

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

**Guidance for Applicants (GFA) No. SM-02-003
Part I - Programmatic Guidance**

Cooperative Agreements to Develop, Implement, Stabilize, and Document Models of Comprehensive Programs to Support Transition to Adulthood and Independent Living for Youth with Serious Emotional Disturbances or Serious Mental Illnesses

Short Title: Partnerships for Youth Transition

Application Due Date:
April 11, 2002

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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 2002 funds for cooperative agreements to develop, implement, stabilize, and document models of comprehensive programs to help support youth with serious emotional disturbances or serious mental illnesses as they enter the period of emerging adulthood. By the end of the award period, these models should be well-positioned to be rigorously evaluated regarding their effectiveness.

We anticipate that approximately \$2 million will be available annually to support a total of 4-5 awards, each for four years. No more than \$500,000 in total costs (direct and indirect) will be awarded per cooperative agreement per year. Actual funding levels will depend on the availability of funds.

SAMHSA intends to partner with other federal agencies and private foundations in the administration and funding of this program. The possibility exists, therefore, that money may become available to fund more sites than are specified above. If additional funding becomes available, a cross-site evaluation may also be conducted, and awardees will be expected to provide data for the cross-site analysis. All

awardees will be expected to fully cooperate with any agency or foundation with whom SAMHSA partners in carrying out the objectives of the program.

All awards should be requested for 4 years. Annual continuation awards will depend on the availability of funds and progress achieved. Given the importance of reserving resources for only those programs that are most likely to be able to document short-term program outcomes by the end of year 4, careful review of products delivered will be completed at the end of year 2. Only those programs that have completed all required products to the satisfaction of CMHS program staff at the end of year 2 will be renewed for years 3 and 4.

Who Can Apply?

States and political sub-divisions of States can apply. For example, the following are eligible to apply:

- T State agencies or departments
- T County agencies
- T City agencies
- T State regional agencies
- T Indian tribes or tribal organizations (as defined in Section 4(b) and Section 4(c) of the Indian Self-determination and Education Assistance Act)

States are defined in Section 2 of the PHS Act as including, in addition to the several States, only the:

- T District of Columbia,
- T Guam,
- T Commonwealth of Puerto Rico,
- T Northern Mariana Islands,

- T Virgin Islands,
- T American Samoa, and
- T Trust Territory of the Pacific Islands (now Palau, Micronesia, and the Marshall Islands).

Interested parties who do not meet these criteria, including faith-based organizations, are encouraged to partner with an agency or organization that is eligible to apply as the lead agency.

Application Kit

SAMHSA application kits include the two-part Guidance for Applicants (GFA) and the blank forms (PHS-5161, revised July 2000) needed to apply for an award.

The GFA has two parts:

Part I - provides information specific to this program. It is different for each GFA. **This document is Part I.**

Part II - has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements.

You will need to use both Part I and Part II to apply for this program.

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

- c Call the CMHS Knowledge Exchange Network (KEN), phone number 800-789-2647 **or**
- c Download the application kit from the SAMHSA web site at www.SAMHSA.gov. Click on "Grant

Opportunities." Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your 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) Be sure to type: "GFA# SM-02-003 Partnerships for Youth Transition" in Item Number 10 on the face page of the application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.
- 3) **All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.**

Application Dates

Your application must be received by April 11, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before April 04, 2002.

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:

Diane L. Sondheimer, Acting Chief
Child, Adolescent, and Family Branch
Center for Mental Health Services
SAMHSA, Room 11C-16
5600 Fishers Lane
Rockville, MD 20857
Phone (301) 443-1333
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Crystal Blyler, Ph.D.
Social Science Analyst
Center for Mental Health Services
SAMHSA, Room 11C-22
5600 Fishers Lane
Rockville, Maryland 20857
Phone (301)443-3653
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E-Mail: cblyler@samhsa.gov

Phyllis Wolfe, Special Expert
Center for Mental Health Services
SAMHSA, Room 11C-05
5600 Fishers Lane
Rockville, Maryland 20857
Phone (301)443-3706
Fax (301)443-0256
E-Mail: pwolfe@samhsa.gov

For questions on grants management issues, contact:

Stephen Hudak, Grants Management

Officer, Division of Grants Management
Substance Abuse and Mental Health
Services Administration
Rockwall II, Room 630
5515 Security Lane
Rockville, MD 20852
Phone (301)443-9666
E-Mail: shudak@samhsa.gov

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement.

Awardees Must:

- c Comply with the terms of the agreement.
- c Agree to provide SAMHSA with data required for the *Government Performance and Results Act* (GPRA; see Appendix D).
- c Attend awardee meetings as required by Federal representatives (estimated at 3 people per site twice a year).
- c Participate in awardee teleconferences to be called by Federal representatives on an as-needed basis.
- c Comply with direction from SAMHSA and its partners regarding model development, evaluation, site visits, and acceptance of technical assistance.
- c Cooperate with SAMHSA and its partners in responding to requests for information relevant to the cooperative agreement.

- c If SAMHSA is able to obtain funding to conduct a cross-site analysis, then awardees must also agree to provide data for the cross-site evaluation in the requested format to SAMHSA and/or its partners.

SAMHSA Staff Will:

- c Provide the Federal interpretation on the provisions of the GFA.
- c Arrange for awardee meetings, as-needed awardee teleconferences, and individual site visits and technical assistance support.
- c Arrange for technical assistance to sites in creation of a management information system that will support evaluation of short-term outcomes.
- c Monitor quality of model program development and partnerships and direct sites on how to improve programs in accordance with national standards and best practices.
- c Provide direction in the quality and style of products to be developed as specified in the Required Products section.
- c Carefully review all products produced in years one and two in order to determine whether or not to continue the award in year 3.
- c Approve the format for reporting of data by the sites for a cross-site evaluation of the program, should funding for such become available.

Funding Criteria

Decisions to fund a cooperative agreement will be based on:

1. The strengths and weaknesses of the application as shown by the Peer Review Committee and approved by the Center for Mental Health Services National Advisory Council.
2. Availability of funds.
3. Geographical distribution of sites. No more than one cooperative agreement will be awarded per State. An attempt will be made to distribute awards across various regions of the country; however, this funding criterion will be balanced against funding criterion number 1.

Use of Funds

Funds may be used for any of the activities to be conducted under the cooperative agreement. This includes, but is not limited to, expenses related to:

- c convening of stakeholder meetings
- c evaluation activities
- c database management
- c provision of mental health services and supports
- c staff training
- c identification of policy and funding barriers
- c consultant fees, etc.

See pp. 10-11 of Part II of the Guidance for Applicants for further details regarding allowable and prohibited expenses.

Post Award Requirements

1. Annual financial and progress reports.
2. Awardees must provide information needed by SAMHSA to comply with GPRA reporting requirements (see Appendix D).

Program Overview

The transition period from adolescence to adulthood-- marked by such events as finishing high school, finding a job to support oneself, furthering one's education, and living independently-- is difficult for many young people. Youth with serious emotional disturbances and serious mental illnesses are at particularly high risk during the transition period. These young people have the highest rates of dropout from secondary school among all disability groups. In addition, they experience alarmingly poor outcomes compared to the general population entering adulthood in the areas of post secondary education and later employment, arrests and incarceration, unplanned pregnancy and childbearing, and ability to live independently.

The transition period for youth with serious emotional disturbances is complicated by the lack of coordination across service systems, which results in this population being largely undiagnosed and underserved. Few youth with serious emotional disturbances receive supportive services once they enter legal adulthood.

This decline in services is likely to be due to barriers to appropriate supports that are raised as youth leave the children's service systems. Barriers to successful transition to adulthood by youth with serious emotional disturbances include:

- Children's services and supports are withdrawn abruptly, often based on age alone without consideration of need.
 - System-generated plans for transition services, such as Individualized Education Programs under the Individuals with Disabilities Education Act, are often weak and ultimately not followed.
 - Collaborative planning and service delivery efforts between schools and human service agencies are limited.
 - Continuity of care across child and adult service delivery systems is lacking.
 - Public mental health services and supports geared toward adults with serious mental illnesses are often not young adult-centered.
 - The criteria for service eligibility are often different at different ages.
 - Adequate assessments are not conducted. As a result, traumatic brain injury and developmental disabilities among this population often go undiagnosed and untreated.
- Although some model programs designed to overcome these barriers for youth in transition have been described, few have been adequately evaluated. These cooperative agreements will help States and

communities to develop, implement, and stabilize model comprehensive transition programs for youth with serious emotional disturbances and serious mental illnesses. By the end of the four-year award period, awardees will have documented the effectiveness of the programs through evaluation of short-term outcome data.

Target Population

The target population includes both youth who were diagnosed with serious emotional disturbances in childhood and youth with newly emerging serious mental illnesses. Only youth between the ages of 14-21 may be admitted to the Comprehensive Youth Transition Program, but once admitted, they may continue in the program through age 25. Serious emotional disturbance and serious mental illness are defined in accordance with the SAMHSA definitions laid out in the *Federal Register*, Vol. 58, No. 96, Thursday, May 20, 1993 (Appendix A).

Substantial numbers of youth in the target population are likely to carry additional diagnoses along with those of serious emotional disturbances or serious mental illnesses, e.g., development disorders, substance-related disorders, traumatic brain injury, or physical or sensory disabilities. Awardees should not exclude youth with multiple disabilities from the program but should provide suitable assessment; service provision, coordination, and/or referral; and follow-up as necessary to assure that the needs of these youth are addressed adequately and appropriately. Outcomes for these youth should be included in quality assurance and evaluation

procedures.

Specifications for Model Comprehensive Youth Transition Programs

In their proposals, applicants must describe a model Comprehensive Youth Transition Program that they plan to implement under the Partnerships for Youth Transition program. Resources regarding previously developed, promising model transition programs for youth with serious emotional disturbances or serious mental illnesses may be found in Appendix B. Applications are not limited to the models described in the resources provided, but applicants should tie the proposed model to previously existing literature on models for providing services to youth with serious emotional disturbances or serious mental illnesses.

The model proposed in the application will form the basis for the program to be implemented and evaluated in the applicant's geographic area during the project period. The proposed model may be modified or adapted during the strategic planning process to take place among all stakeholders in year 1, or as a result of evaluation results in years 2-4. The model program proposed in the application must meet the following specifications.

- < The model must be tailored to the specific needs of the various ethnic, racial, and cultural groups which comprise the target population in the geographic area in which the program activities will take place. The model should include a clear plan for how

services will be made accessible to any youth and family members who have limited English proficiency.

- < The model must include 1) specific, concrete interventions to be implemented and/or coordinated as described below and 2) the structure for organizing and delivering services efficiently and effectively to those who need them. The structure must include means by which service providers coordinate with each other to ensure that all interventions are well-integrated.
- < The model should describe, at a minimum, how the following services will be implemented and/or coordinated:
 - C outreach and engagement
 - C thorough assessment of individual strengths and needs (including differential diagnosis of traumatic brain injury and developmental disabilities, with accompanying referral and follow-up to assure receipt of appropriate services)
 - C age-appropriate mental healthcare, including transition from the child to adult mental health system
 - C substance abuse services
 - C assistance with housing needs
 - C vocational training, career development, and employment support services
 - C educational support services
 - C services to help develop and nurture instrumental living skills and proper socialization
 - C family and peer supports, and
 - C case management or service coordination.

- < Plans for providing additional services may also be included. For example, the model may include provision or coordination of legal services; assistance in meeting the conditions of parole or probation, when relevant; primary healthcare services; protection and advocacy services; and other critical services.
- < The model must include mechanisms through which the individual and her/his family will be involved in the design and selection of services and supports to be provided to that individual. This process must be driven by the young person's goals.
- < An accountability and quality assurance mechanism should be included to ensure that the program performs as designed, continuously works to improve measured client outcomes, and is responsive to the needs and desires of the population served. The accountability and quality assurance mechanism must include a process through which youth and family members participate in the overall design, delivery, and evaluation of services, as well as in policy development for the program.

Program Activities

Year 1

In year 1, awardees will engage in a collaborative **strategic planning process** with all relevant partner organizations.

If a public mental health entity is not the

lead applicant, then a mental health service agency or provider with experience in providing mental health services to the target population must be included as a partner organization. Documentation of the partner's qualifications for serving the population (e.g., licensure, certifications, accreditations, contracts with the State Mental Health Authority, etc.) must be included in Appendix 1 of the application.

Organizations representing the following groups should also be included in the strategic planning process:

- c Substance abuse services
- c Foster care and/or child welfare
- c The corporate or business community
- c Criminal justice and/or juvenile justice
- c Education and/or special education
- c Housing providers
- c Community- and faith-based organizations representing the ethnic, racial, and cultural diversity of the geographic region in which the model will be implemented
- c Youth and their families

Partner organizations must include both State-level and community agencies. Examples of additional partners you may wish to include are primary healthcare providers, workforce development agencies, youth development organizations, and disability organizations.

Building upon the model Comprehensive Youth Transition Program proposed in the application, the collaborative strategic planning process will flesh out the details of how the model will be implemented at the site. By the end of year 1, the strategic planning process will yield:

T a **written Action Plan** that describes a) which interventions will be included in the model, b) how services will be coordinated, c) how an integrated management information system will be designed to track important service utilization, satisfaction, and outcome variables, d) the role each partner will play in the implementation of the program, e) the steps that will be taken to implement the model, f) how cultural competency of the model as implemented will be assured, g) funding and policy barriers that must be overcome in order to sustain the program over the long-term, h) the steps that will be taken to overcome policy barriers to long-term sustainability of the program, i) how each aspect of the model will be funded over the next five years, and j) what data will be collected as part of the quality assurance component of the model.

T a **theory-based logic model** for the program to be implemented, developed in consensus with all community partner organizations. (Note: A logic model is a tool for linking the design of a project with its implementation. The goal of a theory-based logic model is to explain the underlying assumptions of a project by clearly defining the intended population, the goals the project expects to achieve for that population, and the strategies that will be put into place for achieving those goals. See Appendix B for related references).

T a **process evaluation** that systematically documents the strategic planning process. The process evaluation must include documentation of how the

written Action Plan was developed through consensus of all partner organizations, including youth with serious emotional disturbances or serious mental illnesses and their family members, and in accordance with technical assistance provided by SAMHSA and its partners.

Year 2

In year 2, awardees will implement the program model. Implementation will include:

- T enhancing existing programming to fill gaps in the model Comprehensive Youth Transition Program
- T aligning resources and coordinating services
- T training staff
- T executing/renewing needed inter-agency partnerships
- T collecting quality assurance data.

By the end of year 2

1. A final operational model will be fully documented in a single program manual.
2. The program will begin to enroll and serve youth participants, and data will be provided that demonstrates that the number and demographic characteristics of participants, as well as the number of hours and types of services that early participants have received, are consistent with expectations based on the logic model for the program.
3. A process evaluation will be completed that will document

- a. the processes through which the Comprehensive Youth Transition Program was implemented (e.g., how staff training was conducted, what obstacles were encountered and how they were overcome, how roles of multiple partners were negotiated, etc.),
- b. that the Comprehensive Youth Transition Program is in place and functioning, and all specific services are being implemented and/or coordinated (see Specifications for Model Comprehensive Youth Transition Programs, pp. 9-10), as well as any additional services described in the logic model for the program, and
- c. that a structure for the Comprehensive Youth Transition Program exists that coordinates and integrates services in a way that ensures efficient and effective delivery of services to those who need them.

4. Short-term outcomes will be identified, defined, and measurable.

Years 3-4

In years 3 and 4, awardees will stabilize the Comprehensive Youth Transition Program and deliver services. During this period, the awardee will focus on developing a routine service delivery process and on making any adjustments in programming or underlying program theory that are suggested through process evaluation, quality assurance data, or other data collection activities. The goals for this

period are to fully operationalize the Comprehensive Youth Transition Program and to document short-term outcomes program.

Achievement of the goals for this period will be demonstrated by the end of year 4 by documenting that

- T data collection systems are in place;
- T staff are trained and showing minimal turnover;
- T admission and discharge patterns are stable;
- T service delivery patterns are stable;
- T key outcome measures are clearly identified and defined; and
- T short-term outcome measures are producing meaningful results.

During this period, the awardee will:

- T update Sections *g* through *i* of the written Action Plan (regarding sustainability of the program) annually;
- T conduct a process evaluation annually that documents a) fidelity of the program to the model, b) activities engaged in by the site to overcome policy barriers to the sustainability of the program, c) changes in policies that have occurred as a result of the program's efforts, d) youth and family satisfaction with the program
- T develop an integrated management information system that will allow cross-site evaluation of demographic characteristics, program outcomes, youth and family satisfaction with services, and service utilization, in accordance with guidance to be provided by SAMHSA and its partners. This system must include data from the CMHS GPRA Core Client Outcome Measures (Appendix D).

- T report short-term outcomes, including GPRA outcomes, annually to CMHS.

Required Products

Production of the following products will serve as the basis for the performance evaluation required under the *Government Performance and Results Act* (Appendix D):

- Year 1 -Logic Model
 - Written Action Plan
 - Process Evaluation
 - strategic planning process
- Year 2 -Program Manual
 - Process Evaluation
 - implementation process
 - model services in place
 - model structure in place
 - Early client data
 - number/demographics of participants
 - service utilization
- Year 3 -Update Sections *g-i* of Action Plan
 - Process Evaluation
 - fidelity
 - policy barriers overcome
 - youth and family satisfaction
 - Short-term (including GPRA) Outcomes
- Year 4 -Update Sections *g-i* of Action Plan
 - Process Evaluation
 - fidelity
 - policy barriers overcome
 - youth and family satisfaction
 - Documentation that
 - integrated MIS in place
 - staff training and turnover

- admissions and discharges
 - service delivery patterns
 - key outcome measures are clearly identified and defined
 - short-term outcome measures producing meaningful results
 - Short-term (including GPRA)
- Outcomes

Sustainability Plans

Applicants must include in their applications a Sustainability Plan that describes steps to be taken during the award period to ensure continuance of the program after the award period has ended. Although matching funds are not required in order to receive funding under these cooperative agreements, the quality of the sustainability plan will be an important part of the peer review criteria.

One way to maximize the possibility of sustaining the program after the end of the award period would be to decrease dependence on cooperative agreement funding by gradually increasing the availability of other funds over the life of the award. For example, the applicant entity could agree to make available (directly or through donations from public or private entities) contributions toward program costs in increasing amounts. Funding could increasingly include contributions from various agencies serving youth in transition (e.g. education, child welfare, juvenile/criminal justice, housing). Letters from relevant agencies attesting to the availability of such contributions for the proposed project would strengthen the application.

Under the cooperative agreement, the Sustainability Plan must be updated in years 1, 3, and 4. Updates must include demonstration that any new resources or resources from existing programs that are included in the funding plan are being allocated *specifically* to the model Comprehensive Youth Transition Program for its particular clients.

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, which is part of the PHS 5161-1 (revised July 2000). See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is funded.

' **3. TABLE OF CONTENTS**

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

appendix.

' **4. BUDGET FORM**

Standard Form 424A, which is part of the PHS 5161-1 (revised July 2000). See Appendix B in Part II of the GFA for instructions.

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

The **Project Narrative** describes your project. It consists of Sections A through E. These sections may not be longer than 30 pages. More detailed information about Sections A through E follows #10 of this checklist.

G Section A - Background/Documentation of Need

G Section B - Model Program to be Implemented

G Section C - Partnership and Coordination Plan

G Section D - Overcoming Barriers/Sustainability

G Section E - Evaluation/Performance Plan

Supporting documentation for your application should be provided in 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

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.

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 1 THROUGH 5**

c Use only the appendices listed below.

c Don't use appendices to extend or replace any of the sections of the

Program Narrative unless specifically required in this GFA (reviewers will not consider them if you do).

- c **Don't** use more than **the minimal necessary pages** for the appendices.

Appendix 1: Documentation of Mental Health Service Partners' Qualifications

Appendix 2: Memoranda of Understanding from Existing Partners

Appendix 3: Letters of Commitment from New Partners

Appendix 4: Data Collection Instruments/Interview Protocols

Appendix 5: Sample Consent Forms

' **7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1 (revised July 2000).

' **8. CERTIFICATIONS**

See Part II of the GFA for instructions.

' **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see Part II of the GFA for lobbying prohibitions.

' **10. CHECKLIST**

See Appendix C in Part II of the GFA for instructions.

Project Narrative/Review Criteria – Sections A Through E Detailed

Sections A through E are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through E. Sections A through E may not be longer than 30 pages.

- c **Your application will be reviewed against the requirements described below for sections A through E.**

- c A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

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

- c Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

- c Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be deducted from applications that do not adequately address the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

Section A: Background/Documentation of Need (10 points)

- < Describe the existing service systems in your location that serve youth in transition to adulthood. Include descriptions of mental health, substance abuse, child welfare, education/special education, juvenile/criminal justice systems, and systems that serve youth with disabilities. Describe whether youth are directly served by public agencies or through contracts with private community- or faith-based agencies.
- < Describe how existing service systems are coordinated or work together to serve youth who are in transition.
- < Provide detailed information regarding the number of 14-21 year-olds by age, race, ethnicity, and gender in each identified system. For each system, include the number of youth from the jurisdiction who are placed in residential programs, regardless of whether they are placed inside or outside of the jurisdiction or home State. Estimate the degree to which the youth served by the various systems overlap.
- < Describe the particular difficulties that youth with serious emotional disturbances or serious mental illnesses have in making the transition to adulthood in the target community, barriers for overcoming these difficulties, and the demographics that reflect these difficulties. Describe the extent to which each of the youth-serving systems currently serves youth with serious emotional disturbances or serious mental illnesses.
- < Describe how youth with limited

English proficiency are currently being served in your community.

- < Describe the gaps in the service system that receipt of this cooperative agreement will address.

Section B: Model Program to be Implemented (25 points)

- < Describe the model Comprehensive Youth Transition Program for youth with serious emotional disturbances or serious mental illnesses that will be developed, and/or adapted, and implemented during the award period.
- < Review any literature that describes and evaluates the effectiveness of the selected model. Include a brief description of the population for which the model was originally developed and evaluated. Include a review of the literature regarding providing services for the racial and ethnic groups that are prevalent in your geographic area.
- < Describe the extent to which components of the model are already in place in your community.
- < Describe how awarded funds would be used to enhance existing youth programming to better serve youth with serious emotional disturbances or serious mental illnesses, in keeping with the proposed model.
- < Describe how each of the following services are or will be delivered in the context of the model program to address the needs of youth in transition: 1)

outreach and engagement, 2) thorough assessment of individual strengths and needs (including differential diagnosis of traumatic brain injury and developmental disabilities, with accompanying referral and follow-up to assure receipt of appropriate services), 3) age-appropriate mental healthcare, including transition from the child to adult mental health system, 4) substance abuse services, 5) assistance with housing needs, 6) vocational training, career development, and employment support services, 7) educational support services, 8) services to help develop and nurture instrumental living skills and proper socialization, 9) family and peer supports, 10) case management or service coordination.

- < Describe the process by which the individual and her/his family will be involved in the selection of services to be provided to that individual.
- < Describe how the model program will address the specific cultural preferences and needs of the target population, including how services will be accessible to any youth and family members who have limited English proficiency.
- < Describe the accountability and quality assurance mechanisms that will ensure that, on an ongoing basis, the program performs as designed, continuously works to improve measured client outcomes, and is responsive to the needs and desires of the population served. Describe the process through which youth and their family members will participate in the design, delivery, and

evaluation of services, as well as in policy development for the program.

- < Describe how the model will address the needs of youth with multiple disabilities.

Section C: Partnership and Coordination Plan
(25 points)

- < Describe the experience of the applicant in providing mental health services to the target population. If a public mental health entity is not the lead applicant, identify the mental health service agencies or provider(s) who will participate in the strategic planning process and provide mental health services to the target population. In Appendix 1, provide documentation of the mental health service partners' qualifications for serving the population (e.g., licensure, certifications, accreditations, contracts with the State Mental Health Authority, etc.).
- < Identify the partner organizations that will participate in developing, implementing, and evaluating the model program for youth in transition. List and describe the organizations that will represent each of the following groups in the strategic planning process: 1) substance abuse services, 2) foster care and/or child welfare, 3) the corporate or business community, 4) criminal justice and/or juvenile justice, 5) education and/or special education, 6) housing providers, 7) community- and faith-based organizations representing the ethnic, racial, and cultural diversity of the geographic region in which the

model will be implemented, 8) youth and their families, and 9) both State-level and community agencies.

- < Provide an organizational chart with accompanying description of how you plan for the partner organizations to coordinate delivery of services in the model Comprehensive Youth Transition Program.
- < In Appendix 2, provide a Memorandum of Understanding between the Applicant organization and each partner organization who is currently involved in providing services to youth in transition, which outlines the role of each organization.
- < In Appendix 3, provide a letter of commitment from each new partner organization who you plan to engage in delivery of services.
- < Describe the strategic planning process through which the partner organizations will work together in year 1 to develop a logic model and written Action Plan for implementing the model program, and in years 3 and 4 to update the Sustainability Plan.

Section D: Overcoming Barriers/Sustainability (20 points)

- < Identify existing policy and funding barriers that inhibit the work of existing programming in your location for youth with serious emotional disturbances or serious mental illnesses who are in transition.

- < Describe the approach that will be taken to address and overcome each of the identified barriers at the State and community levels.
- < Provide a Sustainability Plan that describes steps to be taken during the award period to ensure continuance of the program after the award period has ended. The plan should address goals for fiscal and in-kind commitments, monitoring responsibilities, and feedback and accountability mechanisms. The plan should involve relevant partners described in Section C. Include any letters from relevant agencies attesting to the availability of contributions for the proposed project in Appendices 2 or 3, depending upon whether the agency is a current or new partner.

Section E: Evaluation/Performance Plan (20 points)

- < Describe existing management information systems (MISs) that include data about youth in transition. Describe demographic, outcome, and service utilization variables for which data are currently available. Discuss the extent to which data on employment, education, housing, mental health, substance abuse, juvenile/criminal justice, and physical health outcomes and service utilization are included in existing MISs. Describe the structure of the MISs and the hardware and software necessary to access them. Describe how these MISs are accessed by or coordinated across service systems.

- < Describe how an integrated management information system (IMIS) will be developed to record demographic information, service utilization, satisfaction, and outcome data most relevant to the model Comprehensive Youth Transition Program (pp. 9-10) that could be used for a cross-site program evaluation. Describe how data from the CMHS GPRA Core Client Outcome Measures (Appendix D) will be recorded in the IMIS.
- < Describe how the IMIS will be used to demonstrate at the end of year 2 of the project period the number and demographic characteristics of participants who have been admitted to the Comprehensive Youth Transition Program, and the number of hours and types of services that early participants have received, relative to the amounts expected according to the logic model for the program.
- < Describe your plan for completing a process evaluation to systematically document the strategic planning process by the end of year 1 of the award period.
- < Describe your plan for completing a process evaluation of the implementation of the Comprehensive Youth Transition Program by the end of year 2 of the award period. Describe how the process evaluation will systematically document:
 1. the processes through which the Comprehensive Youth Transition Program was implemented (e.g., how staff training was conducted, what obstacles were encountered and how they were overcome, how roles of multiple partners were negotiated, etc.)
 2. that the Comprehensive Youth Transition Program is in place and functioning, and all required specific services (pp. 9-10) are being implemented and/or coordinated, as well as any additional services described in the logic model for the program
 3. that a structure for the Comprehensive Youth Transition Program exists that coordinates and integrates services in a way that ensures efficient and effective delivery of services to those who need them.
- < Describe your plan for completing a process evaluation in each of years 3 and 4 that will systematically document:
 1. fidelity of the program to the model
 2. activities engaged in by the site to overcome policy barriers to the sustainability of the program
 3. changes in policies that have occurred as a result of the program's efforts
 4. youth and family satisfaction with the program.
- < Describe how you will systematically document, by the end of year 4, that a) data collection systems are in place, b) staff are trained and showing minimal turnover, c) admission and discharge

patterns are stable, d) service delivery patterns are stable, e) key outcome measures are clearly identified and defined, and f) short-term outcome measures are producing meaningful results.

- < Describe the process through which you will collect data using the CMHS GPRA Core Client Outcome Measures.
- < Identify key personnel with expertise in computer systems and/or MISs who will be assigned to develop the IMIS.
- < Identify key personnel with evaluation expertise who will be responsible for a) leading the strategic planning process of developing a logic model for the program by the end of year 1, b) developing a program manual by the end of year 2, c) completing process evaluations, and d) providing SAMHSA with data, including GPRA data.
- < Provide a detailed time-line that shows how required products will be completed according to the schedule laid out on pp. 13-14. The time-line should include all aspects of the project, including development of the logic model and Action Plan, annual updating of the Sustainability Plan, planning and implementation of the model program, developing a program manual, addressing policy and funding barriers, development of the IMIS, and conducting the process and outcome evaluations.

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

comment on the budget appropriateness after the merits of the application have been considered.

SAMHSA PARTICIPANT PROTECTION

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section.

This information will:

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

Different projects may expose people to different types of risks. 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 affects.

- 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 risks, including risks to confidentiality.
- c Give plans to provide help if there are adverse effects to participants.
- c Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

ÜFair 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, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- c Explain the reasons for including or excluding participants. Provide data from a Needs Assessment to justify any exclusions.

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

ÜAbsence of Coercion

- c Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- c If you plan to pay participants, state how participants will be awarded money or gifts.
- c State how you will tell volunteer participants about the regularly available services that they may receive, even if they chose not to participate in the Comprehensive Youth Transition Program.

ÜData Collection

- c Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- c Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- c Provide in Appendix 4, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

Describe how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected. Include in your description:

- 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: Awardees 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. The list should include, at a minimum:
 - the type and purpose of their participation,
 - how the data will be used and how you will keep the data private,
 - whether their participation is voluntary,
 - their right to leave the project at any time without problems,

- risks from the project, and
- plans to protect them from these risks.

- c Explain how you will get consent for youth, people with limited reading skills, and people with limited English proficiency.

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 5, titled “Sample Consent Forms.” If consent forms will be used that are in languages other than English, include both the forms that will be used, along with an English translation.

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?

▷ Risk/Benefit Discussion:

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

APPENDIX A: FEDERAL DEFINITION OF TARGET POPULATION

The definitions of serious emotional disturbance and serious mental illness for the purpose of these cooperative agreements are extrapolated from the *Federal Register*, Vol. 58, No. 96, Thursday, May 20, 1993. The *Federal Register* differentiates serious emotional disturbance from serious mental illness on the basis of age. Persons up to age 18 who meet the criteria below are considered to have a serious emotional disturbance, although acknowledgment is made that some states include persons up to age 22 in this category. Persons age 18 and over who meet the criteria are considered to have a serious mental illness. Both definitions include the following criteria:

- c Currently or at any time during the past year,
- c Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV,
- c That resulted in functional impairment.

These disorders include any mental disorder listed in DSM-IV, with the exception of DSM-IV "V" codes, Substance-related Disorders, and developmental disorders, which are excluded, unless they co-occur with other diagnosable serious emotional disturbance or serious mental illness. Excluded developmental disorders include Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, and Pervasive Developmental

Disorders.

For children, functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

For adults, functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts.

Children or adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

APPENDIX B: RESOURCES

Promising Model Youth Transition Programs

Bullis, M., Fredericks, H.D.B., Lehman, C., Paris, K., Corbit, J., & Johnson, B. (1994). Description and evaluation of the Job Designs program for adolescents with emotional or behavioral disorders. *Behavioral Disorders, 19*, 254-268.

Cheney, D., Hagner, D., Malloy, J., Cormier, G., & Bernstein, S. (1998). Transition to adulthood for students with serious emotional disturbance: Initial results of Project RENEW. *Career Development for Exceptional Individuals, 21*, 17-32.

Cheney, D. Malloy, J., & Hagner, D. (1998). Finishing high school in many different ways: Project RENEW in Manchester, New Hampshire. *Effective School Education and Treatment of Children, 17*, 332-346.

Clark, H.B. (1995). *Transition to Independence Process (TIP): TIP System Development and Operations Manual*. Department of Child and Family Studies, Florida Mental Health Institute, University of South Florida, Tampa, FL 33612; tel. 813-974-6409; fax 813-974-6257; clark@fmhi.usf.edu .

Clark, H.B. & Davis, M. (Eds., 2000). *Transition to Adulthood: A Resource for Assisting Young People with Emotional or Behavioral Difficulties*. Brookes.

Cook, J.A., Jonikas, J., & Solomon, M.L. (1992). Models of vocational rehabilitation for youths and adults with severe mental illness. *American Rehabilitation, 18*(3), 6-11.

Cook, J.A., Solomon, M., Farrell, D., Koziel, M., & Jonikas, J. (1994). Psychiatric rehabilitation for transition-age youths with severe mental illness: Program model and client outcomes. In S.H. Henggeler & A. Santos (Eds.), *Innovative Services for Difficult to Treat Populations*. NY: American Psychiatric Press.

Matrix Research Institute (1998, Dec.). *Final Report: Improving School-to-Work Transitions for Young Adults with Serious Emotional Disturbances in the American Street Corridor Empowerment Zone*. 42 S. 15th Street, Suite 318, Philadelphia, PA 19102; tel. (215)569-2240 ext. 301; www.matrixresearch.org .

National Association of State Mental Health Program Directors (2001, January). *Developing Partnerships for Youth with Serious Emotional Disturbance in Transition to Adulthood*. Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2497.

Logic Models

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

Hernandez, M., Hodges, S., & Cascardi, M. (1998). The Ecology of outcomes: System accountability in children's mental health. *Journal of Behavioral Health Services & Research*, 25(2).

Julian, D.A. (1997). 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.

Weiss, C.H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J.P. Connell, A.C. Kubisch, L.B. Schorr, & C.H. Weiss (Eds.), *New Approaches to evaluating community initiatives: Concepts, methods and contexts*, pp. 65-92. Washington, DC: Aspen Institute.

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

Cultural Competence

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (2000). *Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups* (document no. SMA 00-3457). Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2497 or www.mentalhealth.org.

Dais, T. (1993). An analysis of transition assessment practices: Do they recognize cultural differences? In T. Dais, N. Meier-Knonick, P. Luft, & F.R. Rusch (Eds.), *Selected Readings in Transition: Cultural Differences, Chronic Illness, and Job Matching*. Transition Research Institute at Illinois, University of Illinois at Urbana-Champaign.

U.S. Department of Health and Human Services (2001). *Mental Health: Culture, Race, and Ethnicity--A Supplement to Mental Health: A Report of the Surgeon General*. Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2497 or www.mentalhealth.org.

Bazron, B.J., Dennis, K.W. & Isaacs, M.R. (1989, March). *Toward a culturally competent system of care: A monograph on effective services for minority children who*

are severely emotionally disturbed.
Georgetown University Child Development
Center.

Research Foundation for Mental Hygiene,
Inc. (1998, September). *Cultural
Competence Performance Measures*. NY
State Office of Mental Health.

APPENDIX C: GUIDELINES FOR CONSUMER AND FAMILY PARTICIPATION

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development, and implementation of projects funded through SAMHSA's grants and cooperative agreements. The following guidelines are intended to promote consumer and family participation in SAMHSA grant and cooperative agreement programs.

In general, applicant organizations should have experience or 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** - The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- **Program Planning** - Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer

support methods.

- **Training and Staffing** – Organization staff 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. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA GFAs. These requirements must be addressed in SAMHSA funding applications and adhered to by SAMHSA awardees.
- **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** – Efforts should be made to hire consumers and family members 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. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

APPENDIX D: CMHS GPRA CORE CLIENT OUTCOME MEASURES

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their successes and failures based on the performance monitoring data.

Therefore, SAMHSA is now accountable for demonstrating the effectiveness of all its programs through performance data. In order to support current and future funding, we need your full cooperation in collecting and reporting performance data. Our ability to support these awards in future years depends on the data that you can provide. This performance element will carefully be considered in assessing awardee performance, and may have implications for future awards.

The following explains how CMHS will address the GPRA requirements for the Partnerships for Youth Transition program.

For the Partnerships for Youth Transition program, SAMHSA will use your submission of the products outlined on pp. 13-14 to assess performance over the four-

year award period. Therefore, we request that you complete and submit these products within the specified timelines.

In addition, if funding permits, CMHS plans to conduct a cross-site evaluation of the service programs. Therefore, we request that the Management Information System (MIS) that is developed under the Partnerships for Youth Transition program include, at a minimum, the CMHS GPRA Core Client Outcome Measures described here. You are asked to report data on these outcomes in years 3 and 4 of the current cooperative agreement. These measures would also form the centerpiece of any cross-site evaluation that CMHS conducts.

Public reporting burden for the collection of Core Client Outcome information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208

- f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] |_|_|_|
- g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] |_|_|_|
- h. Inhalants [poppers, snappers, rush, whippets] |_|_|_|
- i. Other Drugs - Specify _____ |_|_|_|

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital., nursing home, jail/prison)
- Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past week, to what extent have you been experiencing difficulty in the area of:

Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme Difficulty
- Don't know
- Not Applicable
- Refused

3. During the past week, to what extent have you been experiencing difficulty in the area of:

Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)

- No difficulty
- A little difficulty
- Moderate difficulty

- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

4. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Work (e.g., completing tasks, performance level, finding or keeping a job)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

5. **During the past week, to what extent have you been experiencing difficulty in the area of:**

School (e.g., academic performance, completing assignments, attendance)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

6. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Leisure time or recreational activities

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

7. **During the past week, to what extent have you been experiencing difficulty in the area**

of:

Developing independence or autonomy

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme Difficulty
- Don't know
- Not Applicable
- Refused

D. EDUCATION AND EMPLOYMENT

1. **Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]**
 - Not enrolled
 - Enrolled, full time
 - Enrolled, part time
 - Other (specify)_____

2. **What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]**

|___|___| level in years

- 2a. **If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?**
 - Yes
 - No

3. **Are you currently employed?** [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]
 - Employed full time (35+ hours per week, or would have been)
 - Employed part time
 - Unemployed, looking for work
 - Unemployed, disabled
 - Unemployed, Volunteer work
 - Unemployed, Retired
 - Other Specify_____

