

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

**Guidance for Applicants (GFA) No. SM 02-011
Part I - Programmatic Guidance**

**Title: Technical Assistance Resource Center for the Prevention of Violence and
Behavioral Health Problems**

Short Title: Behavioral Health Promotion TA Center

Application Due Date:
June 19, 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)--in collaboration with the Administration for Children and Families Office for Refugee Resettlement (ACF/ORR), the Department of Education, and the Department of Justice--announces the availability of Fiscal Year (FY) 2002 funds for a cooperative agreement to develop and operate a technical assistance (TA) resource center for the prevention of violence and behavioral health problems (herein after referred to as the "TA Center").

The TA Center will provide technical assistance to existing grantees and to prospective grantees. These two broad-based functions are noted below:

- 1.** The TA Center will provide technical assistance to approximately 160 grantees from three CMHS Prevention Programs, in order to assist those grant sites in meeting their project objectives.
- 2.** The TA Center will provide comprehensive outreach, consultation, and technical assistance to entities seeking Federal grant funding to support mental health promotion and violence prevention activities for underserved populations, including: racial and ethnic minorities, refugees, and individuals in low-income rural communities.

One award will be made for up to \$3.9 million annually to cover total costs (direct and indirect) for this initiative. The actual funding level will depend on the availability of funds.

Support may be requested for up to 3 years. Annual continuation awards depend on the availability of funds and progress achieved.

Who Can Apply?

Eligibility is open to domestic, public, and private not-for-profit entities. For example, the following are eligible to apply:

- / Community-based organizations.
- / Private and public colleges and universities, including minority institutions of higher learning

- (historically black colleges and universities, Hispanic-serving institutions, and tribal colleges and universities).
- / Social policy research centers.
 - / Consumer-run organizations.
 - / Faith-based organizations.

Application Kit

SAMHSA application kits include the grant announcement (also called the Guidance for Applicants or GFA) and the blank form PHS-5161 (revised July 2000) needed to apply for a grant.

The GFA has two parts:

Part I - Provides information specific to the grant or cooperative agreement. It 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 Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

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

Call the SAMHSA/CMHS Knowledge Exchange Network (KEN) at:
Voice: 1-800-789-2647
8:30 a.m. to 5:00 p.m. e.s.t.
TDD: 866-889-2647
Fax: 301-984-8796
E-mail: ken@mentalhealth.org
Write: P.O. Box 42490
Washington, D.C. 20015
Web site: www.mentalhealth.org

or

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.**

The instructions in the Program Narrative in the PHS-5161 form are generic. You should follow the program-specific directions for the Project Narrative in this document.

Where to Send the Application

Send the original and two 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) Be sure to type: "SM 02-011" and "Prevention TA Center" in Item # 10 on the face page of the application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.

Effective immediately, all applications **must** be sent via a recognized commercial or government carrier. Hand-carried applications will not be accepted.

Application Dates

Your application must be received by June 19, 2002.

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

John Tuskan, Acting Branch Chief
Special Programs Development Branch
Center for Mental Health Services
5600 Fishers Lane, Room 17-C-05
Rockville, MD 20857
(301) 443-1761
E-mail: jtuskan@samhsa.gov

For questions on *grants management issues*, contact:

Steven Hudak
Division of Grants Management
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
(301) 443-9666
E-mail: shudak@samhsa.gov

Cooperative Agreements

This award is being made as a cooperative agreement, because it requires substantial Federal staff involvement. The TA Center is required to maintain regular contact with Federal Staff and to establish a Steering Committee. Outlined below are the respective roles that are expected of the Grantee, SAMHSA/CMHS staff, and the Steering Committee.

The Role of the Grantee:

- Comply with all Terms and Conditions of the agreement.
- c Adhere to the project components set forth in this Guidance for Applicants (GFA).
- c Agree to provide SAMHSA with data required for Government Performance and Results Act (GPRA). (See page 6, Post-award Requirements).
- c Accept guidance and respond to requests for information from the Government Project Officer (GPO) and Grants Management Officer (GMO).

The Roles of Federal Staff:

- Facilitate communication, coordination, and priority setting with the grantee.
- Conduct site visits if warranted or desired.
- Make recommendations for continuation of funding.
- Approve Steering Committee membership.
- Participate on the Steering Committee.
- Ensure that the activities of the TA Center are appropriately linked with a range of CMHS activities pertaining to: youth violence prevention, anti-bullying initiatives, substance abuse prevention, prevention and early intervention of mental health problems, and the reduction of racial disparities in access to services.
- Connect the TA Center with other technical assistance activities within SAMHSA that are designed to provide outreach and TA to underserved communities seeking Federal grant support.
- Supply the TA Center with appropriate contact information for both successful grantee organizations and unsuccessful applicants for purposes of facilitating peer-to-peer TA for entities working with underserved populations.
- Connect the TA Center with relevant resources and information from the other Federal agencies that are collaborating with SAMHSA on this initiative. (See note below.)

Note: Although the TA Center is a SAMHSA/CMHS project, other Federal entities will also play a role: the Department of Education, the Department of Justice Office of Juvenile Justice and Delinquency Prevention (DOJ/OJJDP), and the Administration for Children and Families Office for Refugee Resettlement (ACF/ORR). SAMHSA is collaborating with these Federal partners because: (1) *Safe Schools/Healthy Students*, a grant program to be served by the TA Center, is a joint endeavor of SAMHSA/CMHS and the Departments of Education and Justice; and (2) A targeted group of *prospective* grantees that the TA Center will assist are organizations working with refugee communities. The GPO will be from CMHS. Representatives from ACF/ORR and the Departments of Education and Justice will also interface with the TA Center and will provide input to the CMHS GPO on the facilitation of this project.

The Role of the Steering Committee:

- Provide direction for the TA Center by infusing the values of meaningful consumer and family involvement, cultural competence, and system-wide accountability throughout its administration and implementation.

- c Be comprised of at least 12 members and a chair (none of whom are TA Center employees), that will include representatives from CMHS and ACF/ORR, as well as individuals from the Federal Departments of Education and Justice who are involved with the *Safe Schools/Healthy Students* program. (Examples of nonfederal Steering Committee members may include: researchers, clinicians, consumers, advocates, and representatives from State, local, or tribal mental health, justice, or education systems.)
- c Meet approximately quarterly (in person or by phone, as agreed upon by the GPO) to provide advice and consultation in: the development of technical assistance strategies; the establishment of priorities; effective means of outreach to potential applicant organizations representing underserved racial, ethnic, refugee, and low-income rural populations; the development of strategies for evaluating TA effectiveness; the forming of linkages with others involved in CMHS prevention activities; and the charting of new directions.
- c Have membership which reflects diversity with regard to demographic characteristics, as well as areas of expertise.

Funding Criteria

Decisions to fund a grant are based on:

- c 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.
- c Availability of funds.

Post-award Requirements

- c The TA Center will develop a variety of reports to document the TA activities and outcomes under this cooperative agreement. Included are quarterly reports on the number of organizations served, the nature of the technical assistance provided, and the number of grants subsequently awarded to community organizations that sought assistance. The structured collection of data requires prior approval from the Office of Management and Budget (OMB), and the grantee will collaborate with the GPO in submitting reporting formats to OMB for clearance.
- c The Government Performance Results Act of 1993 (GPRA) requires Federal agencies to set and monitor performance standards for agency objectives. The grantee must provide information needed by SAMHSA to comply with GPRA reporting requirements. At the present time, GPRA measures for this program have not been developed by CMHS or approved by the OMB. SAMHSA/CMHS

will consult with the grantee in developing GPRA measures and will seek OMB approval early in the performance of this cooperative agreement.

- c The grantee shall comply with furnishing Financial Status Reports and a Final Progress Report, as well as Continuation Applications if funding is sought for more than 1 budget year.
- c The grantee will comply with all Terms and Conditions of Award.
- c The grantee will coordinate activities with other SAMHSA grantees and contractors related to the three grant programs.

Program Overview

The Need for a Comprehensive, Prevention-oriented TA Center

The fields of violence prevention and the prevention of mental health and substance abuse problems share a similar emphasis on the identification of *risk* and *protective* factors and the development of interventions which are effective at reducing the former, while enhancing the latter. Additionally, there is a degree of overlap between the stressor and ameliorative elements associated with both violence and behavioral health problems. For instance, children who live in chronic poverty, who are exposed to severe family conflict, and/or who have a poor connection to school are disproportionately at risk for the development of *both* behavioral health problems *and* delinquent behavior. At the same time, there are interventions that enhance resilience and provide opportunities for meaningful involvement in pro-social community activities that have been demonstrated to be effective in *reducing* the risks for mental health difficulties, drug abuse, and violent behavior. There is, thus, a compatibility between these realms of prevention science, which is well-suited to the type of coordinated endeavor that would be supported via a comprehensive Prevention TA Center.

The TA Center will be working with sites that are funded through three grant programs, described in detail in Appendix A: *Safe Schools/Healthy Students*, *Youth Violence Prevention Cooperative Agreements*, and *Targeted Capacity Expansion* (Prevention and Early Intervention and Racial Disparities Reduction). Although the framework and the focus of these three initiatives are distinct, the underlying theoretic principle is the same. Specifically, these programs are grounded in the belief that people's lives can be enhanced through effective interventions that foster well-being and resiliency at the individual, family, and community levels. Structurally, the three grant programs also share a common objective of bringing together representatives from many diverse stakeholder groups—and seeking cooperation from an array of public health, education, justice, and social service systems—to work towards the mutual goals of promoting safety and well-being.

For those communities representing under-served racial, ethnic, refugee, and rural poor populations that may require assistance in *securing* grant funding, the elements of coalition building and implementing evidence-based interventions that promote healthy development will be essential to their ultimate

success. The TA Center must develop a repository of valuable information on best practices; training protocols; dissemination materials, model fidelity, and evaluation methodology; implementation strategies; and methods of ensuring cultural competency through its technical assistance endeavors with *existing* grantees. The TA Center, therefore, will be uniquely positioned to engage in effective outreach and information sharing to representatives from those underserved communities who could benefit from substantive assistance in navigating the Federal grant application process.

Expectations of the TA Center

The TA Center will fulfill two major functions: (1) providing TA to existing grantees, and (2) providing TA to prospective applicants from underserved communities. These two areas of responsibility are outlined in detail below:

1. The TA Center will provide technical assistance to the following:

- c Approximately 60 to 65 *Safe Schools/ Healthy Students (SS/HS)* grantees.
- c Approximately 27 *Targeted Capacity Expansion (TCE)* grantees, which include: 19 TCE Prevention and Early Intervention grants and 7 *TCE Reductions in Racial and Ethnic Disparities* grants.
- c Between 60 and 70 *Youth Violence Prevention Cooperative Agreement (YVPCA)* grantees.

[Please see Appendix A for a description of these three grant programs.]

Over the 3-year period of this Cooperative Agreement, some grants sites will complete their projects, and new sites will be cycled in, but the total number of grantees served by the TA Center will remain fairly consistent with the numbers presented here.

The TA Center will assist grantee organizations in the three programs with the following:

- c Provide technical assistance and consultation (online, by telephone, and in person) on:
 - < Engaging stakeholders and building coalitions.
 - < Working with multiple public and private systems to achieve common goals.
 - < Selecting evidence-based interventions.
 - < Planning, implementing, and modifying selected interventions.
 - < Conducting process and outcome evaluations, including data collection and analysis.
 - < Engaging in community outreach and public education.
 - < Disseminating program findings.
 - < Planning for program sustainability beyond the period of Federal support.
- c Develop and provide public access to an electronically searchable database, which includes the following resources: (1) publications and bibliographies describing evidence-based interventions in the areas of: resiliency; prevention and early intervention of mental health problems, substance abuse, and violence; the mental health needs of youth in juvenile justice systems; prevention of harassment of

vulnerable youth populations; interventions that increase access to culturally appropriate services for racial and ethnic minority populations; and school-based violence prevention and mental health services; (2) listings of organizations, research centers, and individuals with expertise in these areas; (3) resources on project implementation and evaluation; and (4) information on various public and private funding sources to support endeavors to prevent violence and behavioral health problems.

- C Gather and assemble from the public and private sectors relevant information on the evidence base of violence and substance abuse prevention and mental health promotion that can be used to develop toolkits, training materials, curricula, and related materials to assist grantees in all stages of their projects.
- C Provide resources on effective methods for making interventions applicable and culturally competent to the circumstances of a given community, while still adhering to core components of the evidence-based intervention.
- C Work with sites to aid them in efforts to ensure that all stages of project planning, implementation, and evaluation include meaningful consumer and family participation and are respectful of diversity within the community with regard to age, race, gender, ethnicity, disability, sexual orientation, and socio-economic status.
- C **In addition, the TA Center is responsible for conducting annual grantee conferences.** In 2003, the TA Center will be responsible for two conferences (one for TCE grantees and one for YVPCA grantees). In 2004 and 2005, the Center shall conduct three separate conferences, one each for TCE, YVPCA, and SS/HS. (Appendix A includes information on the annual conferences for these grants.)

For each grant program, the TA Center staff will collaborate with government program staff on the desired structure, content, objectives, presenter suggestions, timing, and facilitation of the conference. Government staff for *Targeted Capacity Expansion* and *Youth Violence Prevention* are individuals from CMHS, while *Safe School/Healthy Students* includes staff from CMHS, Justice, and Education.

The TA Center, in consultation with government staff, will: arrange for the meeting site in the Washington, D.C., area and arrange for sufficient guest rooms and all appropriate plenary and breakout rooms; contact grantees and coordinate information on travel, lodging, registration, and local directions; contact and confirm participation of presenters and make their travel, hotel, per diem, and honorarium arrangements; provide all logistical support related to the planning, implementation, and follow-up of the conference; coordinate on-site registration; assume responsibility for printing the agenda, name tags, room signs, banners, and all meeting materials; ensure that proper equipment is available for all presenters and workshops; provide a recorder for meeting sessions; coordinate grantee evaluations of the conference; and arrange for vendors (e.g., other Federal agencies interested in sharing information on projects and funding). Grantees and government staff are responsible for their own travel and

lodging expenses. All other expenses associated with the annual conferences are the responsibility of the TA Center.

2. The second primary function of the TA Center entails conducting outreach and providing technical assistance to representatives from underserved racial, ethnic, refugee, and low-income rural communities that need assistance in successfully competing for Federal grant funds.

The following entities will be eligible to receive this technical assistance:

- < Applicant organizations who have made unsuccessful attempts in the past to secure SAMHSA or Administration for Children and Families Office of Refugee Resettlement (ACF/ORR) funding who wish to receive TA. [CMHS will provide contact information.]
- < Entities that attend other SAMHSA- sponsored technical assistance workshops designed to provide outreach to underserved communities who are seeking additional TA in applying for Federal funding. [CMHS will facilitate contacts.]
- < Other interested entities, pending the availability of TA Center resources.

The TA Center shall:

- c Provide consultation and technical assistance to prospective applicants representing underserved populations on topics related to:
 - < Selecting evidence-based interventions.
 - < Garnering community support.
 - < Formulating plans for project implementation and evaluation.
- c Facilitate peer-to-peer technical assistance, staffed by successful grantees from the four main minority groups (American Indian/Alaska Native, Asian/Pacific Islander, African American, and Latino), as well as refugee and rural communities. These individuals may be current or past recipients of SAMHSA or ACF/ORR grant funding whose services might be secured by the TA Center via contract. [Contact information for those individuals who are interested in participating would be provided to the TA Center by CMHS.]
- c Increase awareness of SAMHSA and ACF/ORR grant funding opportunities.
- c Coordinate activities with other SAMHSA-sponsored technical assistance initiatives that are designed to provide outreach and TA to underserved communities seeking Federal grant support. [SAMHSA will provide the Center with information on those projects.]
- c Consult with applicants on those factors that can either facilitate or hinder the writing of successful grant applications, including the formulation of appropriate grant budgets.

C Link applicants with pertinent informational resources in their own region.

[Note: Prospective applicants may include, for example, entities that are: community-based organizations, governmental agencies or units, tribal governments, hospitals, minority institutions of higher learning, faith-based organizations, and schools.]

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 be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if your project is funded.

' 3. TABLE OF CONTENTS

Include page numbers for each major section of your application and for each appendix.

' 4. BUDGET FORM

Use 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 comprises Sections A through D. These sections may **not** total more than 30 pages. More detailed information about Sections A through D follows #10 of this checklist.

G Section A - *Organizational Qualifications and Experience*

G Section B - *Project Plan*

G Section C - *Project Evaluation*

G Section D - *Project Management*

Supporting documentation for your application should be provided in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

G Section E - *Literature Citations*

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

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

G Section G - *Biographical Sketches and Job Descriptions*

- Include a biographical sketch for the Project Director and for other key positions. Each sketch should be no longer than two pages. If the person has not been hired, include a letter of commitment from that individual with the sketch.

- Include job descriptions for key personnel. They should be no longer than one page.

- *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

G Section H - *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 3

- c Do not 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 Do not use more than 40 pages (plus all instruments) for the appendices.

Appendix 1 - Memoranda of Understanding, Letters of Agreement or Support: Provide copies of any memoranda of understanding, letters of agreement, or letters of support from key project partners.

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

Appendix 3 - Sample Consent Forms: If the project will require written consent from participants for any services to be provided or for exchange of information among service providers, include copies of sample consent forms to be used.

' 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 D Detailed

Sections A through D 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 D. Sections A through D may not be longer than 30 pages in total.

Your application will be reviewed against the requirements described below for sections A through D:

- 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 and consumer and family involvement 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.
- c Points will be assessed for the cultural competency aspects of the review criteria. Reviewers will also be looking for evidence of consumer and family involvement in each section of the Project Narrative. SAMHSA's guidelines for cultural competence are included in Part II of the GFA, and a discussion of consumer involvement is included in Appendix B.

Section A: Organizational Qualifications and Experience (20 points)

In this section, applicants are to demonstrate the capability of the applicant organization to effectively conduct the activities required of the TA Center by addressing the areas listed below:

- c Discuss the organization's history of providing technical assistance or other related activities on the following issues: violence prevention; resilience; the prevention of mental health and substance abuse problems; childhood development, including the acquisition of social and emotional competence; educational systems and school-based services; juvenile justice systems and services; law enforcement; and the prevention of harassment of vulnerable youth populations (including lesbian, gay, bisexual, and transgender youth; youth with disabilities; and members of immigrant and refugee communities). If the applicant does not have experience providing TA in these areas, please describe related expertise and demonstrate its relevance to this program.
- c Describe the organization's information technology infrastructure and expertise in database/web site/virtual library development capability.
- Detail the applicant's experience in the area of facilitating the development of multisystemic collaborations and/or community coalitions with the objective of promoting positive public health and preventing violence.
- Describe the applicant's experience with family and consumer groups, demonstrating the importance of involving potential users of treatment or prevention services in the design and implementation of initiatives. (Please see Appendix B for a discussion of consumer involvement.)
- Describe how the organization's history reflects an adherence to the principles of Cultural Competence as outlined in Part II of the GFA.
- Discuss the applicant's experience with facilitating public education activities.

Section B: Project Plan (45 points)

In Section B(1) below, applicants will discuss a plan for providing TA to existing grantees, and in Section B(2) the applicant will address the TA plan for prospective grantees from underserved populations. (Please use the labels B(1) and B(2) in your narrative.)

B(1) Technical Assistance to Safe Schools/Healthy Students, Targeted Capacity Expansion (Prevention and Early Intervention and Racial Disparities Reduction), and Youth Violence Prevention grantees. Address those areas listed below:

- c Provide a detailed description of the TA model/framework that will be used to deliver technical assistance to the target grantees, including: types of TA; mechanisms (such as, in-person, online, telephone, use of national experts, peer-to-peer, etc.); how the efforts will be coordinated; and the various ways in which grantees can contact/engage the TA Center.
- c Describe what particular strategies would be utilized to help grantees: (1) acquire knowledge on appropriate evidence-based interventions; (2) develop the capacity to form and maintain community coalitions around violence prevention, safe schools, protection against harassment for vulnerable youth, healthy childhood development, resilience, and/or access to mental health treatment in nontraditional mental health settings for minority populations; (3) implement interventions in a way that maintains model fidelity, while incorporating culturally appropriate adaptations that may be necessary for community compatibility; (4) select and utilize meaningful process and outcome evaluation measures; (5) increase the use of peer consultation to aid program efforts; and (6) work towards sustaining the project after Federal funding has expired.
- c Address plans to research and gather a repository of information on evidence-based interventions that reduce violence, drug abuse, and mental health problems, and to create reports and documents that can be disseminated widely to both grantees and the general public. Indicate the manner in which a web-based searchable database might be created and maintained to enhance access to these resources.
- c Address any resources that will be made available to grantees to help them with communications and/or social marketing to enhance community awareness.
- c Describe plans to conduct separate annual conferences for each of the three grant programs (TCE, SS/HS, and YVPCA) in collaboration with the GPOs and other Federal grantees and contractors, as directed by the GPOs. [Note: In 2003, the Center is responsible for two conferences (TCE & YVPCA), and in 2004 and 2005 it is responsible for three conferences (TCE, YVPCA, and SS/HS).]
- c Describe how the applicant will incorporate cultural competence into its activities.
- c Describe how the applicant will involve consumers and families in the planning, delivery, and evaluation of center activities.
- c Describe any TA service delivery problems anticipated, as well as corresponding problem solving strategies.

B(2) Technical Assistance to Prospective Applicants Working with Underserved Racial, Ethnic, Refugee, and Low-Income Rural Communities to Assist them in Accessing Federal Grant Funding. Address those areas listed below:

- c Describe plans to provide culturally competent consultation and technical assistance to potential applicants from underserved populations who are seeking SAMHSA or ACF/ORR grant funding and have previously been unsuccessful in that endeavor.
- c Indicate the TA Center's plans to coordinate activities with other SAMHSA-sponsored technical assistance initiatives that are designed to provide outreach and TA to underserved communities seeking Federal grant support.
- c Discuss strategies for linking prospective applicants into the network of TA resources available through the TA Center.
- c Address plans to help potential applicants from the targeted communities conduct an assessment of their capacity and readiness to implement a grant program, and include what measures might be taken to enhance that capacity.
- c Discuss resources that will be offered to potential applicants to assist them as they conceptualize their projects, including: selecting an evidence-based model; coalition building; and project planning, implementation, evaluation, and sustainability.
- c Include information on plans to offer guidance on technical grant writing to inexperienced applicants to increase their ability to obtain Federal grant dollars, and to provide detailed feedback and assistance to rejected applicants on measures to improve the strength of their proposals.
- c Discuss measures to facilitate peer-to-peer technical assistance, for instance, by contracting with successful grantees from the four main minority groups (American Indian/Alaska Native, Asian/Pacific Islander, African American, and Latino), as well as refugee and rural communities that have received funding through SAMHSA or the Administration for Children and Families Office of Refugee Resettlement (ACF/ORR).
- c Discuss how the grantee will prioritize requests for TA from potential applicants if demand exceeds the resources of the TA Center.

Section C: Project Evaluation (15 points)

Discuss those areas listed below:

- c Describe an ongoing self-evaluation process that includes continuous feedback from: CMHS grantees and prospective grantees from underserved communities who are receiving TA, the TA providers, outside expert consultants who have been utilized, and members of the Steering Committee. [Note: As mentioned on page 6, the structured collection of data will require OMB approval of the format. CMHS will facilitate this process in conjunction with the TA Center.]

- c Describe measures and outcomes for both of the main program objectives (TA to existing grantees and TA to potential applicants).
- c Discuss how the type, intensity, and frequency of TA methods will be reported.
- c Describe a strategy for documenting the project for purposes of future replication.
- c Specify what data will be collected to demonstrate results and accomplishments of the TA initiative. Examples of possible TA service variables include cost effectiveness, quality of delivery, accessibility, utilization, and grantee outcomes.
- c Describe how the data will be managed and analyzed to provide reliable and valid findings.
- c Demonstrate how the grantees and the potential applicants (key stakeholders) will be involved in the interpretation of the data.

Section D: Project Management (20 points)

Discuss those areas listed below:

- c Outline the management structure of the TA Center.
- c Discuss the management plan, including a time line that specifies activities with target dates for completion and persons/positions responsible for those activities.
- c Describe the proposed staff for the TA Center and the qualifications and experience of the staff for the operation of this technical assistance initiative, including detailed information on the Project Director. Discuss the extent to which staff qualifications and experiences are adequate to meet the needs of grantee organizations representing clients who differ in age, gender, race, ethnicity, languages spoken, sexual orientation, socioeconomic status, presence of a disability, and geographic location.
- c Describe the range of experts needed to deliver TA and how the services of those individuals will be secured. Include strategies for hiring TA Center staff, arranging peer-to-peer TA, contracting with national experts, and finding individuals with local expertise who can be contracted with to assist individual grantee agencies.
- c Describe the proposed composition of the Steering Committee, and indicate how members will be recruited.

- c Describe the adequacy and availability of resources and equipment, with evidence that the activities or services are provided in a manner/location/facility that is adequate and accessible, and that the environment is suitable to the population to be served.

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

SAMHSA Participant Protection

You must address seven areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the seven 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.

Some projects may expose people to risks in many different ways. In Section H 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 seven issues must be discussed:

Ø Protection of 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 effects of or protect participants against potential risks, including risks to confidentiality.
- c Give plans to provide help if there are adverse effects on participants.

- c Describe alternative treatments and procedures that may be beneficial to the subjects, where appropriate. If you do not use these other beneficial treatments, provide reasons.

U Fair Selection of Participants

- c Explain the reasons for focusing on this specific target population(s) for the proposed project. Include age, gender, and racial/ethnic background.
- 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 Emphasis in this grant program is placed on services that are voluntary. Explain if participation in the project is voluntary or required. If participation is not voluntary, identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).
- c State how participants will be awarded money or gifts, if you plan to pay them.

U Data Collection

- c Identify from whom you will collect data (e.g., participants themselves, family members, and others). Explain how you will collect data and list the site. For example, will you use work records, interviews, psychological assessments, observation, questionnaires, or other sources?
- c Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- c Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

U Privacy and Confidentiality:

Explain 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.
 - Who will or will not have access to information.

- How the identity of participants will be kept private (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

Y 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:

- Whether 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 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 whether you will get informed consent from participants or from their 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 3, "Sample Consent Forms." If needed, provide English translations.

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

C Describe whether 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?

P Risk/Benefit Discussion:

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