

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Part I - Programmatic Guidance

**Community Action Grant for Service Systems Change
Request for Applications (RFA) SM03-007**

Short Title: Community Action Grant

Application Due Date: July 8, 2003

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Part I - Programmatic Guidance**

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA, the Center for Mental Health Services (CMHS).

Action and Purpose

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) **announces the availability of \$1,000,000 in funding for Phase II Community Action Grants.**

Successful Phase I grantees may apply for one-year Phase II grants of up to \$150,000 (direct and indirect). It is expected that six to seven awards will be made in FY 2003 under this announcement. Cost sharing is not required in this program. Applications that propose budgets that exceed \$150,000 will be returned without review.

This Request for Applications replaces Community Action Grant PA 00-003 issued February 2001. You can access further information about the Community Action Grant program, including application kits, contact information, and a list of grantees at our web site: <http://www.samhsa.gov/>

The purpose of the Community Action Grant Program (CAG) is to promote the adoption of exemplary mental health practices in communities around the country. Community Action Grants support consensus building, infrastructure development, and training activities for the organization and the delivery of services to children with serious emotional disturbance, adults with serious mental illness, and those with co-occurring substance disorders.

Phase I of the CAG program has supported the development of consensus among key

stakeholders with the applicants' communities or states to adopt an exemplary practice. When consensus is achieved, grantees begin implementation of the practice. Consensus must be demonstrated through a process evaluation report, memoranda of understanding, funding plans and other documentation that demonstrate stakeholders' firm commitment to adopt the practice. Because of limited funding availability in Fiscal 2003, no applications for Phase I grants will be accepted under this announcement.

Phase II supports implementation through infrastructure development, training, program adaptation and evaluation. Grant funds may be used to provide direct services (therapy, case management, or other interventions to service recipients) **only** in pilot studies with a small group of participants in preparation for larger scale implementation.

The two phases of the Community Action Grant operate in sequence to ensure that tested, effective, and documented exemplary practices attain the endorsement and support of the community before they are implemented.

Who Can Apply?

Units of State or local governments, tribal governments and organizations, and domestic private nonprofit organizations such as community-based organizations, faith-based organizations, provider and consumer groups, universities, and health care organizations can apply for CAG.

Because only Phase II grants will be awarded under this announcement, **only former or current Community Action Grant Phase I grantees are eligible to apply for Phase II awards.** Please see the Project Narrative/Review Criteria Section A, Preconditions for further information.

Application Kit

SAMHSA application kits include the following:

- 1. PHS 5161-1 - (revised July 2000)** - Includes the Face Page, Budget forms, Assurances, Certifications and Checklist.
- 2. PART I** - of the Program Announcement (PA) or Request for Applications (RFA) includes instructions for the specific grant or cooperative agreement application. This document is Part I.
- 3. PART II** - of the Program Announcement (PA) or Request for Applications (RFA)- provides general guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this program are listed in this document under “Special Considerations and Requirements.”

How To Get an Application Kit

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

- Call the SAMHSA Mental Health Information Center at (800) 789-2647 Monday through Friday, 8:30 A.M. to 5:00 P.M., EST
TDD: (301) 443-9006
Fax: (301) 984-8796
P.O. Box 42490
Washington, DC 20015
- Download **Part I, Part II, and the PHS 5161-1** of the application kit from the SAMHSA Web site at www.samhsa.gov. Click on “Grant Opportunities” and then “Current Grant Funding Opportunities.”

Where To Send the Application

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

Mr. Ray Lucero, Review Branch
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, MD 20857
ATTN: Announcement SM03-007

Be sure to type “ SM03-007 SAMHSA Community Action Grant” in item number 10 on the face page of the application form (SF 424). If you require a phone number for delivery, you may use (301) 443-9917. **All applications must be sent via a recognized commercial or governmental carrier. Hand-carried, faxed, or e-mailed applications will not be accepted.** You will be notified by letter that your application has been received.

Application Due Date

Applications must be received by **July 8, 2003**. Applications received after this date must have a proof-of-mailing date from the carrier seven days before the due date.

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:

David Morrissette, D.S.W.
Substance Abuse and Mental Health Service Administration
Center for Mental Health Services
Room 11C-22

5600 Fishers Lane
Rockville, MD 20857
(301) 443-3653
E-mail: dmorriss@samhsa.gov

**For questions on *grants management issues*,
contact:**

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

Award Criteria

Decisions to fund a grant are based on the availability of funds and on the strengths and weaknesses of the application as determined by a Peer Review Committee and approved by the Center for Mental Health Services National Advisory Council.

Post Award Requirements

1. Quarterly and final progress reports, as well as financial status reports, will be required as specified in the PHS Grants Policy Statement requirements found in Part II, Terms/Conditions/Requirements.
2. In order for SAMHSA to meet its statutory requirements under the Government Performance and Results Act (GPRA), awardees will be required to document the number and types of activities completed and the achievement of successful implementation of the exemplary practice.
3. Applicants for Phase II grants must budget for the project director and the evaluator to attend a 3-day grantee meeting in the

Washington, D.C. area.

Program Overview

The Community Action Grants (CAG) supports consensus building among key community or state stakeholders and implementation activities to adopt effective practices. Exemplary practices include many different models, from clinical protocols to jail diversion programs that seek to improve outcomes for adults with serious mental illness, children with serious emotional disturbance, or persons with a co-occurring substance abuse disorders. Programs like the CAG are designed to promote the use of exemplary mental health services, particularly those that have been repeatedly proven to be effective (Evidence-Based Practices).

Exemplary practices are often used with populations or in settings different than those in which the practice was originally tested. In order to meet the needs of certain populations, including ethnic minority populations, an exemplary practice may need adaptations. The Community Action Grant Program supports adaptations of exemplary practices for populations and settings in which practices have promise to be successful. In order to be successful, anticipated adaptations must maintain the core of the original practice.

The CAG program supports the adoption of exemplary practices through two sequential or phased grants. During Phase I, grantees recruit, bring together, and engage key stakeholders in order to build consensus and reach a decision to adopt an exemplary practice. Key stakeholders include individuals and groups such as consumers, program managers, advocates, policy-makers, and funders whose approval and support are needed for an exemplary practice to be successfully implemented in a community.

Phase II funds are used exclusively for implementation. Implementation activities are geared to change or expand the agency infrastructure, increase community support, educate and/or train practitioners, establish protocols between the applicant and other organizations, adapt the model, and design model and services evaluations.

Phase II grant awards are contingent upon satisfactory evidence that consensus to adopt the practice has been achieved in Phase I. Consensus must be demonstrated through a process evaluation report, memoranda of understanding, funding plans and other documentation that demonstrate stakeholders' firm commitment to adopt the practice. The following are some examples of implementation activities that can be funded during this second phase of the grant.

- ✓ Educating stakeholders and the community about the impact that the selected exemplary practice will have;
- ✓ Developing billing and accounting procedures required to implement the funding plan;
- ✓ Creating a manual for the adapted practice;
- ✓ Reorganization of the agency, such as hiring and training staff and developing job descriptions, that is necessary to implement the practice;
- ✓ Evaluating the implementation process (required);
- ✓ Conducting a pilot study of the practice by providing and evaluating the exemplary practice and its adaptations for a small number of individuals in preparation for larger scale implementation; and
- ✓ Training existing staff to implement the exemplary practice.

Both phases of the program require grantees to have an experienced, objective evaluator do a process evaluation of the project. The evaluation documents the progress in achieving

goals, identifies barriers and solutions, and provides feedback to the participants, including key stakeholders.

What To Include in Your Application

In order for your application to be complete, 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. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your abstract must be no longer than 35 lines and should include descriptions of: the community or state, the consensus building process, the exemplary practice, the target population, and the expected impact of the practice. In the first few lines of your abstract, write a summary that may 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 (SF) 424A, which is part of the PHS 5161-1, is to be used for the budget. Fill out Sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

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

Sections A through E of the Project Narrative, describes your project. It consists of **Sections A – E. These sections combined may be no longer than 25 pages.** See Page 8 of this RFA for detailed instructions on these sections.

Section A - Preconditions

Section B - Project Impact and Feasibility

Section C - Project Approach and Plans

Section D - Evaluation Design and Analysis Plan

Section E - Management Plan and Staffing

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

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

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. **(See Part II of the RFA Example A, Justification).**

Section H - Biographical Sketches and Job Descriptions. Include biographical sketches 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 him/her 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.

Section I - SAMHSA Participant Protection and Protection of Human Subjects. The elements you need to address in this section are outlined after the Project Narrative description in this document.

□ **6. APPENDICES 1 THROUGH 5**

Use only the appendices listed below.

Don't use appendices to extend or replace any of the sections of the Program Narrative unless specifically required in this RFA (reviewers will not consider them if you do).

Appendix 1. Evidence of Intent to Adopt, Memoranda of Understanding, Letters and Documents

Appendix 2 Exemplary Practice Documentation.

Appendix 3. Timeline of Activities

Appendix 4. Data Collection Instruments/Interview Protocols

Appendix 5. Sample Consent Form

□ **7. ASSURANCES**

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

8. CERTIFICATIONS

Use the “Certifications” forms, which can be found in PHS 5161-1. See Part II of the RFA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures for all SAMHSA applications for additional details.)

10. CHECKLIST See Appendix C in Part II of the RFA for instructions.

Project Narrative/Review **Criteria for Phase II** **Applicants**

Sections A through E form the Project Narrative of your application. A peer review committee will evaluate the sections and give a point value to each one based on how well you address that section. The number of points after each main heading is the maximum number of points a review committee may give to that category. The bulleted statements do not have points assigned to them, but they are meant to

point out the important areas within each heading that you should address.

Below you will find information on how to respond to sections A through E. Your application will be reviewed against the requirements described under each section below. **Sections A through E may not be longer than 25 pages combined.**

Reviewers will be looking for evidence of the applicant’s cultural competence and attempts to address issues of racial/ethnic health disparities in each section (B through E) of the project narrative. SAMHSA believes that our services are most effective when provided with consideration for the culture, values, and traditions of the individuals and communities being served, taking into account issues of race/ethnicity, sex, gender, age, sexual orientation, disability, and literacy. For these reasons, SAMHSA supports and upholds the concepts of cultural competence in the development and day-to-day implementation of all its programs. At SAMHSA, cultural competency is defined as a set of behaviors, attitudes, and policies that all come together to ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interactions and settings. It promotes the understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups. Cultural competence is a goal that a system, agency, program, or individual continually aspires to achieve.

Complete SAMHSA guidelines on cultural competence are included in Part II of the RFA. For more information on cultural competence and mental health services, see 1) The Surgeon General’s Supplement, *Mental Health: Culture, Race, and Ethnicity* (DHHS, 2001), and 2) *Cultural Competence Standards in Managed Care Mental Health Services: Four Under-served/Underrepresented Racial/Ethnic*

Groups, 2000. To obtain copies, call the Knowledge Exchange Network at 1-800-789-2647 or visit the KEN website at www.mentalhealth.org.

Section A: Preconditions

This section receives no points. Reviewers will determine whether your application documents that a reliable decision to adopt the exemplary practice was made during Phase I. If documentation is adequate, reviewers will approve and move on to review and score the remainder of your application. If documentation is inadequate, the review will end here. The remainder of your application will not be reviewed or scored.

- Describe the evidence from the Phase I process evaluation that a convincing "decision to adopt" the exemplary practice, was made. Attach a copy of the Phase I process evaluation report submitted to CMHS in Appendix 1: Evidence of Intent to Adopt. Evidence should also include contracts, memoranda of agreement, administrative memos, or other documents signed by key stakeholders that show their firm commitment to support the practice. Attach these supporting documents in Appendix 1: Evidence of Intent to Adopt.
- Provide and describe a financing plan. The financing plan must include anticipated costs and sources of revenue that will maintain the practice. Attach the financing plan, signed by the funding source(s) that expresses firm intent to fund in Appendix 1: Evidence of Intent to Adopt.

Section B: Project Impact and Feasibility (35 points)

- Briefly describe the target population and setting as defined in Phase I. Describe and defend any changes in the target population

or setting in Phase II that are different from those described in Phase I. **Explicitly state if there are no changes in the target population or setting from Phase I.**

- Discuss the anticipated barriers to implementing the exemplary practice. Identify resources available and provide reasonable and comprehensive plans to address these barriers.
- Briefly describe the exemplary practice and any adaptations to the exemplary practice developed after the Phase I award. **State explicitly if there are no adaptations planned.** The exemplary practice should be discussed in sufficient detail to show how you will achieve the balance between keeping the core of the exemplary practice and accommodating local needs. You may cite other clinical experiences, stakeholder testimony about the need for adaptations, consumer and/or provider input through focus groups, and/or consultation with the developer(s) of the practice to justify adaptations. Place any documents submitted in support of the exemplary practice and its adaptations in Appendix 2: Exemplary Practice Documentation.

Section C: Project Approach and Plan (30 points)

- Describe the activities for which grant funds are being requested and explain them.
- Explain how these activities will build on Phase I efforts and lead to the implementation of the exemplary practice you have selected.
- Discuss the anticipated service delivery design or program that you expect to achieve when the practice is implemented.
- Describe the involvement of consumers,

families, and the target population in the implementation process.

- Discuss specific plans and procedures to ensure that the exemplary practice and adaptations will be implemented similarly to research studies that have demonstrated its effectiveness (fidelity to the model). Methods may include feedback mechanisms, board oversight, surveys, and/or data collection.
- **State whether your project will use a pilot study or not.** If a pilot study will be conducted, describe the sample of service recipients and how they will be selected; what adaptations to the practice will be used or contemplated; and what you will learn from the pilot study.

Section D: Evaluation Design and Analysis (10 points)

- Describe the purpose and objectives of the process evaluation and the evaluation questions.
- Describe the methodology for documenting the project's implementation including variables, data sources (e.g., staff observation, meeting minutes, records and reports), data collection instruments and methods, and how the data will be analyzed. Attach copies of all data collection instruments in Appendix 4. Data Collection Instruments.

Section E: Management Plan and Staffing (25 points)

- Describe the management plan for the implementation process including full time equivalency of positions. Attach job descriptions in Section H. Provide a time line for the implementation process in

Appendix 3: Timeline of Activity.

- Describe the qualifications and experience of the project director, evaluator, consultants and all other staff involved in the consensus building process. Place biographical sketches in Section H of your application.
- Describe the experience of the applicant organization with similar projects and populations. Specifically, describe the qualifications of the organization and staff with regard to issues of culture, race/ethnicity, sex, gender, age, sexual orientation, disability, literacy and any other issues relevant to your area and target population.

SAMHSA Participant Protection and Protection of Human Subjects (Section I)

In completing this section of your narrative, **limit discussion of participant protection to the activities that this grant will fund** such as training, community education, process evaluation and conducting a pilot study of the practice.

Participation and its associated risks may vary depending upon the activity and the information that is shared and collected. Some participants may be involved in implementation planning while others may be among the small number of recipients of a pilot study. **You must describe participant protection for each type of participant involvement.**

You must address all of the following areas regarding SAMHSA Participant Protection and Protection of Human Subjects in your supporting documentation. If one or all of the 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 different ways. In this Section of your application, you will need to:

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

❶ Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- 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.

❷ Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- 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.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

❸ Absence of Coercion

- 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.
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

④ Data Collection

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

⑤ Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

⑥ Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - If their participation is voluntary,
 - Their right to leave the project at any time without problems,
 - Risks from the project,
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, those 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.

- 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?

Include sample consent forms in your Appendix 6. Sample Consent Form. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both 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?

⑦ Risk/Benefit Discussion:

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

⑧ Institutional Review Board (IRB)

All grant programs collecting individual level data at pre-intervention and post-intervention MUST adhere to Protection of Human Subjects Regulations (45 CFR 46) and MUST propose plans for implementing these regulations including obtaining Institutional Review Board (IRB) approval. **Pilot studies require the collection of individual level data at pre-intervention and post-intervention and therefore fall into this category.** IRB approval is not required at the time of grant award, however the process for IRB approval should be discussed fully in the grant application and obtained before the recruitment of participants. As a condition of grant award, funds will be restricted for recruitment of participants until a grantee submits documentation of IRB approval to the SAMHSA Project Officer.

You must refer to Part II of the RFA, SAMHSA Participant Protection and Protection of Human Subjects for additional information regarding confidentiality and the requirements of 45 CFR Part 46, Protection of Human Subjects, including Assurance of Compliance

and documentation of Institutional Review Board (IRB) approvals.

Special Considerations and Requirements

SAMHSA's policies, special considerations, and requirements related to grants and cooperative agreements are found in Part II of the RFA. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance and Results Act
- Healthy People 2010
- Intergovernmental Review (E.O.12372)
- SAMHSA Participant Protection

References

Cultural Competence Standards in Managed Care Mental Health Services: Four Under-served/Underrepresented Racial/Ethnic Groups. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services 2000.

The Surgeon General's Supplement, Mental Health: Culture, Race, and Ethnicity. Department of Health and Human Services. 2001.