
Appendix A

Background Information on the Safe Schools/Healthy Students, Youth Violence Prevention Cooperative Agreement, and Targeted Capacity Expansion Programs

This Appendix contains information on the three CMHS grant programs that will be receiving technical assistance from the TA Center.

Safe Schools/Healthy Students (SS/HS)

This project is an interdepartmental endeavor supported by the Federal Departments of Education, Health and Human Services (through CMHS), and Justice, which is designed to provide students, schools, and communities with enhanced, comprehensive educational, mental health, social service, law enforcement, and juvenile justice system services that promote healthy childhood development and prevent violence and alcohol and other drug abuse. These services and activities target both the development of youth social skills and emotional resilience, as well as the establishment of safe, supportive, and disciplined school environments. The comprehensive framework of the program incorporates the following: establishing school-community partnerships; identifying and measuring target problems; identifying appropriate research-based programs and strategies; implementing programs and strategies in an integrated fashion; evaluating intervention outcomes; and revising the comprehensive plan on the basis of evaluation information.

Grantees in this program are local educational agencies (LEAs) that have developed a comprehensive plan in partnership with local public mental health authorities, law enforcement agencies, family members, students, juvenile justice officials, and community organizations to address the following project elements: (1) safe school environment; (2) alcohol and other drug prevention, violence prevention, and early intervention; (3) school and community mental health prevention and treatment intervention services; (4) early childhood psychosocial and emotional development services; (5) educational reform; and (6) safe school policies.

Funding is awarded to grantees for up to 3 years at the following levels: up to \$3 million per year for LEAs in urban areas; up to \$2 million per year for those in suburban areas; and up to \$1million per year for projects in rural areas and tribal districts. The TA Center will be working with 20 sites that began their projects in FY 2001 and approximately 40 to 45 sites that will be initiated in FY 2002.

Annual Conference for Safe Schools/Healthy Students (SS/HS) Grantees

SS/HS grantees are required to attend an annual grantee conference in the Washington D.C., area, which lasts 2 ½ to 3 days. Each site typically brings three to five site representatives. Grant sites are responsible for covering the costs of their own travel and lodging expenses within their grant budget. All other costs associated with the planning, implementation, and follow-up of the conference shall be the responsibility of the TA Center. Examples of speakers and workshop facilitators may include: researchers, clinicians, public health officials, staff from previously funded grant sites, policy researchers, youth, family members, and experts in the field of education, juvenile justice, and children's mental health. Aside from grantees and presenters, other attendees would include Government Project Officers (GPOs) and other representatives from the Federal Departments of Justice, Education, and Health & Human Services (HHS), as well as technical assistance coordinators and other staff from the TA Center.

Youth Violence Prevention Cooperative Agreements (YVPCA)

The YVPCA program provides support to community organizations to form and expand collaborations dedicated to the prevention of youth violence, substance abuse, suicide, and other mental health and behavioral problems and to implement prevention, intervention, and treatment services to enhance pro-social development and positive mental health in youth. Community collaborations should include or seek to recruit significant community organizations and stakeholders involved with youth, including: schools, mental health providers, social service agencies, community centers, juvenile justice agencies, law enforcement, and youth and their family members.

This cooperative agreement grant program supports community-wide collaborations to reduce the prevalence and seriousness of youth violence and behavioral health problems by: (1) building community-wide understanding of the nature and extent of violence and other problem behaviors among youth in the community; (2) mobilizing the community to address youth problems; (3) implementing and evaluating effective prevention, early intervention, and treatment services to address youth violence; and (4) being responsive to racial, ethnic, cultural, social, gender, sexual orientation, disability, linguistic, and age diversity in the community in all phases of collaborative activity, project implementation, service provision, and evaluation.

Grantee organizations typically include: community-based service organizations; schools; public mental health, social service, or juvenile justice agencies; and colleges and universities. Funding is awarded for up to 2 years at a level of up to \$150,000 per year. During FY 2001, applicants who could demonstrate very well-established pre-existing coalitions could apply for up to \$200,000 per year to expand treatment capacity and systemic collaboration. In FY 2002, there will be a number of school-based mental health projects, as well as several projects devoted to preventing harassment of vulnerable populations of youth (including lesbian, gay, bisexual, and transgender youth; children with disabilities; and members of immigrant and refugee communities). There are currently 31 grantees funded in the FY 2001 cohort, and there will be between 30 and 40 that will begin in FY 2002.

Annual Conference for Youth Violence Prevention Cooperative Agreement (YVPCA) Grantees

YVPCA grantees are required to attend an annual grantee conference in the Washington D.C., area, which lasts 2 ½ to 3 days. Each site typically brings two representatives, the Project Director (or Program Coordinator) and the Evaluator, though appropriate substitutions or additions can be made. Grant sites are responsible for covering the costs of their own travel and lodging expenses within their grant budget. All other costs associated with the planning, implementation, and follow-up of the conference shall be the responsibility of the TA Center. Traditionally, this conference has provided grantees with relevant resources and information on the following components of the YVPCA program: community collaboration and coalition building; implementation of evidence-based interventions which respect unique characteristics of a community, while adhering to model fidelity; process and outcome evaluation; sustainability of the project beyond the duration of CMHS grant support; and respect for cultural competency in all elements of the project. Examples of speakers and workshop facilitators may include: researchers, clinicians, public health officials, staff from previously funded grant sites, policy researchers, youth, family members, and experts in the field of violence prevention and children's mental health, and individuals with expertise in working with vulnerable youth populations (including lesbian, gay, bisexual, and transgender youth; children with disabilities; and youth in immigrant and refugee communities). Aside from grantees and presenters, other attendees would include GPOs and other representatives from HHS, as well as technical assistance coordinators and other staff from the

TA Center.

Targeted Capacity Expansion (TCE)

The CMHS Targeted Capacity Expansion Program is designed to increase the capability of cities, counties, and Tribal governments to meet the emerging and urgent mental health needs of their communities. The program helps recipient areas to build the service system infrastructure necessary to address regional mental health needs through service linkage, community outreach, and the expansion of local services in the form of prevention and/or treatment interventions with a strong evidence base. Applicant eligibility for this program for grantees funded in FY 2001 and FY 2002 is restricted to local governmental units and Tribal governments, including, for example: city and county councils, tribal councils or agencies, and local public departments of mental health, housing, social services, education, substance abuse, and public health. These public entities are strongly encouraged to form partnerships with various community stakeholders, including: private community-based mental health agencies, public and private universities, consumer and family groups, parents' and teachers' organizations, service organizations serving racial and ethnic minorities, and advocates.

The TA Center shall be responsible for working with two distinct categories of TCE grants, outlined below. (Note: There is a third group of TCE grantees whose technical assistance needs are being met through an alternate mechanism currently in place.)

- Targeted Capacity Expansion: *Prevention and Early Intervention*: This component of the TCE program is structured to support mental health prevention and early intervention services targeted to infants, toddlers, pre-school and school-aged children and adolescents in both mental health and nonmental health settings. At this time, there are 14 grants with funding initiated in FY 2001, and there will be approximately 5 or 6 new grants that will begin in FY 2002. For both cohorts, funding is available for up to 3 years, at \$400,000 per year.
- Targeted Capacity Expansion: *Reducing Racial and Ethnic Disparities*: This category of TCE grants is intended to improve access to mental health services in nonmental health settings for racial and ethnic minorities. "Nonmental health settings" may include: recreation centers, substance abuse treatment facilities, outreach services, in-home care, school- or housing-based services, drop-in centers, primary care settings, and various religious or community-based organizations. The intent of this category is to expand culturally competent treatment options to groups that have historically not sought services in traditional mental health settings. Currently, there are seven grants in this category that were initiated in FY 2001. These grants are funded for up to 2 years, at \$400,000 per year.

Annual Conference for Targeted Capacity Expansion (TCE) Grantees

TCE grantees are required to attend an annual grantee conference in the Washington D.C., area, which lasts 2 ½ to 3 days. Each site brings two representatives, the Project Director (or Program Coordinator) and the Evaluator, though appropriate substitutions or additions can be made. Grant sites are responsible for covering the costs of their own travel and lodging expenses within their grant budget. All other costs associated with the planning, implementation, and follow-up of the conference shall be the responsibility of the TA Center. Examples of speakers and workshop facilitators may include: researchers, clinicians, public health officials, policy researchers, consumers and family members, and experts in the areas of mental health prevention and treatment, cultural competence, multisystemic intervention, and community collaboration. Aside from grantees and presenters, other attendees would

include GPOs and other representatives from HHS, as well as technical assistance coordinators and other staff from the TA Center.

Role of the TA Center

For each program highlighted above, 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 Coordination Center.

Appendix B

Guidelines for Assessing Consumer and Family Participation

Applicants should have experience or a demonstrated 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 in the examples 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 allowed to 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 rights, including: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.

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

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

