Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Circles of Care IV: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native Communities

(Short Title: Circles of Care)

(Initial Announcement)

Request for Applications (RFA) No. SM-08-012

Catalogue of Federal Domestic Assistance (CFDA) No.: 92.243

Key Date:

Application Deadline	**Applications are due by May 09, 2008.**

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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) 2008 for Circles of Care IV: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native Communities (Short Title: Circles of Care) 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 *system of care* to support mental health and wellness for their children, youth and families. These grants will increase the capacity and effectiveness of behavioral health systems serving AI/AN communities. As a result, Circles of Care grantees will be equipped to reduce the gap between the need for behavioral health services and the availability and coordination of services for children and families in AI/AN communities. In FY 2008, SAMHSA/CMHS is especially interested in projects that focus on improving the linkages between primary care and behavioral health.

Funding Opportunity Title:	Circles of Care
Funding Opportunity Number:	SM-08-012
Due Date for Applications:	May 09, 2008
Anticipated Total Available Funding:	$2,141,000
Estimated Number of Awards:	7
Estimated Award Amount:	Up to $305,875 per year
Length of Project Period:	Up to 3 years
Eligible Applicants:	State and federally recognized Tribes and tribal organizations including urban Indian organizations and Tribal colleges and universities [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2008 for Circles of Care IV: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native Communities (Short Title: Circles of Care) 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 *system of care* to support mental health and wellness for their children, youth, and families. These grants will increase the capacity and effectiveness of behavioral health systems serving AI/AN communities. As a result, Circles of Care grantees will be equipped to reduce the gap between the need for behavioral health services and the availability and coordination of services for children and families in AI/AN communities. In FY 2008, SAMHSA/CMHS is especially interested in projects that focus on improving the linkages between primary care and behavioral health.

The Circles of Care grant program draws on the *system of care* philosophy and principles that are implemented in the SAMHSA Cooperative Agreements for Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI). In this grant, 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 serious mental health needs and their families. In a model system of care, 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 community members work in partnership with child serving agency directors and staff members to formulate methods to reduce stigma, improve relationships between provider groups, address service capacity issues and increase cultural competence in the overall system: tribal, county, State and federal.

Tribal colleges and universities (TCUs) have been instrumental in some tribal systems of care projects, conducting needs assessments, facilitating strategic planning, and developing and presenting culturally specific wraparound training curricula for providers and community members. Tribal colleges often utilize distance-learning technology to partner with full universities, to enable students to stay in the community and pursue advanced degrees. Post-secondary student populations often face emotional/behavioral barriers to course completion such as substance abuse, suicidal behaviors and competing family responsibilities. These students represent important sources of future providers to their own communities.

Circles of Care is one of SAMHSA's infrastructure grant programs. SAMHSA's infrastructure grants support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective mental health services through a system of care approach. SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve populations/communities with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. Successful

applicants will provide a coherent and detailed conceptual "roadmap" of the process by which they have assessed or intend to assess service system needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will implement, enhance and sustain effective programs and services.

Circles of Care grants are authorized under 520 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

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

- Develop a holistic local system of care model that is designed by American Indian/Alaska Native community members, in partnership with program and evaluation staff, to develop the integration of behavioral health and primary healthcare systems and strengthen infrastructure towards this goal.
- Actively engage a wide range of AI/AN community members (including youth and family members representative of the population of focus) in assessing service system needs, gaps and potential resources, and plan infrastructure development strategies that meet those needs and promote wellness among children and their families.
- Place special emphasis on developing infrastructure to address co-occurring issues of mental health and substance abuse, suicide and other problems of high concern to AI/AN communities.
- Increase the participation of families, tribal leaders and spiritual advisors in planning and developing service systems and treatment options based on the values and principles of the AI/AN community served by the project.
- Evaluate the feasibility of the proposed community service system model, in terms of potential resources for implementation beyond the life of this grant.
- Serve as a catalyst for broad-based, systemic change in the community including policy reform and infrastructure development that results in a holistic model system of care that is community-based, family-driven, youth-guided, culturally competent and collaborative across multiple agencies.

As of the fall 2007, approximately 1.4 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Department of Defense data indicate that over 24,000 active duty service members are American Indian (not including those who are Indian and another race). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2.1 Required Activities

During the first year of the project:

- conduct an in-depth analysis of the existing infrastructure of the local child serving system to identify policy, service gaps and potential resources;
- facilitate culturally respectful strategic planning activities engaging community members, key stakeholders, youth, elders, spiritual advisors and tribal leaders to identify outcome expectations and measures;
- implement consensus building to develop a culturally relevant logic model for an integrated system of care through family-driven and youth-guided approaches (see definitions in Appendices I and J);
- utilize culturally appropriate social marketing techniques to broaden the awareness of behavioral health throughout the population of focus and reinforce commitments from system partners.

During years two and three of the project:

- formalize interagency commitments;
- reinforce the role of community leaders, members, youth and families in decision-making;
- develop policies, corresponding funding streams and other strategies for implementation and sustainability of the model system of care;
- identify evidence-based practices that may be culturally relevant in the community;
- identify the role of traditional healing practices (practice-based evidence) in the community, especially if there are indications that such integration will reduce disparities in mental health care;
- conduct trainings to expand service capacity;
- confirm performance measures for system assessment;
- complete the feasibility assessment and process evaluation, leading to adoption of the model.

2.2 Data Collection and Performance Measures

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section D: Performance Assessment and Data" of your application. Grantees will be required to report performance measures on infrastructure development. These measures are currently under development, but will most likely be derived from the following domains: policy development; workforce development; financing; organizational restructuring; accountability; types/targets of practices; and cost efficiency. Data will be collected via the cross site evaluation until the measures are completed and data collection instruments are implemented in FY 2009. Performance information may be gathered from administrative data and/or from data the grantee will be required to collect. Data collected will be entered into the CMHS Transformation Accountability

(TRAC) Web-based system on an annual basis on data collection forms which are also under development. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.2. 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. 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 twice per year. A suggested reporting format will be provided after the award**.**

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider local outcome and process questions, such as the following examples:

Outcome Questions:

- Have changes been made through program activities to support appropriate training, credentialing and/or certification that promote local AI/AN workforce development?
- What program or tribal government policies have been instituted to promote ongoing family-driven and youth-guided participation in formulating and implementing behavioral health/primary care-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 integrated behavioral health and primary care services 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 representatives and primary care representatives?
- 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% 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.

2.4 Grantee Meetings

At least two mandatory grantee meetings will be scheduled each year, which will likely alternate between Portland, Oregon and Denver, Colorado. Grantee meetings are a primary resource for training, technical assistance, peer-to-peer consensus development and negotiation of desired project outcomes. Teams attending the grantee meeting should include a minimum of 6 members (the project director, evaluator, family representative, youth representative, cultural broker/community leader, and a behavioral health and/or primary care provider.) Additional key community members, such as tribal council representatives may also be appropriate to attend meetings. The anticipated annual cost for the local and grantee meeting travel is $21,000. Travel cost estimates include increased rates for local rural travel, small rural airports and support for consumer/community/board participation. Applications must include funding for travel to grantee meetings in the budget. Attendance is required and failure to do so may result in the reduction or elimination of continuation funds.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $2,141,000

Estimated Number of Awards: 7

Estimated Award Amount: Up to $305,875 per year

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $305,857 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. **Applicants should be aware that funding for this program is not included in the FY 2009 President's budget request, and funding beyond FY 2008 is not guaranteed. SAMHSA is allowing applicants to submit proposals for 2 additional budget years for planning purposes and for technical assistance in sustainability activities.**

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are State and federally recognized American Indian/Alaska Native (AI/AN) Tribes, tribal organizations and Tribal colleges and universities. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Prior Circles of Care grantees are ineligible to apply (See Appendix H).

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing match are not required in this program.

3. OTHER

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix **A** of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/apply.aspx

Additional materials available on the SAMHSA web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- information on technical assistance Webinars for perspective applicants on March 31, and April 1, 2008;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed**.

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – SF 424 v2 is the Face Page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population of focus, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.

- **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix F of this document.

- **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 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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 provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

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

  - *Appendix 1*: Letters of Support
  - *Appendix 2*: Data Collection Instruments/Interview Protocols
  - *Appendix 3*: Sample Consent Forms
  - *Appendix 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.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kits.

- **Certifications** - You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 9, 2008. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 P.M. (EST). **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through www.Grants.gov. Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at www.samhsa.gov/grants/management.aspx:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's **Circles of Care** grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.

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

- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

5. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **"Circles of Care SM 08-012"** in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

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. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative (Sections A-D) together may be no longer than 25 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not**

be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 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, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (10 points)

- Describe the proposed catchment area and the individuals who will receive services through the targeted systems or agencies.

- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain and improve effective integration of behavioral health and primary care services for the proposed population of focus in the proposed catchment area. Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments), 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). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Describe the service gaps, barriers and other problems related to the need for infrastructure development and integration of behavioral health and primary care systems. Describe the community partner agencies, community leaders and other resources in the catchment area that can help implement the needed infrastructure development. Applicants should include whether the applicant receives funds from other related Federal or State grant programs, including the Department of Justice's Tribal Youth Program or other SAMHSA grants. The applicant must describe how the proposed project will be coordinated with any existing Indian Health Service or Bureau of Indian Affairs services in the community along with any projects funded through other grant resources.

- Applicants must show that developing infrastructure to meet identified needs is consistent with priorities of the Tribe or tribal organization.

Section B: Proposed Approach (35 points)

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase system capacity to support effective mental health services.

- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.

- Discuss the population of focus language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.

- Provide a logic model (see Appendix C) that demonstrates the linkage between the identified need, the proposed approach and outcomes.

- If you plan to include an advisory body in your project, describe its membership, roles and functions, frequency of meetings and how it will relate to the elected governing body of the Tribe or tribal organization.

- Describe any other organizations that will participate in the proposed project and their roles and responsibilities. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the population of focus.

- Describe how members of the population of focus were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project to promote family-driven and youth-guided policy development and services (see Appendices I and J) and a sense of community ownership of the project.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe how your activities will improve the capacity for a coordinated and collaborative mental health service system for children and families in your community and improve the integration of behavioral health and primary care systems.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section C: Staff, Management, and Relevant Experience (25 points)

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator, treatment/prevention personnel, community coordinators or youth/family representatives.

- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population. If the population of focus is multicultural and multilinguistic, describe how the staff are qualified to serve this population.

Section D: Performance Assessment and Data (30 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project and how additional measures will be reviewed or adapted for cultural relevance in the community.

- Describe how data will be used to manage the project and assure continuous quality improvement.

- Describe how family-driven and youth-guided principles will be incorporated throughout each step of the performance assessment process (see Appendices I and J for definitions).

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

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

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of 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. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix F of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at www.hhs.gov/forms/PHS-5161-1.doc.

Section H: 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 H of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix E of this RFA.

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 must address the eight bullets 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 eight bullets, 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.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.

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

- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $20. (See Appendix E: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

- Discuss why the risks are reasonable compared to expected benefits 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 of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over $100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at http://www.samhsa.gov/grants/management.aspx.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/management.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit bi-annual and final progress reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's **Circles of Care** grant program are described in Section I-2.2 of this document under "Data Collection and Performance Measurement."

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

R. Andrew Hunt, MSW, LICSW
Child Adolescent and Family Branch
Center for Mental Health Services

Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1054
Rockville, Maryland 20857
(240) 276-1926
Andrew.hunt@samhsa.hhs.gov

For questions on grants management issues, contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

Technical Assistance Webinars

There will be a series of two Webinars (seminars via the internet) providing technical assistance for potential applicants of *Circles of Care*. Part one will be held on March 31, 2008 from 4:00-5:30 PM EST and part two will be held on April 1, 2008 from 4:00-5:30 PM EST. Applicants interested in participating in the Webinars should contact Dolores Jimerson (phone: 503-222-4044 ext 122. E-mail: dolores@nicwa.org) at the National Indian Child Welfare Association for details or questions about how to register for the Webinar. Registration and log-on information for the Webinars can also be found directly at https://nicwa.on.intercall.com .

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. ***If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- ❑ Use the PHS 5161-1 application form.

- ❑ Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")

- ❑ To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included and submitted in the following order:

  - $ Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  - $ Abstract
  - $ Table of Contents
  - $ Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - $ Project Narrative and Supporting Documentation
  - $ Appendices
  - $ Assurances (Standard Form 424B, which is in PHS 5161-1)
  - $ Certifications
  - $ Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - $ Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:

  - $ Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - $ Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - $ Documentation of nonprofit status as required in the PHS 5161-1.

- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.

- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed **12,875** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed**. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., "Appendices 1-3", "Appendices 4-5."

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C – Sample Logic Model

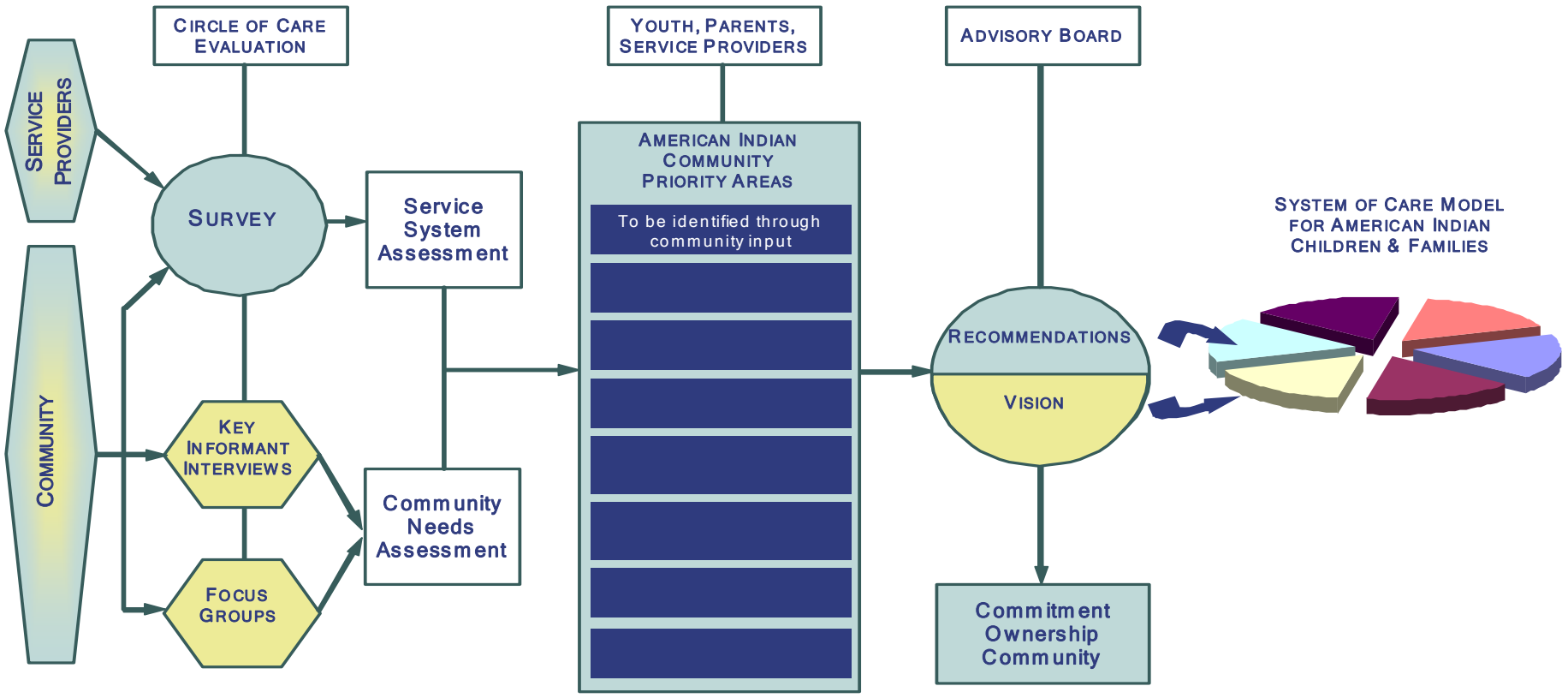
A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), the strategies you use, the infrastructure changes that occur, what takes place (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a "logical" chain of "if-then" relationships.

Look at the graphics on the following pages to see the chain of events that links the inputs to strategies, the strategies to infrastructure changes, the infrastructure changes to outputs, and the outputs to outcomes (goals).

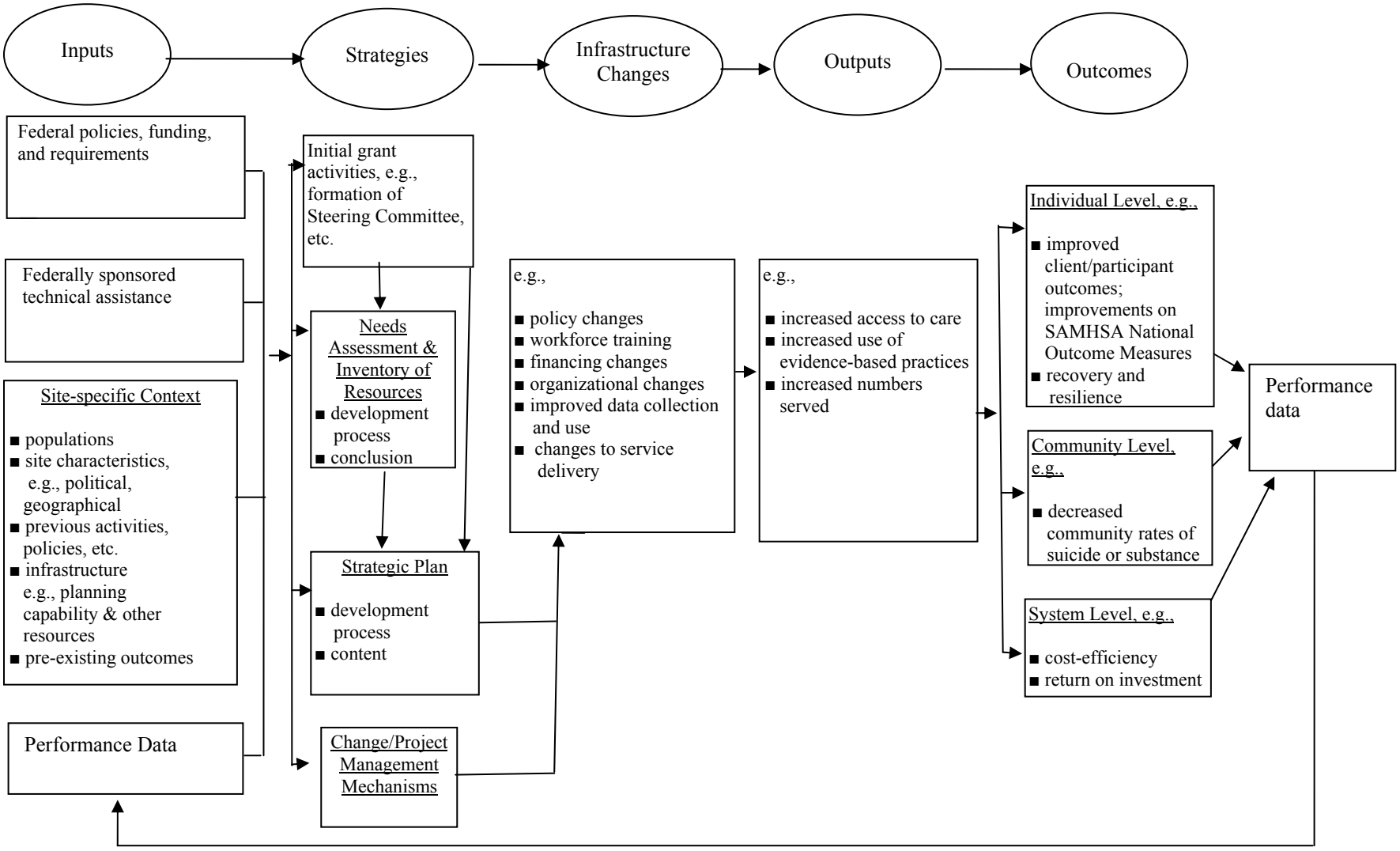
The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your targeted systems or agencies. Then you look at the **Inputs,** which are the resources you will invest to change these conditions. These inputs then are organized into the **Strategies** you will use and the **Infrastructure Changes** that will result. These changes then are intended to create **Outputs** such as increased numbers of people served or numbers of providers trained. **Outcomes** are the intended consequences of the program or activity, such as changes in behavior or rates of substance abuse or mental illness.

*The logic models presented are not a required format and SAMHSA does not expect strict adherence to this format. They are presented only as samples of how you can present a logic model in your application.

SAMPLE INFRASTRUCTURE LOGIC MODEL*
CIRCLES OF CARE PROCESS



Sample Infrastructure Logic Model*



Appendix D – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, *18*(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, *13*(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning, 20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning, 18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

Appendix E – Confidentiality and Participant Protection

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, 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 $20.

- 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 **Appendix 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

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 get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **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 **Appendix 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

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix F – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	$30,000	1.0	$30,000	$-0-	
Clinical Director	J. Doe			$-0-	In-Kind	
Secretary	Unnamed	$18,000	0.5	$-0-	$ 9,000	
Counselor	R. Down	$25,000	1.0	$25,000	$-0-	
SUBTOTAL				**$55,000**	**$9,000**	
Enter Personnel subtotal on 424A, Section B, 6.a.						**$64,000**
Fringe Benefits (24%)				$15,360	$-0-	
SUBTOTAL				**$15,360**	**$-0-**	
Enter Fringe Benefits subtotal on 424A, Section B, 6.b.						**$15,360**

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280	$-0-
Local Travel (500 miles x .24 per mile)	$-0-	$120
SUBTOTAL	**$5,280**	**$120**
Enter Travel subtotal on 424A, Section B, 6.c.		**$ 5,400**

[Note: Current Federal Government per diem rates are available at www.gsa.gov.]

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

SUBTOTAL	**$-0-**	**$-0-**
Enter Equipment subtotal on 424A, Section B, 6.d.		**$-0-**

Supplies

Office Supplies	$500	$-0-	
Computer Software – Microsoft Word	$-0-	500	
Enter Supplies subtotal on 424A, Section B, 6.e.			**$1,000**

CONTRACTUAL COSTS

Evaluation

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Evaluator	J. Wilson	$48,000	.05	$24,000	$-0-	
Other Staff		$18,000	1.0	$18,000	$-0-	
Fringe Benefits (25%)				$10,500	$-0-	
Travel						
2 trips x 1 Evaluator ($600 x 2)				$ 1,200	$-0-	
Per Diem @ $120 x 6				720	$-0-	
Supplies (General Office)				500	$-0-	
Evaluation Contractual Direct Costs				$54,920	$-0-	
Evaluation Contractual Indirect Costs (19%)				$10,435	$-0-	
Evaluation Contract Subtotal				**$65,355**		
SUBTOTAL				**$65,355**	**$-0-**	**$65,355**

Training

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Coordinator	M. Smith	$ 12,000	0.5	$12,000	$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	$-0-	
Fringe Benefits (25%)				5,250	$-0-	
Travel						
2 Trips for Training						
Airfare @ $600 x 2				$1,200	$-0-	
Per Diem $120 x 2 x 2 days				480	$-0-	
Local (500 miles x .24/mile)				120	$-0-	
Supplies						
Office Supplies				$500	$-0-	
Software (Microsoft Word)				$500	$-0-	
Training Contractual Direct Costs Subtotal				$40,025	$-0-	**$40,025**
Training Contractual Indirect Costs Subtotal				$-0-	$-0-	**$-0-**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

SUBTOTAL	**$105,380**	**$-0-**	**$105,380**
Enter Contractual subtotal on 424A, Section B, 6.f.			**$105,380**

	SAMHSA Funded	**Non-Federal Sources**	**TOTAL**
OTHER			
Rent (500 Sq. Ft. x $9.95)	$ 4,975	$-0-	
Telephone	$ 500	$-0-	
Maintenance (e.g., van)	$-0-	$ 2,500	
Audit	$-0-	$ 3,000	
Consultants = Expert @ $250/day X 6 day (If expert is known, should list by name)	$ 1,500	$-0-	
SUBTOTAL	**$6,957**	**$5,500**	
Enter Other subtotal on 424A, Section B, 6.h.			**$12,475**
TOTAL DIRECT CHARGES (sum of 6.a-6.h)			
Enter Total Direct on 424A, Section B, 6.i.			**$192,640**
INDIRECT CHARGES			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [$64,000 X 15% = $9,600]			
Enter Indirect Costs subtotal of 424A, Section B, 6.j.			**$9,600**
Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)			**$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to: a) waive indirect costs if an award is issued; or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified. (NOTE: salary cap of $191,300 is effective for all FY 2008 awards.)

	First 12-month Period	**Second 12-month Period**	**Third 12-month Period**
Personnel			
Project Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies**	1,000	520	520

**Increased amount in 01 year represents costs for software.

Contractual			
Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

***Increased amounts in 02 and 03 years reflect the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix G- References

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Appendix H- Prior Circles of Care Grantees

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

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

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

Appendix I - 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 J – Definition of Youth-Guided Care

Youth-Guided Individual	• Youth is engaged in the idea that change is possible in his or her life and the systems that serve them. • Youth need to feel safe, cared for, valued, useful and spiritually grounded. • The program needs to enable youth to learn and build skills that allow them to function and give back in their daily lives • There is a development and practice of leadership and advocacy skills, and a place where equal partnership is valued. • Youth are empowered in their planning process from the beginning and have a voice in what will work for them. • Youth receive training on how systems operate, their rights, purpose of the system and youth involvement and development opportunities.
Youth-Guided Community	Community partners and stakeholders have: • An open minded viewpoint and there are decreased stereotypes about youth. • Prioritized youth involvement and input during planning and/or meetings. • A desire to involve youth • Begun stages of partnership with youth. • Begun to use language supporting youth engagement. • Taken the youth view and opinion into account. • A minimum of one youth partner with experience and/or expertise in the systems represented. • Begun to encourage and listen to the views and opinions of the involved youth, rather than minimize their importance. • Created open and safe spaces for youth • Appropriate incentives are provided to youth. This includes youth participation in the program as well as those who serve on boards or provide training.
Youth-Guided Policy	• Youth are invited to meetings • Training and support is provided for youth on what the meeting is about • Youth and board are beginning to understand the role of youth at the policy-making level • Youth can speak on their experiences (even if it is not in perfect form) and talk about what's really going on with young people. • Adults value what youth have to say in an advisory capacity. • Youth have a role in decision making. • Youth have an appointed mentor who is a regular attendee of the meetings and makes sure that the youth feels comfortable to express his or herself and clearly understands the process.