. http://www.youthmovenational.org/Pages/youth-leadership-development.html

Appendix G - Key Personnel

Principal Investigator

Serves as the official responsible for the fiscal and administrative oversight of the grant and also is responsible and accountable to the funded community for the proper conduct of the grant.

Project Director

The Project Director is responsible for strategic oversight and day-to-day activities of the grant. This key position is responsible for establishing the organizational structure; hiring staff; and providing leadership in all facets of the planning and development of a *system of care model*, including guiding the establishment of inter agency collaborations with other child serving agencies. This key position should be staffed by one individual with knowledge in children's mental health and related service systems; with demonstrated experience in planning and building service systems, management, policy analysis and strategic thinking; change oriented leadership; and, demonstrated ability to foster collaborative relationships. This is a full-time equivalent position and typically filled by someone with a master's degree in a health or social services related field.

Evaluation Staff

At least one full-time position will be filled by staff that direct and coordinate the performance assessment requirements and the local evaluation efforts. Using a community-based participatory approach, evaluation staff will be responsible for developing the procedures, protocols and methods to assist program staff in the process and products required in the grant activities. Evaluators will include policy makers, family members and agency professionals while incorporating culturally and linguistically diverse youth and family members in multiple activities of the evaluation.

Although not required, it is strongly recommended that evaluation personnel be well grounded in community-based participatory research approaches. The program evaluation efforts should be led by an individual with credentials and professional experiences equivalent to a doctoral-level degree, or expertise in program evaluation, measurement, and research methodology. In addition, there should be an emphasis on facilitating a process that develops the local community's capacity for ongoing program evaluation.

Family Support Coordinator

Typically, this position is filled by a parent or other family member of a child or adolescent with a serious mental health need, who has received or currently is receiving services from the mental health service system. This position is empowered to hold the project accountable for the "family-driven care" principles (as identified in Appendix L).

This position engages family members in the community and creating opportunities for the "family voice" to be included in all aspects of the grant. Responsibilities include, but are not limited to, working in partnership with the awardee staff in all aspects of developing, implementing and evaluating the system of care and providing support services for families receiving services through the cooperative agreement. This may be responsible for creating and institutionalizing an ongoing family support or family advocacy groups, or partnering with existing groups.

Youth Engagement Specialist

This position, typically filled by a young adult, is responsible for developing and leading activities to represent the voice of youth who have serious mental health needs with staff who are charged with the planning and implementation of the system of care. The position is empowered to hold the awardee accountable for the "youth-guided" principles identified in Appendix F. Responsibilities also include developing programs for young people to facilitate their involvement in the planning and development of a system of care model, and to promote and model positive youth leadership.

Social Marketing/Public Education Coordinator

This position is responsible for developing and implementing a comprehensive social marketing/public education strategy in cooperation with program staff, evaluation staff, youth, families and other members of the community. The position's functions include development of the social marketing plan, public education activities and overall outreach efforts. Experience in media, public speaking, communications, marketing and design are helpful, but not required for this position.

Community/Cultural Coordinator

This key position has the authority and responsibility for assisting program staff, evaluation staff, families, youth, contractors and all other system partners in ensuring that activities of the grant are culturally competent and community-based. The position is responsible for empowering community involvement in all aspects of planning and development of a *system of care model*. The position works closely with the Youth Engagement Specialist and Family Support Coordinator to ensure broad representation and participation in grant activities.