

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM - 01 - 014
Part I - Programmatic Guidance**

**Grants to Support Restraint & Seclusion
Training in Programs that Serve Children and Youth**

Short Title: Restraint & Seclusion Training

Application Due Date:
June 19, 2001

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) announces the availability of Fiscal Year 2001 funds for 5 demonstration site grants and one coordinating center to develop and demonstrate the effectiveness of a best-practices training model on appropriate use of restraint and seclusion which emphasizes conflict resolution and de-escalation. This training initiative targets non-medical community-based residential and day treatment programs serving children and youth.

Applicants may apply for **either** the demonstration sites or the coordination center, but not both.

Awards for demonstration sites and the coordinating center may be requested up to 3 years. Annual non-competitive continuation awards will depend upon the availability of funds and progress achieved.

A total of \$1,500,000 will be available for five demonstration site grants at \$300,000 each.

A total of \$500,000 will be available to support one coordinating center.

Background

Recent media attention and GAO investigations have identified potential dangers associated with the misuse of restraint and seclusion on persons with mental illness. In October 1998, the Hartford Courant *News* published an investigative series which documented deaths in psychiatric treatment facilities directly associated with the inappropriate use of restraint and seclusion. According to the Hartford Courant, children accounted for nearly 26% of the deaths but make up less than 15% of the population of facilities treating persons with mental illness. In 1999, the GAO estimated that up to 150 people die each year from inappropriate use of restraint and seclusion and an alarming number of these deaths involved children treated in mental health facilities. Additionally, there are other serious physical and psychological injuries and consequences associated with the use of restraint and seclusion for children and youth as well as for program staff. However, the full extent of injuries and deaths related to the inappropriate use of restraint and seclusion is unknown as there is no comprehensive reporting system to track injuries, deaths or rates of restraint and seclusion.

Challenges to today's mental health system present management and service delivery issues for acute care treatment programs for children and youth with behavior management problems. As a result, these community-based facilities are serving more seriously ill children and youth who may be more difficult to manage.

These residential and day treatment programs present significant challenges for treatment and administrative staff and may rely on the use of restraint and seclusion as a means to help manage difficult to manage children and youth.

It is recognized that the type of restraint and seclusion employed may not be appropriate for the child or youth for which it is used.

Furthermore, there is no national data available on the utilization of restraint and seclusion in non-medical community-based facilities serving children and youth. In addition to the lack of data, other efforts needed to improve both the consumer and programmatic outcomes of restraint and seclusion include the following:

- , best practices training for staff in non-medical community-based programs;
- , technical assistance; and
- , data to assess the outcomes of restraint and seclusion utilization.

In 1998, CMHS recognized the need to address the use of restraint and seclusion in psychiatric facilities and in 1999, convened a committee of families, consumers, various mental health advocacy groups and organizations with representatives concerned with issues related to restraint and seclusion. The committee identified a need to establish standards to monitor seclusion and restraint use in psychiatric facilities including facilities that serve children and youth, a need for staff training in the appropriate use of restraint and seclusion, and alternatives to the use of restraint and seclusion.

In 1999, the Health Care Financing Administration (HCFA) promulgated draft restraint and seclusion regulations for adults and children and youth under 21 years of age. These regulations, although not presently finalized, apply to inpatient and acute care

facilities. In 2000, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) added new restraint and seclusion monitoring standards to its survey of health care organizations.

In October 2000, Congress amended the Children's Health Act of 2000, Parts H and I. Part I requires restraint and seclusion regulations to be developed for certain non-medical community based facilities for children and youth.

While providing leadership for the initiatives mentioned above, CMHS, in Fiscal Year 2000 awarded a contract to the National Association of Consumer/Survivors Mental Health Administrators to development a consumer-centered restraint and seclusion curriculum training manual to be completed in this calendar year. For more information about this training manual, please contact Joyce Jorgerson at (651) 237-0646.

All of these initiatives identify a need for staff training in the appropriate use of restraint and seclusion in non-medical residential and day treatment programs serving children and youth.

Program Overview

The Restraint and Seclusion Model Training program is designed to:

- Develop efficacious training models for professional and support staff on the appropriate use of restraint and seclusion in non-medical community-based residential and day treatment programs for children and/or youth who have a serious emotional, behavioral or mental disorder.

- Analyze the data from the five demonstration sites on the impact of such training models on restraint and seclusion utilization and the safety of consumer, staff, and others.
- Across all demonstration sites, provide a range of efficacious training models which address the unique characteristics of urban, suburban and rural geographic areas.
- Across all demonstration sites, provide a range of efficacious training models for special clinical and treatment management issues affected by age, gender, weight and other individual-based factors.

Applicants for a demonstration site will be required to integrate consumer involvement ~~throughout the demonstration project and will~~ need to address each of the elements described in the Guidelines for Assessing Consumer and Family Participation located in Appendix A.

Who Can Apply?

I. Demonstration Projects

Applications for the demonstration site grants may be submitted by public and private non-profit entities.

Applicants for the demonstration site grants must have been licensed to provide mental health treatment services for the past three years. Include copies of your licenses in Appendix VI of your application.

For example, applications may be submitted

from the following entities:

- / day treatment programs
- / non-medical community based 24-hour residential programs
- / legal protection and advocacy organizations
- / child welfare agencies/organizations
- / consumer advocacy organizations
- / community and faith based organizations and programs
- / other child and/or youth serving organizations

II. Coordinating Center

Applications for the coordinating center may be submitted a public or private non-profit entity.

For example, applications may be submitted from the following:

- / consumer advocacy and rights organizations that represent children and youth.
- / state mental health agencies
- / universities and research institutions
- / faith based organizations and institutions

Application Kit

Application kits have several parts. The grant announcement (GFA) has 2 parts. Part I is different for each GFA. This document is Part I. Part II has general policies and procedures that apply to all SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application.

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

application.

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

Call the Center for Mental Health Services national clearinghouse, the Knowledge Exchange Network at (800) 789-2647 or

Download from the SAMHSA site at www.SAMHSA.gov

Where to Send the Application

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

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

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

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
“SM-01-004, Restraint and Seclusion Demonstration Site” **OR** “SM-01-004 Coordinating Center” in Item Number 10 on the face page of the application form.
3. If you require a phone number for delivery, you may use 301 435-0715.

Application Dates

Your application must be received by

June 19, 2001.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2001.

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

How to Get Help

For questions on program issues, contact:

Deborah Baldwin
Public Health Advisor
Center for Mental Health Services
SAMHSA/CMHS - Room 15C -21
5600 Fishers Lane
Rockville, MD 20857
(301) 443- 4257
E-Mail: dbaldwin@samhsa.gov

For questions on grants management issues, contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: shudak@samhsa.gov

Funding Criteria

Decisions to fund a cooperative agreement are based on:

1. The strengths and weaknesses of the application as shown by the Peer Review Committee and approved

by the CMHS
National Advisory Council.

2. Availability of funds.
3. Diversity of rural/suburban/urban demonstration sites.

Post Award Requirements

Demonstration Sites

- , Enter into a collaborative agreement with the coordinating center.
- , Submit requested reports to the coordinating center and to CMHS.
- , Attend requested meetings.
- , Identify technical assistance needs and participate in technical assistance meetings provided by the coordinating center.
- , Submit annual reports to the coordinating center and to CMHS.
- , Submit a final report to the coordinating center and to CMHS.

Coordinating Center

- , Establish collaborative agreements with the demonstration sites.
- , Submit progress reports to CMHS.
- , Attend requested meetings.
- , Provide final project report that

evaluates the exemplary restraint and seclusion training models developed by the demonstration sites.

Program Goals

I. Demonstration Projects

The purposes of these awards are to:

- , Develop and implement training models that are designed to improve the skill level and knowledge of staff in appropriate use of restraint and seclusion.
- , Demonstrate training models which assure safety, quality and appropriateness for children, youth, program staff and others.
- , Ensure that the most appropriate behavior interventions are used to avoid inappropriate use of restraint and seclusion inclusive of conflict resolution and de-escalation.

II Coordinating Center

- , Provide demonstration site staff with the technical assistance to develop best practices training models.
- , Evaluate whether the training models are effective/reduce the utilization of restraint and seclusion and serious injuries to consumers, staff, and others by establishing measurable outcomes, and by collecting and analyzing data from the demonstration sites.
- , Establish and convene an advisory

committee which will provide input into the provision of technical assistance, data analysis and development of the best practices training manual.

Assist CMHS in preparing information on exemplary training models for SAMHSA clearance, publication and distribution.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

In the first five lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

Your total abstract should not be longer than 35 lines.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each

appendix.

4. BUDGET FORM

Standard Form 424A. See Appendix B in Part II for instructions.

5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION

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

Demonstration Sites

G Section A - Assessment of Needs

G Section B - Development of Training Model

G Section C - Implementation of Training Model

G Section D - Describe the Quality Assurance/Improvement Program

G Section E - Management Plan

Coordinating Center

G Section A - Goals and Objectives

G Section B - Implementation Plan

G Section C - Evaluation Methodology

G Section D - Management Plan

G Section E - Not Required

The support documentation for your application is made up of sections F through I. There are no page limits for these sections, except for Section H, the Biographical Sketches/Job Descriptions.

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

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

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

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

G Section H- Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him with his sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in*

the Program Narrative section of the PHS 5161-1.

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

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES

C Use only the appendices listed below.

C **Don't** use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).

C **Don't** use more than **30 pages** (plus all instruments) for the appendices.

Demonstration Sites

Appendix I: Schedule of time lines, activities and reports.

Appendix II: Letters of coordination and support.

Appendix III: Restraint and seclusion protocol, policies, procedures and other relevant information.

Appendix IV: Training Model

Appendix V: Evidence of three year licensure/certification

Appendix VI: Sample Consent Form

Coordinating Center

Appendix I: Schedule of time lines, activities and reports

Appendix II: Letters of coordination and support

Appendix III: Sample demonstration site collaborative agreement

Appendix IV: Data collection instruments

7. ASSURANCES

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

8. CERTIFICATIONS

See Part II for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative– Sections A Through E Highlighted

Your application consists of addressing sections A through I. **Sections A through E, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

K Sections A through E may not be longer

than 25 pages.

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

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

K Reviewers will also be looking for cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criterion.

Demonstration Sites

Section A: Assessment of Needs (10 points)

, Provide a literature search on the use of restraint and seclusion.

, Provide a description of the target population demographics and characteristics.

, Provide a needs assessment of the target consumer group and program staff.

Section B: Development of Training Model (35 points)

, Describe the goals and objectives of the proposed training model.

, Relate the goals and objectives of the proposed training model to the identified stakeholder needs and clinical

profile.

Describe how the proposed training model addresses the specific problems and issues related to use of restraint and seclusion in the residential/day treatment program.

Identify if the training model is currently in use or to be developed.

Describe how the proposed training model addresses the appropriate use, type, and techniques of restraint and seclusion.

Include a description of safe interventions and management (e.g., de-escalation methods, avoidance of power struggles, conflict resolution, thresholds for restraints) of children and youth.

Describe how cultural competency and diversity factors are/will be integrated into the proposed training model.

Describe how the proposed training model will address the following:

- Relationship building.
- Physical signs of distress and obtaining timely and appropriate clinical and medical attention.
- Time limits for use of restraint and seclusion and the process of obtaining approval for continued use.
- Problems resulting from the use of restraint and seclusion including documentation of adverse incidents

involving children and youth.

- Opportunities for debriefing after the use of restraint and seclusion.

- Timely and adequate reporting and documentation of notification of all serious injuries and deaths.

- Investigation and reporting of injuries and complaints to the appropriate state and federal authorities.

- Legal issues.

- Clinical assessment and evaluation of the child and/or youth.

- Treatment plan to address assessed behavior management issues.

Section C: Implementation of Training Model

(20 points)

Describe how the training curriculum will be implemented.

Describe which staff will be trained.

Describe how consumers will be involved in the implementation of the training model.

Describe potential barriers (such as staff coverage) to implementing the training as well as methods to overcome them.

Section D: Describe the Quality

Assurance/Improvement Program

(10 points)

Describe:

How the training model will be included into the demonstration site’s overall program quality assurance/improvement plan.

How the plan currently provides or will provide trends, issues and outcome data related to the training model.

How the plan will address the technical assistance needs of the program staff.

Discuss the extent to which family members and consumers are/will be involved in the quality assurance/improvement process.

management and security, storage, MIS, etc.

Provide time frames, tasks, and responsible staff.

Describe the qualifications and expertise of the project director and other key management staff.

Explain how staff qualifications reflect the target population and demonstrate cultural competency and sensitivity to language, age, race/ethnicity, sexual orientation, and other cultural factors related to the target population.

Identify processes to ensure the adequate numbers of qualified professional and supportive staff to evaluate residents, formulate written individualized comprehensive treatment plans, and provide active treatment.

Section E: Management Plan

(25 points)

Describe how the demonstration site fits into the overall system of care for the targeted population.

Describe the organization’s management structure, including program type, consumer profile, licensures/certification, accreditation, other.

Describe fiscal and human resources to accomplish all aspects of the project.

Describe the program’s infrastructures including any equipment, data

Describe current staff supervision and training in the use of restraint and seclusion and alternatives to avoid use of restraint and seclusion.

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

II. Coordinating Center

Section A: Goals and Objectives

(10 points)

Describe your goals and objectives.

C Provide an analysis of current issues in regard to the use of restraint and seclusion in non-medical community-based residential and day treatment programs for children and youth.

members will be involved in the conceptualization and implementation of the evaluation and technical assistance.

C Include relevant literature and research studies, state and federal initiatives regarding the use of restraint and seclusion.

Section C: Evaluation Methodology
(35 points)

, Describe the goals and objectives of the evaluation design.

C Provide an analysis of issues in the coordination of a variety of study sites.

, Discuss potential issues unique to evaluating this type of multi-site program and provide possible solutions to identified issues.

Section B: Implementation Plan
(35 points)

, Describe the type of technical assistance to be provided and how it will address the needs of each demonstration site.

, Describe proposed methods for collecting and analyzing data, security and quality control.

, Describe the methodological and logistical issues involved in conducting this multi-site evaluation.

, Discuss the role of the advisory committee in the evaluation and interpretation of the data.

, Describe the process and logistical issues in providing technical assistance to this multi-site project. Include the types of technical assistance to be provided and the methods for providing it.

, Describe the measures used to determine effectiveness of conflict resolution and de-escalation techniques.

, Describe how the coordinating center will participate and coordinate with CMHS and the demonstration sites.

, Describe the measures to evaluate restraint and seclusion quality and safety.

, Describe how the advisory committee will be established and its role/relationship to the coordinating center and demonstration sites.

D. Management Plan
(20 points)

, Describe the organization's management structure.

, Describe how consumers and family

, Describe your experience with:
, children and youth served in residential and day treatment programs.

, issues related to restraint and seclusion, including de-escalation and conflict resolution.

, multi-site evaluation and technical assistance.

, Describe fiscal and human resources to accomplish all aspects of the project.

, Describe the infrastructure, especially MIS, data management, storage and analysis facilities, and equipment.

, Provide an action plan showing time frames, tasks, and responsible parties.

, Describe the staffing plan, roles and responsibilities

, Provide the qualifications and expertise of project director, evaluation coordinator, and other key personnel. (Attach resume/vita of such personnel).

, Describe the extent to which staff qualifications reflect the target population and demonstrate cultural competency and sensitivity to language, age, race/ethnicity, sexual orientation and other cultural factors related to the target population.

, Including evidence of national recognition of your organization in addressing mental health issues. (Letters of support may be included in Appendix II.)

, Describe plans to use consultants, if any.

Confidentiality and SAMHSA Participant Protection (SPP)

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

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- c Report any possible risks for people in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø **Protect Clients and Staff from Potential Risks:**

- c Identify and describe any foreseeable

physical, medical, psychological, social, legal, or other risks or adverse effects.

C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.

C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.

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

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

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

U Fair Selection of Participants:

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

C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be

vulnerable to HIV/AIDS.

C Explain the reasons for including or excluding participants.

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

U Absence of Coercion:

C Explain if participation in the project is voluntary or required. Identify reasons why it would be required. For example, court orders requiring people to participate in a program.

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

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

U Data Collection:

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

C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other

use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

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

Ü Privacy and Confidentiality:

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

- c Describe:
 - How you will use data collection instruments.
 - Where data will be stored *and for how long*.
 - 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.

Ý Adequate Consent Procedures:

- c List what information will be given to people who participate in the project. Include the type and purpose of their

participation. Include how the data will be used and how you will keep the data private.

- c State:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.

- c Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- c Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- c Include sample consent forms in your Appendix VI, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

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

D **Risk/Benefit Discussion:**

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

Appendix A.

Guidelines for Assessing Consumer and Family Participation

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

* **Program Mission.** An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

* **Program Planning.** Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

* **Training and Staffing.** The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

* **Informed Consent.** Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any

time.

* Rights Protection. Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

* Program Administration, Governance, and Policy Determination. Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

* Program Evaluation. Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dis-satisfaction measures.

Appendix B

Definitions

- 1. Conflict resolution:**- A formal process that uses various strategies to settle disputes and other differences between opposing parties.
- 2. Cultural Competence:** Attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. This includes an understanding of a group's or member's language, beliefs, norms and values, as well as socioeconomic and political factors which may have significant impact on their psychological well-being, and incorporating those variables into assessment and treatment.
- 3. Day-Treatment:** A planned program of mental health treatment that emphasizes intensive short term therapy or rehabilitation.
- 4. De-escalation:** Strategies used to defuse a volatile situation, to assist a child or youth to regain behavioral control and to avoid physical intervention.
- 5. Quality Assurance/Improvement Program:** A formal set of activities to review and affect the quality of service provided. It includes quality assessment and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative and support services. It is also a continuous process that identifies problems in healthcare and social service delivery, test solutions to those problems, and constantly monitors the solutions for improvement. The Quality Assurance/Improvement Plan is the written documentation identifying how the above processes are addressed.
- 6. Residential:** Twenty-four hour (24) group care, temporary shelter or transition to independent living program or transitional housing program.
- 7. Restraint:** Method of restricting a person's freedom of movement. Physical restraint involves restricting one's movement by using physical force that includes holding a person in a standing, seated or horizontal position.
- 8. Seclusion:** Involuntary confining an person alone to a room from which the person is physically prevented from leaving.

