

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Guidance for Applicants (GFA) No. SM 01- 004
Part I - Programmatic Guidance

Statewide Family Network Grants

Short Title: Statewide Family Networks

Application Due Date: May 21, 2001

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Agency

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

Action and Purpose

The Center for Mental Health Services (CMHS) announces the availability of Fiscal Year 2001 funds to support applications for projects run by family-controlled organizations. Projects will assist family members around the country to work with policy makers and service providers to improve service access and quality of services for children and adolescents with serious emotional disturbances and their families. When effective, groups of such individuals serve as catalysts in reforming service systems for this population.

The Statewide Family Network Grant Program is designed to strengthen coalitions among family members, and between family members and policy makers and service providers; recognizing that family members are the best and most effective change agents.

The program goal is to fund one award per state. Approximately \$2.9 million will be available for approximately 50 awards. The awards will be for up to \$60,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds. Additional funds will be available for 10 grantees for up to \$10,000 for each award; to include provisions for youth involvement in the network. Youth involvement funds will be included in awards to successful applicants, not awarded separately.

The project period is 3 years. Annual continuation awards for years 2 and 3 depend on the availability of funds and progress achieved.

Who Can Apply?

Nonprofit private entities, including currently funded Statewide Family Network grantees, which meet the following requirements are eligible to apply:

Nonprofit private entities that have a board of directors comprised of no less than 51 percent family members whose children are currently receiving services and are age 18 and under or age 21 and under if served with an Individual Education Plan (IEP), and have a serious emotional, behavioral, or mental disorder (see appendix B).

The entities' organizational mission and scope of work must have a statewide scope and focus on families who have children, youth and adolescents age 18 and under or 21 and under if served by an Individual Education Plan (IEP); with a serious emotional, behavioral, or mental disorder.

Include evidence of these eligibility conditions in Appendix 1, which verifies that each requirement has been met.

Statewide Family Networks located in the 50 states, the District of Columbia and the federally recognized territories are eligible to apply. Inasmuch as there appear to be no nonprofit private family organizations representing a specific tribe, any nonprofit private tribal family organization can apply on

behalf of tribal families overall.

CMHS is limiting eligibility to family-controlled organizations because the goals of this grant program are to:
strengthen the capacity of families to influence the type and amount of services provided to them and to their children who have a serious emotional disturbance.

Application Kit

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

A complete application kit, including Parts I and II, is included in this mailing. The kit also includes the blank forms SF 424 and PHS - 5161 you will need to submit with your application.

Additional copies of the application kit may be downloaded from the SAMHSA site at www.SAMHSA.gov. Go to the “grants” link.

Where to Send the Application

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

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710

Bethesda, MD 20892-7710*

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

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
“SM 01-004 Statewide Family Network Grants in Item Number 10 on the face page of the application form.

Application Date

Your application must be received by *May 21, 2001.*

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than May 14.

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

Contacts for Further Information

For questions on *program issues*, contact:

Elizabeth Sweet, M.Ed., and
Gary DeCarolis, M.Ed.
Child, Adolescent, and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane, Room 11C-16
Rockville, MD 20857
(301) 443-1333
E-Mail: ESWEET@samhsa.gov
gdecarol@samhsa.gov

For questions on *grants management issues*, contact:

Gwendolyn Simpson
Grants Management Specialist
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
(301) 443-4456
E-Mail: gsimpson@samhsa.gov

Funding Criteria

Decisions to fund a grant under this announcement are based on:

1. The strengths and weaknesses of the application as determined by the peer review committee and approved by the CMHS advisory council.
1. One award per state
2. Availability of funds

Post Award Technical Requirements

Reports:

1. Annual progress report.
2. An annual report of technical assistance needs and requests identified by the organization through its network, and a discussion of project activities designed to meet those needs and requests.
3. Final report, at end of the 3 year project

period, summarizing project progress, problems, and alterations in approaches.

Meetings:

Attendance by the grantees at the annual technical assistance meeting, (funded by the Technical Assistance Center) is required.

Program Goals

The primary program goal is to increase the capacity of Statewide Family Networks, and the families in those networks, to participate in the development of policies, programs, and quality assurance activities related to the mental health of children and adolescents with a serious emotional disturbance and their families.

1. *Strengthen Organizational Relationships*
 - C Strengthen the recruitment, engagement and retention of family members in the applicant organization.
 - C Improve collaboration among families, advocates, and networks (statewide and at the community level), and strengthen family's ability to participate in State and local mental health service planning and health care reform policy activities on behalf of their children;
 - C maintain effective working relationships with other State child-serving agencies including mental health, education, child welfare, substance abuse, juvenile justice, and primary health care.
 - C develop of relationships with "Family Voices" networks across the country concerning children's mental health issues, as funded with Federal funds through The Bureau of Maternal and Child Health in an effort to partner with

them in engaging primary health care providers in focusing on children's mental health issues within the Children With Special Health Care Needs Program. and State Departments of Health.

2. *Foster Leadership and Business Management Skills* - Promote skills development with an emphasis on leadership, business management and fostering financial self-sufficiency of family-controlled organizations. Exploring funding opportunities from all Federal funding sources and other public and private resources over the term of the Federal grant.
3. *Identify Technical Assistance Needs* - Identify technical assistance needs for family-controlled organizations and implement a strategy that meets those needs.

Optional Youth Involvement Activity:

- Develop a strategic plan for the development and implementation of youth involvement. \$10,000 is available for a youth advisory board to implement plans for a youth directed organization.

Detailed Information on What to Include in Your Application

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

' **1. FACE PAGE**

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

' **2. ABSTRACT**

Your total abstract may 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 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. See Appendix B in Part II for instructions.

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

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

G Section A - Description of Current Resources in your State

G Section B - Needs of the Target Population

G Section C - Implementation Plan for a State-wide Program

G Section D - Project Management and Staffing Plan

G Section E - State-wide Evaluation Plan

Narrative section of the PHS 5161-1.

The support documentation for your application is made up of sections F through I.

There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

G Section F- Literature Citations

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

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

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

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

G Section H- Biographical Sketches and Job Descriptions

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

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 Sections A - E Highlighted* section of this document.

' 6. APPENDICES 1 THROUGH 3

--Use only the appendices listed below.
--**Don't** use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider them if you do).
--**Don't** use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:

Documentation of nonprofit status.

Appendix 2:

Documentation that 51% of the board of directors are family members with children age 18 and under, or 21 and under if served with an Individual Education Plan, who have a serious emotional disturbance.

Appendix 3:

Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

' 7. ASSURANCES

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

' 8. CERTIFICATIONS

' 9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative— Sections A Through E Highlighted

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

T Sections A through E may not be longer than 25 pages.

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

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

T Reviewers will also be looking for plans to address cultural competence (Note: Refer to Part II for definition of “cultural competence”). Points will be awarded to applications that adequately address the cultural aspects of the review criterion.

Section A: Description Of Current Organizational Relationships (15 Points)

C Describe current structural relationships in

your state between you as the statewide family organization and the community level family organizations. Describe operational and/or supervisory relationships, memorandum of understanding, or other informal structural relationships between the statewide family organization and the community level family organizations.

C Describe the current relationships with State level child serving agencies; mental health, education, juvenile justice, child welfare, substance abuse, and primary health. Include the number of parents serving on each of these agencies advisory, planning, or policy boards, and show the level of financial support provided by any of these agencies through contracts, grants or other means.

C Describe current relationships with other nonprofit organizations. Address relationships with Family Voices Networks and with similar organizations that have similar concerns and interests in the well-being of children, youth and adolescents with mental health needs and their families.

C Currently funded Statewide Family Network grantees should describe the activities already undertaken.

Section B: Needs of the Target Population (15 Points)

This section of your application should:

C reference data and/or information concerning the number of families in your state who have children and adolescents with mental health needs.

C in the context of your state, describe the communication, information, support, and

educational needs of families with children, youth and adolescents experiencing mental health needs.

- C identify and describe existing effective services and programs throughout the State which the applicant collaborates with, secures or refers families to, for communication, information, support and educational material.
- C Describe the barriers to family participation in State and local mental health service planning, policy development and family network development.

Section C: Implementation Plan for a State-wide Family Network (30 Points)

Provide a plan describing proposed project activities.

- C Describe how you will identify and fill gaps in needed support, information, communication (including electronic communication), education services and organizational development statewide for the families of children, youth and adolescents with mental health needs. For example: you may sponsor local or statewide training of leadership and business management skills development.
- C Develop and implement strategies to identify local, state and national technical assistance and training resources for developing Statewide, community-based network capabilities including the dissemination of CMHS products and publications about children, youth, and adolescents with mental health needs and their families.
- C Develop and implement strategies to

strengthen organizational capacity to **actively** promote community level parent participation in local and State mental health service-planning and health care reform policy activities.

- C Currently funded Statewide Family Networks grantees need to describe how the current implementation plan builds on or enhances activities already funded.

G Optional Youth Involvement Activity Criteria:

- C propose a method to ensure adequate project representation (age, culture, language, gender, and disability) in this activity
- C documentation of the involvement of the youth in the development of this section of the application
- C provide ways to identify local, state, and national technical assistance and training resources for developing a youth directed organization

Section D: Management and Staffing Plan (20 Points)

Provide a plan describing:

- C the organization's board of directors including its structure and membership, with a focus on the 51% family membership requirement.
- C the qualifications and experience of the project director and other key personnel.
- C relevant State agency and private resources available to support the overall program.

- C Extent to which the staff’s qualifications are reflective of the target population or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the target population. Explain how these services are culturally competent to address the needs of the target population.

Section E: Evaluation Plan
(20 Points)

The evaluation plan should describe the applicant’s approach for carrying out the following three key tasks:

- 1) documenting the State-level activities and accomplishments associated with the Program
- 2) documenting the activities and accomplishments of community projects which are a direct result of the Statewide Networks involvement with the communities activities.
- 3) Participation in the program evaluation conducted by the national technical assistance center.

The evaluation plan should explain how the applicant intends to:

- C document project activities and accomplishments.
- C list information to be collected.
- C measure changes in these activities and accomplishments over the life of the project.
- C document what was actually done, what was learned, what barriers inhibited

implementation, how such barriers were resolved, and what should be done differently in future projects.

- C identify methods to collect, analyze, and interpret the proposed data.
- C encourage use of qualitative approaches.
- C allocate appropriate time and resources for the proposed evaluation.
- C provide an adequate process for disseminating evaluation findings back to the community-based organizations .

Use Appendix A, *Guidelines for State-wide Evaluation Plan*, to help write this plan.

Confidentiality and SAMHSA Participant Protection (SPP)

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

This information will:

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

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

- C report any possible risks for people in your project,

- C state how you plan to protect them from those risks, and
 - C discuss how each type of risk will be dealt with, or why it does not apply to the project.
- The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.
- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.

Û Fair Selection of Participants:

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

- C Explain the reasons for including or excluding participants.

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

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

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

Û Privacy and Confidentiality:

- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - 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.

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:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.
- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other

risks, you should get written informed consent.

- C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

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

D Risk/Benefit Discussion:

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

Appendix A Guidelines for Project Evaluation

Applicants may wish to consider:

a) State-wide Characteristics

- , Demographics (e.g., population size, age, race/ethnicity, culture, gender, urban/rural distributions).
- , Organizational chart and description of current and proposed changes to the organizational structure.

b) Project Characteristics

- , Structure (e.g., involvement of public, private and grassroots organizations; youth representation; parent representation; existing and evolving service programs; changes in services structure over time);
- , Operation (e.g., State-wide networking characteristics; allocation of resources);
- , Capacity (e.g., human and organizational resources allocated for program implementation and capacity building).

c) Activities to Enhance the Community Environment

- , Outreach and promotional activities aimed at increasing interest and participation of the community in support of families (e.g., media events, health awareness fairs, cultural events, public service announcements);
- , Strategic activities related to ongoing family involvement and awareness efforts, approaches and projects intended to result in measurable outcomes (e.g., community education, family education and support programs);
- , Policy and legislative activities at the State and community levels (e.g., custody non-relinquishment, out-of-home placement policies for all child serving agencies, funding incentives and/or disincentives for community based services for children with mental health needs);
- , Outreach and promotional activities intended to maintain and increase support for the project, as well as to raise awareness of issues for families concerning community based services for their children, who have mental health issues (e.g., media campaigns, billboards, bumper stickers,

newsletters);

- , Development activities aimed at changing State and community conditions that affect families abilities to keep their children with mental health issues in their homes and communities (e.g., developing and supporting grassroots organizations, town hall meetings and forums, youth councils, housing development strategies, job training and entrepreneurial programs);
- , Coordination/collaboration among family focused programs for children with mental health issues; and,
- , Service delivery systems of the State (e.g., development of new services and spinoffs; reduced duplication of existing services; non-competition of existing services).

Appendix B Definitions Section

Family Controlled Organization -

A family controlled organization is a private, non-profit entity that meets these criteria:

- (1) its explicit purpose is to serve families who have **a child, youth or adolescent with a Serious emotional disorder (children, youth and adolescents who have an emotional behavioral or mental disorder, age 0-18, or age 21 if served by an Individual Education Plan (IEP).**
- (2) it is governed by a board of directors comprised of a majority (at least 51%) of individuals who are family members
- (3) it gives preference to family members in hiring practices
- (4) it is incorporated in a State as a private non-profit entity

Family Member -

A family member is an individual who is a **primary** care giver for a child, youth or adolescent with a serious emotional disturbance (an emotional, behavioral or mental disorder). The primary care giver may be provided a significant level of support by extended family members. Families who have children, youth, and adolescents with serious emotional disturbance are organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, kinship care givers, friends, and others as defined by the family.

Cultural Competence - See definition as outlined in Part II of the application kit.

Systems of Care:

Principles -

- , Child - centered: Services meet the individual physical, emotional, social, and educational needs of the child, consider the child's and family's context, and are developmentally appropriate, strengths-based and child-specific.
- , Family-focused: Services recognize that the family is the primary support system for the child and they participate as full partners in all aspects of the planing, implementing, managing, delivery, and evaluation of the service delivery system responsible for serving their children. Through implementation of activities, family voice, access, and ownership is supported.
- , Community-based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.

- , Multi-system: Case management and other services are planned in collaboration with the family and child-serving systems involved in the child's life, are delivered in a coordinated and therapeutic manner, and move through the system of services with the child and family in accordance with their changing needs.
- , Culturally competent: Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of the child's ethnic group.
- , Least restrictive/least intrusive: Clinically appropriate services take place in settings that are the least restrictive and intrusive available to meet the needs of the child and family.
- , Accountable: Service delivery systems that consolidate existing fragmented, categorical service funding streams so that accountability for effective care can be clearly attributed.
- , Outcomes based: Early identification and intervention by the system of care in order to enhance the likelihood of positive outcomes.
- , Transition: Appropriate services assure a smooth transition to the adult service system as adolescents reach maturity.
- , Protections: Children, youth and family's rights are protected and effective advocacy efforts are promoted. Services are sensitive and responsive to cultural and gender differences and special needs are provided without regard to race, religion, national origin, sex, physical disability, sexual orientation, or other characteristics.

What Makes a System of Care Unique? -

- , Every child and family receives an individualized service plan tailored to their unique needs.
- , A full array of services and supports is provided in the home community in which the child and his or her family lives.
- , No child or adolescent is ineligible to receive services based on the severity of his or her behavior or disability. Providers do "whatever it takes" to ensure children, youth, and families receive appropriate services and supports for as long as they are needed.
- , Services are delivered in the least restrictive, most natural environment that is appropriate for the child's needs.
- , Family members of children and youth who need mental health services work

together with service providers to develop, manage, deliver, and evaluate policies and programs.

- , Child - and family - serving agencies establish formal linkages to ensure that the system of care is adequately coordinated and integrated.
- , Case Management services are provided to ensure that the full range of services are delivered and to help the child and family move through the system as their needs change.
- , Early identification and intervention are essential to promoting positive outcomes.
- , Adolescents are ensured a smooth transition to the adult service system as they reach maturity.
- , The rights of the child and family are always protected.
- , All services are delivered in a way that is responsive to the family's culture.

Appendix C

Guidelines for Assessing Consumer and Family Participation

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

- , **Program Mission** - An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- , **Program Planning** - Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.
- , **Training and Staffing** - The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.
- , **Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.
- , **Rights Protection** - Consumers and family members must be fully informed of all of their rights including those designated by the President's Healthcare Consumer Bill of Rights and Responsibilities: respect and non-discrimination; etc.
- , **Program Administration, Governance, and Policy Determination** - Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.
- , **Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dis-satisfaction

measures.

Appendix D

Limited English Proficiency Assistance

Effective August 30, 2000, the Department of Health and Human Services issued policy guidance to assist health and social services providers in ensuring that persons with limited English skills (LEP) can effectively access critical health and social services. All organizations or individuals that are recipients of Federal financial assistance from DHHS including hospitals, nursing homes, home health agencies, managed care organizations, health and mental health service providers, and human services organizations have an obligation under Title VI of the 1964 Civil Rights Act to:

- , Have policies and procedures in place for identifying the language needs of their providers and client population;
- , provide a range of oral language assistance options, appropriate to each facility's circumstances;
- , provide notice to persons with limited English skills of the right to free language assistance;
- , provide staff training and program monitoring; and
- , a plan for providing written materials in languages other than English where a significant number or percentage of the affected population needs services or information in a language other than English to communicate effectively.

Providers receiving DDHS funding including **SAMHSA's** mental health block grants and discretionary grants must take steps to assure that limited English skills do not restrict access to full use of services.