DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Request for Applications (RFA) No. SM 03-005
Part I - Programmatic Guidance

Community Collaborations to Prevent Youth Violence and Promote Youth Development

Short Title: Youth Violence Prevention Grants

Application Due Date: January 22, 2003

_____   _____

Gail P. Hutchings, M.P.A.   Charles G. Curie, M.A., A.C.S.W.
Acting Director   Administrator
Center for Mental Health Services   Substance Abuse and Mental Health
Substance Abuse and Mental Health   Services Administration
Services Administration

Date of Issuance: November 2002

This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 03 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of the appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under How to Get Help in this announcement.

Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 520A of the Public Health Service Act, and subject to the availability of funds

Table of Contents

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), is accepting applications for fiscal year 2003 grants to implement Youth Violence Prevention projects.

Approximately $4 million will be available to award grants in the following categories:

- **Group I**: Approximately eight awards will be made to organizations proposing youth violence prevention projects targeting geographically or socially defined youth populations;

- **Group II:** Approximately eight awards will be made to support grants that address violence towards, or by, females; and

- **Group III:** Approximately eight awards will be made to support mental health services for youth with justice system involvement.

Grants in Groups I and II will be funded at a maximum of $150,000 per year in total costs (direct and indirect) for 2 years; grants in Group III will be funded at a maximum of $200,000 per year in total costs (direct and indirect) for 2

years. Cost-sharing is not required in this program. Actual funding levels will depend on the availability of funds, but shall not exceed the per-grant amounts listed above. The second year of support depends on adequate progress achieved in Year 1 and availability of funds.

Applications with proposed budgets that request a level of SAMHSA funding support in excess of the amounts listed above will not be reviewed.

Note: Group III projects are funded at a slightly higher level than those in Groups I and II because evidence-based interventions for justice-involved youth tend to be more costly on a per-client basis than interventions targeting other youth populations.

Organizations may submit only <u>one</u> application for the Youth Violence Prevention grant program under this RFA.

Applicants must select **one** of the following target groups listed below.

Group I: General Youth Violence Prevention Projects

This category is designed to target populations of youth that are defined <u>either</u> by geographical residence/location (e.g., in a specific neighborhood; a housing project; a school or school system; a recreation center service area; or a city, town, county, or tribal area) <u>or</u> by shared social characteristics or experiences (e.g., common race, ethnicity, or cultural heritage; immigration experience; or risk status or experience, such as foster care placement, gang involvement, or being a sexual minority).

Some examples of projects that might be

proposed under this category include age-appropriate: mentoring programs; parent skills enhancement; school-based conflict resolution projects; psycho-social supportive services; anti-bullying initiatives; programs to foster resilience; suicide prevention; and after-school programs to enhance psycho-social development.

Clients to be served under this category of grants are to be young people between the ages of 0 and 21 (and their families where appropriate).

To be considered under the Group I category, applicants **must** specify "SM03-005 Group I: General Violence Prevention" as the program title in Block 10 on the face page of the Public Health Service 5161 grant application form.

Group II: Violence Prevention for Females

In the 3 years since this program began, several projects have focused predominantly on males, but few have focused specifically on females. Yet girls and young women do experience violence, as both victims and as perpetrators. For instance, childhood sexual abuse is associated with depression, anxiety, and enduring problems with developing and maintaining healthy interpersonal relationships; and females face a significantly higher risk for such abuse than do males. Indeed, 82% of all minors who are sexually abused are female. There is also a growing trend of young females perpetrating violence. Between 1987 and 1997, there was an 85% increase in the national arrest rate for violent offenses by female juveniles.

In many instances, the manifestation of violence towards or by females is expressed in ways that can be quite distinct from those of their male counterparts, and female-focused interventions

are thus an effective means of addressing the unique needs of this population. Applicants under this category are to propose age-appropriate, gender-specific projects that target females who are either perpetrators or victims of violence.

Clients to be served under this category of grants are to be females between the ages of 0 and 21 (and their families where appropriate).

Examples of points of emphasis to consider for this category include:

- Girls and young women who are victims of sexual abuse;

- Females who are exposed to highly violent domestic or community environments;

- Initiatives aimed at reducing young women's risk factors for becoming victims of interpersonal violence (e.g. dating/domestic violence);

- Refugee girls and young women who have been exposed to violence in war zones or politically oppressive countries;

- Girls and young women who are involved with female gangs or associate with male gangs; or

- Teenage mothers who can benefit from learning healthy parenting skills to reduce risks for abuse and neglect.

Applicant organizations that wish to be considered under the Group II category **must** specify "SM03-005 Group II: Violence Prevention for Females" as the program title in Block 10 on the face page of the Public Health Service 5161 grant application form.

Group III: Services for Justice-Involved Youth

Grants funded under this category are intended to divert emotionally disturbed youth offenders who do not pose a significant public safety risk away from institutional settings and into the community while supporting capacity for culturally appropriate evidence-based therapeutic interventions that are designed to build upon the strengths of these juveniles as a means of both enhancing youth functioning and decreasing recidivism. Additionally, these grants are designed to foster increased collaboration between law enforcement, justice, mental health, substance abuse, education, child protective services, and other youth- and family-serving entities, while simultaneously allowing for public education and outreach to various community stakeholders.

Applicants should propose an asset-enhancing service intervention that targets youth with emotional, behavioral, or psychological problems at any of the following points of justice system involvement:

- Diversion out of the formal legal system and into treatment for post-arrest, pre-disposition youth;

- Post-adjudicated (or post-conviction) not-seriously-violent youth, diverted to the community in lieu of facility placement;

- Youth processed through a mental health court;

- Youth on probation;

- Youth under "house arrest" or electronic monitoring;

- Youth released from placement who are under aftercare supervision (or parole); or

- Youth transitioning out of the justice system and into an independent living or supported living setting.

The above-referenced youth can be:

➤ Clients of the *juvenile* justice system who can be of *any* age up to the maximum age of jurisdiction for the state or local juvenile justice system in the applicant's region, and/or

➤ Youth under the age of 18 who are processed through the *adult* criminal justice system according to the state or local jurisdictional guidelines of the applicant's region. (Applications targeting adult criminal justice clients over the age of 18 will NOT be reviewed.)

Interventions for high-risk youth that are the most effective are those that address multiple domains of the child's life, and applicants will be encouraged to develop strategies that can have a positive effect at the individual, family, and community levels.

[**Note: Some examples of evidence-based interventions for justice-involved youth are listed in Appendix B of this RFA.**]

Applicant organizations that wish to be considered under the Group III category **must** specify "SM03-005 Group III: Services for Justice-Involved Youth" as the program title in Block 10 on the face page of the Public Health Service 5161 grant application form.

Program Overview

The Youth Violence Prevention grants program supports 2-year grants for collaborations of community organizations and constituencies to foster the prevention of youth violence, substance abuse, delinquency, suicide, or other mental health and behavior problems through a public health approach. These community collaborations should include or seek to recruit the significant organizations or constituencies in the community involved with youth at risk for violence perpetration or victimization. Through fiscal year 2002, approximately 136 CMHS Youth Violence Prevention projects have been funded via this program in communities throughout the country.

All grants under this program are expected to engage in the following activities:

- Building community-wide understanding of the nature, extent, and effects of violence and other negative behaviors among youth in the community;

- Mobilizing the community to address youth victimization and/or violence, and related problems;

- Implementing and evaluating effective intervention services that address youth problems in the community or that enhance personal and interpersonal strengths, prosocial development, and positive mental health in youth; and

- Being responsive to diversity both in the target population and the broader community in the areas of race, ethnicity, age, gender, sexual orientation, disability, legal status, languages spoken, family composition, and socioeconomic status in all phases of collaborative activity, service implementation and provision, and

evaluation.

Projects must initially engage in activities that lead to the development of an effective collaboration or to the *enhancement and expansion of an existing* well-functioning collaboration. The collaboration is expected to support efforts to develop a comprehensive community approach to the particular youth problem area that is being addressed. After an effective collaboration has been established, or expanded/enhanced, (*and with prior approval from the Government Project Officer*), grant resources can then be used to implement one or more service programs that address the youth problem behavior, reduce risk factors for problem behaviors, or enhance resiliency. The coalition will continue to provide on-going guidance to the project throughout the service implementation and evaluation processes.

Who Can Apply?

Domestic public and private **nonprofit** organizations may apply.

Examples of eligible applicants include:

- Public or private mental health systems, institutions, and agencies;

- State or local departments of juvenile/criminal justice; mental health courts; juvenile/criminal court systems; district attorney's offices; or public defender's offices;

- Public or private educational systems, institutions, and agencies;

- Tribal governments and tribal organizations;

- Community-based and faith-based organizations, such as community-based advocacy, health, substance abuse, mental health, social service, consumer and family organizations; and service organizations serving ethnic, cultural, or social minority groups; or

- Other public agencies or nonprofit organizations that can perform the requirements of this program.

Because of the overlap of program objectives and the desire to avoid funding multiple youth violence collaborations in the same area, currently funded Safe Schools/Healthy Students grantees or CMHS Youth Violence Prevention grantees are **not eligible** to apply for this program.

Application Structure

Instructions for completing this grant application are given in two parts. **This Request for Applications (RFA) is Part I.**

Part II is a document that has general policies and procedures that apply to most SAMHSA grants. You will need to use both Parts I and II for your application. The policies in Part II that apply to this program are listed in this document under the section heading "Special Considerations and Requirements."

Part II can be downloaded from the SAMHSA homepage at www.samhsa.gov:

o Click on the link to "Grant Opportunities."
o Click on "Assistance with Grant Applications."
o Click on "Click here for more information

on RFA Part II and an outline copy of the file."

Part II describes notification procedures to Single-State Agencies (SSA) and State Single Point of Contact (SPOC) (if applicable in your State). Lists of SSAs and SPOCs are available through the SAMHSA Web site at www.samhsa.gov:

o Click on the link to "Grant Opportunities."
o Click on "Assistance with Grant Applications."
o Click on "List of Directors of Single-State Agencies" or "OMB Single Point of Contact (SPOC) List."

To submit a grant application for this program:

Use **application form PHS-5161-1**. To download this form, go to the SAMHSA homepage at www.samhsa.gov:

o Click on the link to "Grant Opportunities."
o Click on "Assistance with Grant Applications."
o Click on "Click here to download Forms PHS-5161 and SF-424."

PHS-5161-1 includes the following forms that should be included with your application: a face page (Form 424A) and budget pages (Form 4254B) with instructions, an Assurances Non-Construction Programs form (must be signed), a Certifications form (must be signed), and a Checklist.

The Program Narrative section included in the PHS-5161-1 form is generic. Therefore, for this section of your application, please follow the program-specific instructions for the Project Narrative in this Part I RFA.

All applicants **must** complete Section I of the SAMHSA Participant Protection provisions stated in this RFA. If the applicant organization is providing direct services to children and youth or is supporting direct services by another organization with Federal funds, you must include sample participant consent forms that conform to SAMHSA Confidentiality and Participant Protection requirements as Appendix 4 of your application. If some Participant Protection requirements are not applicable to your project, you must explain why this is the case (e.g., some requirements on service provision might not apply if your organization does not provide or support direct service delivery).

Assemble your application as described in the section titled "Detailed Information on What to Include in Your Application," which follows.

To obtain hard copies of application materials, call the Center for Mental Health Services national clearinghouse, the SAMHSA's Mental Health Information Center, at (800) 789-2647. This is an automated system that requires you to identify the RFA number (SM-03-005) and leave your name and mailing address.

Where to Send the Application

NOTE: All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted. Faxed or e-mailed applications will not be accepted.

You will be notified by letter that your application has been received.

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.

*If you need a phone number for deliver purposes, use (301) 435-0715

Please note:

1. Use application form PHS-5161-1.

2. Be sure to identify the grant program ("RFA No. SM-03-005") AND identify your target population (Group I, General Violence Prevention; Group II, Violence Prevention for Females; or Group III, Services for Justice-Involved Youth) in Block 10 on the face page of the application form.

Application Dates

Your application must be **received** by January 22, 2003.

Applications received after this date will only be accepted for the appropriate receipt date if they have a proof-of-mailing date from the carrier no later than January 15, 2003.

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 substantive issues regarding the program, eligibility, and funding of reviewed applications, contact:

Pat Shea, M.S.W., M.A.
Special Programs Development Branch
Center for Mental Health Services
Substance Abuse and Mental Health
  Services Administration
Parklawn Building, Room 17C-26
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3655
e-mail: pshea@samhsa.gov

For questions on budget, completion of items on forms, and administrative issues, contact:

Stephen Hudak
Division of Grants Management
Substance Abuse and Mental Health
  Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
e-mail: shudak@samhsa.gov

Funding Criteria

It is anticipated that funding decisions will be made in the late spring of 2003, after reviews of applications by a peer review committee and the CMHS National Advisory Council are completed.

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the

application as indicated by a peer review committee, which assigns a numerical evaluation score (the Priority Score) to the application, based on the extent to which the application meets the project requirements as specified in this RFA, and confirmation of the review committee recommendation by the CMHS National Advisory Council.

2. Priority funding consideration will be given to applications from geographical areas that have not received prior funding through this grant program.

3. Availability of funds.

Organizations submitting applications that are funded will receive an official Notice of Grant Award. Applications that are funded will be listed on the SAMHSA Web site at www.samhsa.gov.

Post-Award Requirements

1. Annual financial status reports will be required, as specified in the PHS Grants Policy Statement requirements.

2. Semiannual and final progress reports, and annual evaluation reports, will be required to assist the Government Project Officer (GPO) in monitoring project progress. The GPO will provide the reporting requirements subsequent to the award of grant funds.

3. Grantees must inform the GPO of any publications based upon the grant project.

4. To ensure compliance with Code of

Federal Regulations, Title 45, Part 46, revised November 13, 2001, regarding human subjects protection, grantees must provide the GPO with an outline of data elements to be collected prior to implementing the project evaluation. If it is determined that Institutional Review Board approval is required, the grantee shall obtain such approval prior to implementing data collection.

5. The Government Performance and Results Act of 1993 (GPRA) requires Federal agencies to set and monitor performance standards for agency objectives. Awardees must provide SAMHSA/CMHS with the data required under GPRA. GPRA measures for this program have not been finalized, but are expected to include elements such as number of clients served, stakeholders engaged, and units of training provided. SAMHSA/CMHS staff will work with awardees to finalize measures and obtain appropriate clearances after awards have been made.

6. **The Project Director and Principal Evaluator (PE), or another staff person in lieu of the PE who is knowledgeable about the evaluation, are required to attend an annual 2- or 3-day national meeting of sites (most likely in the Washington, DC, metropolitan area). Travel expenses for the meeting must be included in the budget for years 1 and 2.**

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.

Block 16 refers to Executive Order (EO) 12372, establishing a State Single Point of Contact (SPOC) for review of and comment on Federal grant applications by State government agencies. Not all States have a SPOC. A list of States with SPOCs is available at www.whitehouse.gov/omb/ grants/spoc.html.

Additional information about EO 12372 is provided in Part II of the application. Include page numbers for each major section of your application and for each appendix.

❑ *2. ABSTRACT*

A Project Abstract, no more than one page in length, is required and must include the following headings:

• Target Population
• Goals of the Project
• Proposed Intervention

❑ *3. TABLE OF CONTENTS*

Include page numbers for each major section and for each appendix

❑ *4. BUDGET FORM*

Use Standard Form 424A. See Appendix B in Part II for instructions.

Note: Projects must request 2 years of support and submit a budget for both years 1 and 2. Year 2 budget funding has usually been at the same level as the year 1 budget

Budget increases from year 1 to year 2 have not been supported. Budget projections for years 1 and 2 should be planned accordingly. In either year of the grant, the Federal grant (direct and indirect costs) will not exceed $150,000 for Group I and II grants and $200,000 for Group III grants. **Any application that exceeds this amount will not be reviewed.**

❑ *5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION*

These sections describe your project. The Project Narrative is made up of Sections A through E, and supporting materials make up Sections F through I. More detailed information of Sections A through E follows #10 of this checklist.

Sections A through E must be no longer than 25 pages.

Section A - Rationale for the Project
Section B – Development of an Effective Coalition
Section C – Implementation of an Effective Intervention
Section D – Project Management
Section E – Project Evaluation

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

Section F – Literature Citations

This section must contain complete citations, including titles, dates, 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 supports you expect to receive for the proposed project.

Section H – Biographical Sketches and Job Description

Include a biographical sketch for the project director and for other key positions. Each sketch should be no longer than two pages. If a person has been identified for a key position in the project, but has not yet been hired, include a letter of commitment from that person, along with the sketch.

? Include job descriptions for key personnel to be hired. 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 – **Confidentiality and SAMHSA Participant Protection (SPP)** [Required of ALL applicants.]

❑ *6. APPENDICES 1 THROUGH 5*

? Use only the appendices listed below. **Do not** use appendices to extend or replace any of the sections of the Program Narrative. (Reviewers will not consider them if you do.)

Appendix 1: Letters of support or other documentation from coalition participants or other project partners. **May be no longer than 15 pages.**

Appendix 2: Letter to Single-State Agency (SSA) (if applicable, see Part II, page 3, and for an on-line listing of SSA contacts, go to www.samhsa.gov/grants/ grants.html. Click on link to "Assistance with Grant Applications," then click on link to "List of Directors of Single-State Agencies" for a listing of SSA contacts).

Appendix 3: Data Collection Instruments and Interview Protocols

Appendix 4: Consent form(s) for service recipients and data collection instruments.

Appendix 5: Non-Supplantation of Funds. The applicant organization is to include a letter certifying that federal funds will not be used to supplant/replace funds already committed. (See Part II for further discussion).

❑ *7. ASSURANCES*

Non-Construction Programs. Use Standard Form 424B found in PHS-5161-1. See Part II, page 9. Standard Form 424B is available online through a link at www.samhsa.gov/grants /grants.html. (Click on link to "Assistance with Grant Applications," then click on link to "Click here to download Forms PHS-5161 and SF-424" for access to Assurance of Compliance Forms.)

In addition, you must file or have on file a Civil Rights and Non-Discrimination Assurance Form (HHS 690, available at www.hhs.gov/ocr/pregrant/forms.html) with the DHHS Office for Civil Rights. Indicate on the

appropriate lines on the SAMHSA Checklist the date you filed the assurance.

❑ *8. CERTIFICATIONS*

See Part II, page 9. A list of certifications is included in the PHS form 5161-1. PHS-5161 is available online through a link at www.samhsa.gov/grants/grants.html.

❑ *9. DISCLOSURE OF LOBBYING ACTIVITIES*
Use Standard Form SF LLL (and SF-LLL-A, if needed) that can be found in PHS 5161. Part II of the application contains additional information on lobbying prohibitions.

❑ *10. CHECKLIST*

See Appendix C in Part II for instructions. [Note: The "Public Health Impact Statement" referenced on the checklist is discussed on pages 3-4 of Part II.]

Project Narrative – Sections A Through E Highlighted

☛ Sections A through E may be no longer than 25 pages.

☛ Your application will be reviewed by a peer review committee comprised of individuals with experience in service delivery, research, administration, and/or advocacy in the areas of youth violence and youth service programs. The peer review committee will assign a point value to your application, based on how well you address the project requirements that follow. **It is important that your application present an adequate response to each of the**

project requirement sections, because funding decisions are most strongly determined by the point total assigned to your application by the review committee.

☛ Applications for this grant program will be divided into target Groups I, II, and III. The three groups will be reviewed, scored, and funded separately. (Hence, Group I applications will be competing against other Group I applications, and so forth.)

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

☛ The review committee will also evaluate the adequacy of your Participant Protection procedures. Applications with inadequate procedures cannot be funded, unless the procedures are corrected.

The application will be evaluated by an expert review committee according to how well the application addresses the project requirements specified in **each** section of this RFA. The Project Narrative must follow the same sequence of topics as stated in this section.

Section A: Rationale for the Project (15 points)

Applicants must address the following:

• Identify the population of youth targeted by the project. [*Note: For Group III applicants, please include the level of justice system involvement of the targeted youth. See the "Group III" discussion in the "Action and Purpose" section of this RFA for allowable points*

of system involvement]

• Identify the absence of services for, or barriers to accessing services by, the identified youth population.

• Discuss the need for an intervention to reduce the prevalence or seriousness of victimization to, or violence by, the identified youth population, using available systematic information such as survey or other community-level data, clinical or service experiences, or interviews with youth or key informants.

• Note the approximate numbers of such youth and their geographic distribution in the target community.

• Present an overview of the socio-demographic characteristics of the youth (e.g. race, gender, ethnicity, socio-economic levels, legal status, etc.).

Section B: Development of an Effective Coalition (20 Points)

Applicants must address the following:

• Describe the major stakeholders (organizations, service systems, and constituencies) concerned with the targeted youth population that will participate in the coalition, and discuss their history of collaboration. Include documents indicating their willingness to participate in a coalition (e.g., letters of support, Memoranda of Understanding) in Appendix 1.

• Describe strategies to recruit and engage additional critical stakeholders concerned with youth in the community or with

providing access to the target youth population.

- Identify individuals or organizations that will provide leadership for the coalition, and discuss their background, experience, and qualifications to effectively organize and/or provide leadership for a collaboration focused on the target youth population.

- Discuss plans to gather or develop information that would inform coalition decision makers in developing effective strategies. This plan should indicate what types of information will be collected, the sources of such information, who will collect the information, and how the collected information will be used to guide coalition goal setting, planning, activities, and service program implementation.

- Describe the extent to which coalition participants (organizations or individuals representing constituencies) reflect the ethnic/cultural/social diversity of the target service population.

- Describe efforts that will be undertaken to ensure meaningful involvement of the youth and their families targeted for services in the collaboration

Section C: Implementation of an Effective Intervention (25 Points)

Applicants must address the following:

- Discuss the major goals of the project.

- Describe a preliminary plan, and a proposed evidence-based intervention, to achieve the goals you have identified.

[*Note: It is expected that this preliminary plan may be modified during the course of the project because of additional input from coalition partners and the community, outcomes of implemented activities and programs, and other events and situations that arise within the project or in the community. Funded projects can make changes to their plans with prior approval from the Government Project Officer assigned to oversee the grant.*]

- Provide a rationale for the appropriateness of the proposed intervention to the target population, as well as the evidence that this intervention is likely to achieve the stated goals of the project. [Criteria for evaluating likely effectiveness of service programs are discussed in Appendix A of this RFA.]

- Indicate how the target population will be identified and accessed, including:
  - ✓ eligibility criteria;
  - ✓ screening and assessment, if applicable; and
  - ✓ outreach.

- Discuss plans for ensuring that the program will be responsive to diversity within the target population with regard to age, race, ethnicity, sexual orientation, disability, languages spoken, family composition, and socioeconomic status.

- Describe plans for monitoring and ensuring the fidelity of the core components of the model intervention while still allowing for adjustments of compatibility to the circumstances of the local community.

- Describe involvement or planned

involvement of youth and their families in selection and implementation of intervention programs.

- Describe what, if any, expert consultation will be obtained on selection of service programs to implement, on training for implementation, and/or on actual implementation of intervention programs. Include letters of commitment from primary consultants to assist the project in Appendix 1.

Section D: Project Management (20 points)

Applicants must address the following:
- Describe the experience of the applicant organization in working with the target population.

- Discuss the experience of the major collaboration partners in youth violence prevention/youth development activities.

- Present a proposed time line for the project.

- Discuss the management plan and staffing to be used for this project.

- Assign responsibility for specific tasks described in the implementation and evaluation plans to identified staff.

- Describe the qualifications and experience of the project director, service providers, and other key personnel. For individuals not yet hired, include position descriptions in Section H.

- Discuss how professional staff will be recruited, as well as what strategies shall be utilized for retaining staff in programs. Describe in-service training for staff.

- Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate for carrying out the proposed project.

- Demonstrate that the staff is reflective of, and/or sensitive to, the diversity of the target population with regard to age, gender, sexual orientation, race, ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served, including issues such as:
  - ? proficiency of staff at all levels of the organization in the cultures of the target population.
  - ? provision of cultural competence training specific to the target community.
  - ? availability of interpreters and translators trained in mental health and/or substance abuse prevention/treatment issues and terminology.

Section E: Project Evaluation (20 Points)

Projects must budget at least 10 percent of the total budget, and no more than 15 percent of the total budget, to project evaluation.

Note: The evaluation component of this program is intended to monitor the progress of the project and to inform on-going decisions in the intervention. The grantee is NOT required to collect any data for purposes of research.

Applicants must address the following:

- Summarize the plan for evaluating the proposed program.

- Discuss what process indicators will be used to monitor progress on collaborative functioning and effectiveness of the coalition.

- Indicate what information is currently available on the target population (e.g., prior victimization, offense and placement history, involvement of other state/local systems, school performance, family risk factors, history of abuse or neglect, substance abuse history, etc.).

- Discuss what cumulative target population information will be collected. Examples might include:
  - number of clients served
  - percentage of clients completing the intervention
  - recidivism rates
  - rates of school enrollment/dropout
  - rates of subsequent out-of-home placement

- Discuss what systems outcomes will be used (e.g., units of staff training provided, increased information-sharing between different public agencies working with the target population, etc.)

- Describe the data collection plan, including
  - sources of data
  - data management and quality control
  - training of records reviewers, as appropriate.

- Describe involvement of project partners, including youth and families, in developing and implementing the evaluation plan, and

providing feedback on the findings.

- Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population and, as appropriate, to the community to be served.

- Describe how project staff will use evaluation results in monitoring project progress and planning activities and programs and how information related to the progress of the project will be fed back to the community in a linguistically and culturally appropriate manner.

- Describe the qualifications and experience of the project's evaluation staff to conduct the evaluation of the progress and outcomes of the project. (If an evaluator has not yet been selected, a position description listing the minimum qualification and experience requirements should be attached in Section H.)

Confidentiality and SAMHSA Participant Protections (SPP)

Section I (eye)

Part II of the RFA provides a description of SAMHSA's Participant Protection Requirements and the Protection of Human Subjects Regulations.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II

of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reason that the element(s) do not apply.

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.

Projects may expose people to risks in many different ways. In Section **I** of your application, you will need to:
 ✓ Identify and report any possible risks for people in your project.
 ✓ State how you plan to protect participants from those risks.
 ✓ Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed.

❶   Protection of Clients and Staff from Potential Risks

• Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.

• 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 effects of, or protect participants against, potential risks, including risks to confidentiality.

• Give plans to provide help if there are adverse effects on participants.

• Where appropriate, describe alternative treatments and procedures that might be beneficial to the participants. If you do not decide to use these or other beneficial treatments, provide 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 and note if the population includes 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, institutionalized or mentally disabled persons, or persons 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 participation may be required (e.g., 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 even if they do not complete the study.

❹ Data Collection:

- Identify from whom you will collect data (e.g., participants themselves, family members, teachers, and others). Describe the data collection procedures and specify the sources for obtaining data; for example, school records, interviews, psychological assessments, observation, questionnaires, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews or other direct means, describe the data collection setting.

- Identify what, if any, types of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

❺ Privacy and Confidentiality:

- Explain 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 (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

- Indicate any limits to confidentiality (e.g., the duty of a child-serving professional to report suspected child abuse), and the manner in which clients will be notified of those limitations.

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.

❻ 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:
  - ? Whether their participation is voluntary.
  - ? Their right to leave the project at any time without problems.
  - ? Possible risks from participation in the project.
  - ? Plans to protect clients from these risks.

- Explain how you will get consent for youth, 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 must get <u>written</u>, informed consent.

- Indicate whether 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 4, titled "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.

- Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in the treatment intervention and for the collection and use of data.

- Additionally, if other consents (e.g. consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not

consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

❼ Risk/Benefit Discussion:

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

<u>Special Considerations and Requirements</u>

As noted in the "Application Structure" section of this RFA, Part II of the SAMHSA Application, as well as the Public Health Service Grant Application form PHS-5161, must be used in conjunction with this RFA in order for applicants to complete the grant application in its entirety.

Part II and PHS-5161 contain information and forms that are applicable to **most** SAMHSA grants.

All of the materials in Part II and PHS-5161 are applicable to **this** particular grant application and must be followed **EXCEPT FOR** the items listed below:

- This grant program does NOT fund construction, so disregard form 424C "Budget Information for Construction Programs," and form 424D, "Assurances for Construction Programs." (Applicants will instead use the forms for NON-CONSTRUCTION Budget and Assurances 424 A & B).

- On pages 21, 22, and the top part of 23 in PHS-5161-1, there are instructions for the

"Program Narrative," items 1-6.   DO NOT follow these programmatic guidelines. Instead, use the "Project Narrative" sections A - E provided in this RFA document.

- This program does NOT require a "Letter of Intent," as outlined on page 2 of Part II.

Appendix A
Background Description of the Rationale, Goals, and Design of the
Youth Violence Prevention Grant Program

(Note: This Appendix is provided to give applicants a better understanding of the background, conceptualization, and structure of this grant program. It does not contain specific requirements for completing the grant application itself.)

Background and Rationale for the Design of the Youth Violence Prevention Grant Program

Rationale. The need for an initiative to provide communities with opportunities to implement programs to effectively reduce youth violence, substance abuse, and other risky and negative behaviors, to prevent suicide, and to promote positive youth development is driven by the prevalence of such problem behaviors among youth and the resulting negative, and sometimes devastating, effects on youths, their families, and communities, especially of the more severe forms of such problem behaviors. Multiple-victim school shootings drew national attention to the problem of youth violence and Federal, state, and local efforts to reduce the risk for violent acts by youth.

Youth violence can take many forms, including: *peer aggression*, such as bullying, harassment and other forms of aggression in schools (often against younger and/or vulnerable youth, such as physically handicapped, developmentally delayed, or gay and lesbian youth) fighting, physical and sexual assaults, gang violence, and other more serious forms of peer violence; *violence against family members,* such as parents or siblings; *dating violence*; and the self-directed violence of *suicide and suicide attempts.* Violence committed by adolescents has increased such that homicide and suicide are now among the leading causes of death among children and adolescents – with racial/ethnic minority youth at markedly increased risk for violent deaths. Youth's perception of their lack of safety in schools and the community has increased as well. A significant percentage of students report fear that they would be attacked or harmed at school or report gangs are present in their schools. Violence and the fear of violence in schools and communities interfere with normal learning and arrest or delay the successful completion of normal developmental tasks of vulnerable children and youth.

Violent victimization, engagement in violent behavior, serious substance abuse and other risky behaviors, and completed or attempted suicide can have serious, even lethal, and long-term detrimental effects of youth development and mental and physical well-being. For summaries of available documentation and statistics on youth violence, suicide, substance abuse, and other behavior problems consult the following resources: Juvenile Offenders and Victims: 1999 National Report and Annual Reports on School Safety (available at www.ojjdp.ncjrs.org) the Surgeon's General's Report on Youth Violence (available at www.surgeongeneral.gov), the Surgeon General's National Youth Suicide Prevention Strategy (available at www.surgeongeneral.gov), Summary of Findings from the 1998 National Household Survey on Drug Abuse (available at www.samhsa.gov) and Youth Risk Behavior Surveillance-United

(available at www.cdc.gov).

Knowledge Base on Youth Violence. There exists a considerable scientific knowledge base regarding risk and protective factors for youth violence, suicide, and other problem behaviors and the fostering of resilience and the prevention of violence. This body of research has important implication for the design of preventive intervention approaches for reducing risks for problem behaviors among youth. Practitioners and researchers in the field of prevention have begun to use this knowledge base to design intervention approaches and programs that decrease risk factors for violence, antisocial behaviors and other adolescent problem behaviors and/or increase protective processes. Research findings that have implications for the development and implementation of violence prevention approaches and programs include the following:

- Preventive interventions should be guided by knowledge of how multiple risk and protective factors interrelate and are causally linked to future violence and how and when they should be addressed through intervention. Violent behavior results from an individual's personal characteristics, dispositions and past history interacting with characteristics of the social environment. Risk factors include: *individual factors*, such as a history of aggressive, antisocial, and impulsive behavior and mental health problems; *interpersonal factors*, such as peer support for antisocial behavior; *family factors*, such as lack of parental supervision, family violence, and family support of antisocial attitudes and behavior; *school factors*, such as poor achievement and low commitment to school; and *neighborhood and community factors*, such as poverty and prevalence of criminal behaviors. Risk factors for suicidal behaviors (thoughts, threats, attempts) include depression and other mood disorders, impulsivity, drug and alcohol use, and family problems. Protective factors that decrease the likelihood of engaging in violence and other problem behaviors include: *individual factors*, such as positive coping with peer pressure and pro-social attitudes; *interpersonal factors*, such as positive attachment to pro-social peers and adults; and *social factors*, such as family, school and community attitudes supporting positive pro-social behaviors and being intolerant of violence and antisocial behavior. One of the strongest findings in risk factor research is that the risk for problem behaviors tends to escalate with the number of risk factors evidenced by youth and, similarly, risk decreases significantly with the number of protective factors. Moreover, high-risk youth can be identified either by the severity of potent risk factors and/or the number of risk factors they exhibit.

- Although effective interventions have been developed that target many risk and/or protective factors, most interventions have relatively modest effects, demonstrate a significant effect with only some intervention recipients, and often do not have long-term effects or carryover to later developmental stages. These results imply that no one intervention program is likely to have a dramatic effect in reducing youth problem behavior. In order to significantly reduce youth violence and other problem behaviors a variety of effective interventions need to be developed and made available to target multiple risk and protective factors (e.g., youth attitudes and social behavior, parental monitoring, and family communication and interaction) in multiple settings

(e.g., home, school, and community) at various ages (e.g., from early home visitation programs for infants to after-school recreational programs for adolescents) at various levels of individual and psycho-social risk (e.g., from school-based universal substance abuse prevention programs to diversion programs for arrested delinquents).

- The type and potency of risk factors varies with age. For example, early familial child abuse is a potent risk factor for early aggressive behavior; association with antisocial peers is a potent risk factor in mid-adolescence; and lack of economic opportunity and job skills is a strong risk factor in late adolescence. Moreover, involvement in violent and antisocial behavior follows a developmental pattern in which early family conflict and neglect lead to early child aggressive and oppositional behavior, followed by school and peer difficulties, followed by early adolescent antisocial and substance abusing behavior, followed by association with antisocial peers and an escalation in antisocial and aggressive behavior in adolescence and early adulthood. Early age of onset is a particularly potent risk factor for later serious and chronic problem behaviors. Violent behaviors often progress in seriousness, as offenders tend to add more serious offenses to their behavioral repertoire over time. Therefore, early interventions that disrupt or delay the development of serious aggressive and antisocial behavior may be a particularly valuable long-term intervention approach. Possibly because of the greater malleability of behavior at early ages before problem behaviors have been deeply ingrained, some of the strongest intervention effects have been shown by early preventive intervention programs. Preventive interventions across the entire age range, including prior to the emergence of aggressive and antisocial behaviors, are supported under this program as a viable and important approach to ultimately reducing youth violence.

- Problem behaviors, such as violence and substance abuse, often co-occur as do risk factors, such as neighborhood poverty and peer support for antisocial behavior. Similar risk factors tend to be associated with different forms of problem behaviors. Therefore, interventions that effectively reduce risk for one type of problem behavior may also reduce other types of problem behaviors. Often, effective interventions for problem behavior reinforce individual psycho-social competence and pro-social behaviors that compete with the problem behaviors.

- Prevalence and severity of youth problem behaviors and risk and protective factors vary across social-environmental contexts. For example, alcohol, drug abuse, and school bullying and harassment might be characteristic of a higher income community and associated with peer attitudes and adolescent risk-taking behavior; whereas, gang violence and dropping out of school might be characteristic of a socially and economically disadvantaged community and associated with inadequate schools, low student commitment to school achievement, and student truancy, suspension, and expulsions.

- Some groups of youth share characteristics or life experiences which make them especially vulnerable to hostility and violent victimization due to their differences from the majority of the

population. Such groups include youth with physical disabilities or developmental delays; gay, lesbian, bisexual, and transgender youth; recent immigrant and refugee youth; and youth in out-of-home residence, such as homeless youth, youth living in shelters, youth in foster care, and youth in residential or detention centers. Such groups may have limited personal and social resources to be assertive and to protect themselves from violence and they may experience significant prejudice, discrimination, harassment, bullying, and other forms of victimization. There may be few dedicated service programs for these groups and a lack of knowledge of or reluctance to engage existing youth services. These high-risk and under-served groups should also be a priority for community approaches to youth violence prevention.

Program Goals and Design

The goals of the Youth Violent Prevention Grant Program are:

- To support the development or expansion of <u>collaboration</u> among community organizations and constituencies to sponsor and/or promote community activities and services that facilitate the development in young people of the personal and interpersonal skills and emotional resilience necessary for healthy development and engagement in pro-social behaviors and to prevent violence, suicide, alcohol and substance abuse, and other youth problems;

- To support the selection and implementation of collaboration <u>activities</u> and <u>service programs</u> to address youth violence prevention, suicide prevention, and resilience enhancement that are <u>effective</u> in the community;

- To encourage and support <u>evaluation</u> of the collaboration process and the effectiveness of collaborative activities and of youth service programs that will be useful in improving the collaboration, building community support, and providing effective youth services;

- To support efforts of community collaborations to develop resources to <u>sustain</u> the community collaboration, its activities, and youth service programs in the community;

- To support development of increased <u>competence</u> of youth violence prevention collaborations in understanding, engaging, and providing effective services to the diverse racial, ethnic, cultural, and social groups in the target community population so as to more effectively address youth problems and youth development in the community; and

- To promote the <u>capacities</u> of youth violence prevention collaborations to more effectively organize and operate as a collaborative; to recruit collaboration participants; to collect useful information from the community and targeted youth populations; to select and evaluate the effectiveness of collaboration activities and of youth service programs; to develop and use evaluation procedures to monitor the quality and progress of collaboration activities; to sustain

the collaboration and its activities and service programs; and to achieve competence with respect to community diversity.

Community Collaboration

Rationale. Community collaboration is viewed as an effective strategy for health promotion and preventive services in community settings. Community collaborations are cooperative endeavors of major community organizations, service systems, and representatives of stakeholder constituencies to address community problems or promote community development. Collaborations usually have a structure, administrative staff or support, goals, operational procedures, and planned set of activities that are agreed-upon by the collaboration participants.

Community collaborations are defined by the participation of community stakeholders. Critical community stakeholders for youth violence prevention collaborations are defined as those individuals, organizations, and constituencies with a significant stake in youth violence prevention and youth development and who have the authority and/or resources to initiate, develop, implement, support and/or evaluate collaborative activities and service programs that address youth violence and youth development. Such stakeholders should include: (1) representatives of community constituencies that will receive youth and family services, including youth, families, and community leaders; (2) representatives of organizations or constituencies that provide existing youth/family services or that can develop such services, such as providers of community-based education, mental health, juvenile justice, and family services; (3) representatives of organizations or constituencies that can provide support and leadership for community-based youth violence prevention programs and activities, such as faith leaders, cultural brokers, advocates, community leaders, and media representatives; (4) representatives of organizations or constituencies that can provide access to targeted youth or to resources for violence prevention activities and programs, such as school, health, juvenile justice, or child welfare administrators and civic, business, and social services leaders; (5) key decision makers in the community able to make funding or resource commitment to support implementation and sustainability of collaboration activities and youth services, such as political leaders, agency heads, foundation staff, and business leaders; and (6) individuals or organizations with specialized skills that would be useful in developing activities or achieving success of the youth violence prevention collaboration, including individuals with expertise in group process facilitation, conflict resolution, evaluation, or fund raising. CMHS requires active inclusion of client constituents (i.e., youth and their families) in all phases of collaboration and service provision that affect them.

Community collaborations have a number of advantages as an approach to community problem solving including: (1) ability to facilitate coordination of multiple resources and services; (2) providing a means for the participation and input from the important constituencies in the community with an interest in the community problem; (3) the ability to recruit existing resources and develop new resources to address the community issue; and (4) a higher likelihood of gaining community acceptance of, and support for, sustaining services targeted to the community issue. The Youth Violence Prevention Grant Program

supports development of community collaboration as the strategic approach to youth violence prevention and youth development.

Forms of Collaboration. A single form of collaboration is not feasible nor optimal in every community. Collaborations can vary in size or inclusiveness and in degree of collaboration achieved. Collaborations vary in size from partnerships between service organizations or systems (e.g., a partnership between a school system and mental health agency for suicide prevention activities), to coalitions of the primary service providers and governmental agencies in a community, to large community-wide collaborations involving most of the primary organizational and stakeholder constituencies in the community. A number of factors can determine the size and inclusiveness of collaborations including: the history of collaborative activities in the community; external pressure or support for collaborative activity; and willingness of significant organizations and constituencies to engage in collaborative activities.

Larger, more inclusive collaborations are preferable, but often it is not feasible to recruit participation of all stakeholders, often because of their unwillingness to commit to collaborative activities. In addition, large collaborations can sometimes become unwieldy. The developmental stage of the collaboration is also significant. In the initial organizational phase of a collaboration, a smaller more cohesive collaboration of the most committed organizations and constituencies may more easily achieve consensus on the collaboration mission, goals, structure, operational procedures, and strategies to achieve goals than a larger less coherent group. Other significant stakeholder organizations and constituencies can be recruited at later stages, particularly if the collaboration can demonstrate successes in achieving its goals as an incentive for participation by other stakeholders.

The degree of collaboration achieved can vary from sharing of information, to coordination of activities, to commitment to shared goals, planning, resources, and decision making. The Youth Violence Prevention Grant Program allows a range of size and degree of collaboration in the projects it supports.

Youth Violence Prevention Grant projects may develop a collaboration for either geographically- or socially-defined communities. Geographic communities are usually based on natural, historic, neighborhood-identity or institutional (e.g., a specific school or school system) boundaries.

Socially-defined communities are groups characterized by social identities, such as ethnicity (e.g., Hispanic youth), culture (Dominican), religion (e.g., Muslim youth), common experience (e.g., justice-involved youth) or other type of identity (e.g., sexual minority youth). Geographically-defined collaborations should, ideally, encourage access to collaborative activities and support services for the entire youth population of the area. There may be a justification for a focus on only subgroups of the youth in the geographical area rather than inclusion of all youth groups in the community in collaboration activities and access to services. For example a collaboration might target a defined population (e.g., Southeast Asian refugee youth) for youth violence prevention/youth development services due to unique risks or problems (e.g., cultural differences, social and geographic segregation, language barriers and participation in ethnic gangs) and inadequate services (high need and lack of culturally competent

services).

Collaboration Activities. Collaborations can engage in the following types of activities: (1) collecting information on youth problems and risk factors in the community and on the availability and adequacy of existing community resources and services; (2) educating the community about youth problems, service needs, and strategic approaches to violence prevention and positive youth development; (3) activities to mobilize community attention and support for violence prevention/youth development activities and programs and to provide a voice for consumer constituencies in collaboration and service delivery; (4) achieving consensus among community organizations and constituencies on youth problems that need to be addressed and approaches to providing services targeting identified youth problems; (5) evaluating the effectiveness of collaborative activities; (6) selecting and implementing effective preventive services in the community; (7) evaluating the effectiveness of implemented youth services; (8) developing resources for sustaining collaboration and services; (9) increasing the competence of collaboration participants and service providers in addressing violence prevention and youth development among the diverse youth and families in the community; and (10) engaging in activities that increase the resources and capacity of the collaboration to achieve effective organizational and operational procedures, to collect and disseminate information, to evaluate and improve activities and services, to achieve competence with respect to community diversity, and to sustain the collaboration, its activities, and service programs.

Effective Collaboration and Youth Violence Prevention/Youth Development Services

Although each collaboration and its structure, development, operational procedures, and implemented activities and programs are unique, there are certain operational characteristics evidenced by many effective collaborations.

Effective Organizational and Operational Procedures of Collaborations
Some characteristics of the organization, development, and operational procedures of many effective collaborations are discussed below.

New collaborations are often initiated by a core group of individuals committed to the overall purpose of the collaboration. Other successful collaborations might result from a shift or expansion of focus of an existing well-developed collaboration (e.g., an existing community-wide collaboration focusing on youth issues might adopt a focus on youth violence prevention or establish an affiliated task force on youth violence prevention). Collaborations that navigate the initial organizational phase and begin to operate effectively are often characterize by: (1) one or more effective leaders who have the stature among the collaboration participants and/or the community to effectively organize and lead a collaborative community effort and who have the interpersonal and organizational skills to effectively organize collaborative interaction among multiple stakeholders; (2) a history of collaboration and willingness to commit time, energy, and resources to the overall purpose of the collaboration by a core group of collaboration participants; (3) a rationale for development of a collaboration that arises from a

27

community consensus on the need to address the purpose embodied by the collaboration or from significant events affecting the community (e.g., a series of youth suicides) rather than primarily arising from an agency's service agenda or external sources (e.g., grant funding); (4) involvement of representatives of community constituencies early in the initiation and development of the collaboration; and (5) sufficient resources to employ or dedicate administrative staff to facilitate the operation of the collaborative.

Effective collaborations develop and disseminate a formal statement of the *mission* of the collaborative. The mission statement should be a consensus statement developed with input from multiple stakeholders. The mission statement can often serve to recruit additional significant stakeholders and reduce stakeholder conflicts in deference to achieving the overall aims embodied in the mission statement.

The mission of the collaboration should be operationalized by: (1) an explicit operational plan that specifies achievable goals for addressing the overall mission of the collaborative; (2) specific strategies, activities and programs to achieve the stated goals; (3) designation of specific individuals or groups responsible for achievement of specific goals; and (4) time lines and reporting requirements for achievement of goal objectives.

Depending on the size of the collaboration, collaborative efforts are usually operationalized through a set of committees, workgroups, or task-forces that are dedicated to achievement of specific collaborative goals (e.g., a workgroup to plan and implement a major collaboration-supported community activity) or organizational functions of the collaboration (e.g., a workgroup dedicated to resource development and sustainability or to the recruitment of collaboration participants). Large collaborations often have an executive committee that oversees a number of operational committees or workgroups. Having a dedicated administrative staff for the collaboration can facilitate committee/workgroup/task-force meeting logistics, recruitment of needed resources, and reporting back to the collaborative or to the community. Developing a number of committees or workgroups led by various collaboration participants can increase the leadership capacity of the collaboration and make it less vulnerable to the loss of the initial, organizing leadership or important administrative staff.

Effective collaborations establish effective means of communication between collaboration participants and between the collaboration and the community and the target population. Effective communication should allow frequent, clear, and understandable communication on important aspects of the functioning, activities and programs of the collaboration by various means, including electronic communication, meeting minutes, written plans and position papers, community newsletters, and other informational materials distributed to the community and targeted groups. Development and maintenance of communication should be an important function of the administrative staff of the collaboration.

Building Collaboration Capacities

Effective collaborations devote a significant amount of effort to building their *capacities* for effective administration and operation, information gathering and dissemination, evaluation, program implementation, and sustainability, as well as developing specific activities and programs. These capacities play a critical role in the long-term development, effectiveness and sustainability of the collaboration. Thus, it is usually far more effective for a collaboration to establish a committee or workgroup to focus on sustainability for the collaboration and its programs than for project staff to search for specific funding sources, especially if the workgroup has a range of expertise (e.g., business leaders, non-profit agency heads, state and local government officials, foundation funders, and grant writers) and resources (e.g., access to electronic databases, time and staff to research requirements for various funding streams, interaction with organizations that can supply volunteers) to address a number of financial and human resource avenues for sustainability.

There are several mechanisms that can be used by collaborations to build their *capacities,* including: (1) assigning responsibility to individuals with interest in a type of collaboration activity or function to develop the capacity to more adequately address that function or activity for the collaboration (e.g., establishing a sustainability or evaluation workgroup with responsibility for that area for the collaboration); (2) recruiting individuals and organizations with expertise and experience in functional or program areas (e.g., contracting with or recruiting a professional evaluator to assist in developing an evaluation plan or an individual with considerable fund-raising experience to assist in identifying potential funding sources); and (3) training or expert consultation in areas that the collaboration needs to increase its competence (e.g., training of collaboration participant in procedures for cultural competence or in designing strategic program plans).

Procedures to Improve Effectiveness of Collaboration

In order to have a significant overall impact on youth problems and youth development in the community, collaborations should ideally engage in a set of planned activities to build the collaboration, to engage the community in violence prevention/youth development, and to develop needed youth and family services. To conduct these activities effectively, the collaboration can develop a set of procedures to: (1) collect information that would be useful in planning collaboration activities and in addressing youth service needs; (2) monitor collaboration development and the impact of collaboration activities; (3) develop evaluation criteria and procedures and the capacity and expertise to evaluate the likely success of proposed service programs; (4) incorporate this evaluation into collaboration decision making; (5) assess results achieved by collaboration activities and service programs; and (6) incorporate this feedback into the collaboration decision-making process. Supporting the development of procedures and the capacity of collaborations to improve the effectiveness of collaborative functioning and of service programs is a goal of the Youth Violence Prevention Grant Program.

Information Collection Procedures. Information that would be useful to obtain or collect for planning collaboration activities and addressing youth service needs includes: (1) demographic and social environmental characteristics of the community; (2) prevalence and distribution of youth problems, risks,

and strengths; (3) existing youth services, their availability and effectiveness; and (4) needed youth services, capacity of the community's service system to implement the services, and their likely effectiveness with the community's youth. Unless the collaboration has the capacity to collect or assemble such information, summarize this information in an understandable form (e.g., through reports, presentations, workgroup reports, data bank), and use this information in collaboration decision making, it will largely be making decisions in the dark as to the problems and service needs of community youth and the effectiveness of existing services and of the activities and services implemented by the collaboration. Where possible, existing information sources should be used rather than developing completely new information sources. Collaborations vary in the resources and expertise available for collection of such information and in the availability of existing information sources (e.g., many urban collaborations can access community data collected by large city governments, but such information might not be available in less resource-rich rural or frontier communities), but development of a capacity to collect such information is an important capacity for a collaboration to develop.

Monitoring Procedures. Monitoring the collaboration process and collaboration activities for success in achieving the goals of the collaboration can improve its functioning. Demonstration of collaboration success can reinforce participation and build community support: this is especially true in the initial stages of collaboration development. Monitoring of the collaborative process may include: assessment of the degree of participation, commitment, and satisfaction of collaboration partners; an objective assessment of barriers to and/or difficulties in collaborating; and the number of activities sponsored by the collaboration, their success in achieving the goals of the collaboration, and their impact on the youth in the community and on the community as a whole. Activities that community collaborations can engage in and that should be monitored for effectiveness include: (1) activities that enhance collaboration, such as identification and engagement of potential collaboration participants; (2) administration of the collaboration, planning and goal setting activities, and building commitment and consensus among collaboration participants; (3) data collection, assessment, and evaluation activities, such as assessing the scope of youth problems and community resources and evaluating effectiveness of implemented programs; (4) communication and dissemination activities, such as a media campaigns, newsletters or other communications with community groups; and (5) activities to recruit or develop resources to improve the capacity for collaboration, implementing services, or sustaining activities and service programs. A formal evaluation plan, together with other information, can be used as part of the collaboration monitoring process.

Procedures to Identify Needed Services. A particularly important activity of youth violence prevention community collaborations in addressing youth problems and risks in the community is to assess the adequacy of available services and then to either support or enhance existing services or develop additional services that will reduce youth problems and risk. Collaborations can, but need not, directly implement service programs. They can endorse or support the expansion of existing services, recruit service providers to implement needed services, implement needed services through participant service providers, or implement service programs directly as a collaboration function. Given a collaborative consensus on the need for a particular kind of youth service, decisions on selection of

specific programs to support, expand, or implement that would meet the service need should be based on the best available evidence of the likelihood that such programs will achieve their intended effects in changing targeted youth problems and risks. For example, if there is a collaboration consensus that poor school achievement is a potent risk factor in the community target population, specific programs that are targeted at raising school achievement should be examined as to their likely success in raising school achievement among youth in the target population. There exists a considerable number of programs that have been developed targeting youth risks or promoting capacity for healthy youth development that could address the priorities of youth violence prevention collaborations and that have some evidence of effectiveness in changing their intervention targets. Adoption of existing evidenced-based programs would likely be preferable to locally developing new programs that do not have documented effectiveness, except when there are well-developed local programs with demonstrated effectiveness with the specific target population in the community. Collaborations should develop a set of criteria and procedures to evaluate the adequacy of existing services and the kinds of services that need to be developed to have a significant impact on reducing youth risk or problem behaviors in the community and which are also likely to recruit community and funding support.

Considerations in Exploring Types of Services. Some considerations in examining the adequacy and need for services include: (1) Services should target the most prevalent and/or most serious problems or risks among youth for which adequate programs do not already exist in the community. (2) Services selected for implementation in the community should address the priority needs of youth as perceived by the community and for which consensus on the need for services exists or can be achieved. For example, although a lead agency in a collaboration might propose implementing a family services center in the community, there may be more concern in the community about after-school idleness and school failure among community youth and a consensus in the community that after-school recreation/homework programs and stay-in-school programs are a higher service priority for youth in the community than a family services center. (3) Collaborations should reach consensus on the level of risk that would be the main focus of intervention services. Universal preventive interventions that target all or most youth in the community usually require less staff training, are less intense in terms of client time and effort, can reach large numbers of youth in the community, and may be more effective in mobilizing community support for violence prevention than programs targeting high-risk youth. In contrast, interventions for high-risk youth (e.g., youth in the juvenile justice system) usually require higher levels of service provider training and skill, more client time and effort, and reach only a select group of youth in the community, however, they may have a more dramatic impact on serious youth problems in the community, which are usually characteristic of a small minority of youth in the community. (4) Intervention programs should be selected with regard to the time line for the likely impact of the intervention on the community. Services that can provide immediate, short term impact will more likely motivate support in the community for collaboration activities. Services that can produce more significant long-term impact might be more successful in recruiting sources of funding to sustain the intervention. (5) Services should be selected for support or implementation that the service system in the community has the capacity to implement or can receive adequate training to implement. Such capacity may derive from existing dedicated service organizations (e.g., there may be community agencies that

provide adolescent drug treatment). Alternatively, service providers might be trained to provide needed services, if adequate training is available and potential providers have the qualifications and background to effectively implement the intervention service.

Criteria for Likely Effectiveness of Potential Service Programs. Examination of the effectiveness of programs should not be a one-time decision, but rather the result of an ongoing process of evaluating a number of effectiveness factors, including, the demonstrated *potency* of the intervention program in effecting change in the intervention target, the *replicability* of the program, and the *adaptability* of the program to the community target population.

In examining the effectiveness of potential service programs, the available evidence of the *potency* of an intervention may be reported in existing literature in several ways, including: (1) the average amount of change in relevant outcomes achieved by the program, especially across implementation at different sites; (2) the percentage of program clients who complete the program and show a significant impact as a result of receiving the intervention program; (3) the impact that change achieved by the program has for youth problems or development (e.g., a psycho-educational program might have large effects in changing youth's attitudes about risks of substance abuse, but such cognitive changes may not significantly counteract peer pressure and, thus, may not significantly reduce youth substance abuse); and (4) how long it takes for the intervention to show significant positive outcomes and whether change effected by the program is maintained over time. Confidence in the likely effectiveness of an intervention program depends on the strength of the available evidence of the program's effectiveness. The strongest evidence of likely program effectiveness comes from published evaluation studies that report relevant client outcome measures, particularly those that document superior outcomes for participants in intervention as compared to non-intervention (control or alternative treatment) groups (e.g., that a social cognitive enhancement intervention actually changes social cognitions). The strength of evidence of program effectiveness is also dependent on the number of evaluation studies showing positive outcomes and how well designed the evaluation studies were (e.g., was random assignment to treatment conditions used, was fidelity of treatment implementation assessed). Other evidence of likely effectiveness can include strong empirical evidence that a not-yet-evaluated intervention program targets changeable risk/protective factors or mediating processes that are strongly related to targeted problems using strategies that have been demonstrated likely to alter the risk/protective and/or mediating factors (e.g., a suicide prevention program that targets depressive symptoms in adolescents at high risks for suicide). Other intervention programs may be candidates for implementation if they are model intervention programs designed by program developers with considerable expertise in youth violence prevention/resilience enhancement for which there is consensus among notable experts that the program might work to reduce youth violence and or youth suicide and the programs have been replicated in a number of sites to provide some evidence of effectiveness-based, at least, on client satisfaction data.

An intervention program is not likely to be effective in addressing youth problems if it is difficult to implement competently by service providers in the community. Generally, service programs are *replicable* to the extent that the program includes procedures to ensure that the program can be

implemented so as to maintain fidelity to the types and sequencing of intervention procedures in the original program design. Fidelity of program implementation is usually necessary to guarantee that an implemented program will achieve the same effects as the original program. Replicability may increased by one or more of the following: (1) a clearly written and tested implementation manual that specifies the intervention goals and procedures, (2) training materials and activities to support program implementation (e.g., training courses or training videotapes), (3) availability of technical assistance on implementation from the program developers or from well-trained, experienced implementers, and/or (4) standardized measures of fidelity.

When selecting an intervention to implement, consider that the evidence for the effectiveness of a given service program may be based on evaluation of that program's outcomes on a target population that may be significantly different (e.g., in terms of social class, the nature and degree of problem behaviors or risk, ethnicity, or culture or the social environment of the community) than the target population in the community. Confidence in the applicability of a given service program to the community's targeted youth population is increased if: (1) the intervention has been shown to be effective in evaluations of the program in communities with different population characteristics, or in communities with populations similar to the targeted youth population; and/or (2) distinct characteristics of service populations were identified that are likely to affect the administration or outcome of the intervention and guidance is provided by the program developers on how to modify of the program to accommodate these characteristics. Such characteristics might include age, gender, culture/accultruation, race/ethnicity, social class, and severity of problem behavior or risk. If appropriate, prevention/intervention program should be *adapted* to the cultural or other characteristics of the target population. Such adaptations need to be implemented with careful consideration of the need to maintain fidelity to the goals and procedures of the original intervention and adaptations carefully document and evaluated. Services should be selected that are within the capacity of the community to provide (e.g., agencies with the training or expertise to deliver different types of interventions) or for which adequate training is available, especially for a relatively large number of service providers. If programs are adopted that require intense, expensive training and a relatively high level of provider skill, there is a risk that the service will be significantly reduced or discontinued if the trained staff leave.

Having selected service programs to support, expand, or implement, a necessary component of assessing the effectiveness of services is evaluating the actual implementation of the program in one's own community and the outcomes achieved. This assessment is of far greater importance than evidence that the program works in other communities.

Evaluation of the Collaboration and Its Activities and Service Programs

Evaluation Goals. Evaluation in the Youth Violence Prevention Cooperative Agreement program has 2 primary goals: (1) to monitor progress in developing youth violence prevention community collaboration and to provide useful feedback to collaboration participants and community constituencies in order to improve collaboration efforts; and (2) to assess how well collaboration activities and service

programs are implemented, assess their effectiveness, and provide feedback on their effectiveness in order to critically appraise the strengths and weaknesses of collaboration efforts and to guide collaboration decision making and planning.

The expectation is that assessment of the process of collaboration and the effectiveness of collaboration activities and programs will be a priority task of the collaboration. The plan for assessing the collaboration and its activities and programs and using evaluation results to inform collaboration participants and the community of progress in achieving the goals of the collaboration should be developed by the collaboration participants and representatives of community constituencies with input from and support of evaluation professionals. Consensus should be achieved among collaboration participants on the types of evaluation data that will be most useful for collaboration development, planning, decision-making, service program selection, assessing effectiveness, and achieving community and funding support.

Development of an Evaluation Plan. An evaluation plan should be based on assessing how well the collaboration is achieving its goals and desired results. It should involve: agreement among collaboration participants on the identification of aspects of the collaboration that are most important to assess; development or agreement on indicators to use for assessing progress in collaboration development; identification or development of data collection methods; assignment of responsibility for collection of the data; critical review of the collected data; and reporting of general findings to collaboration members and community constituencies. Collaboration members, evaluation experts, and knowledgeable informants from the targeted communities, (especially youth or family members if they are to be assessed) should be engaged in developing or adapting the evaluation plan and evaluation indicators.

The project should have an experienced evaluator or evaluation team work closely with other project staff, collaboration participants, and representatives of consumer constituencies, especially youth and their families, to develop and conduct the evaluation plan. The evaluator(s) should have advanced training in research or evaluation and must have considerable experience and expertise in evaluating community-based organizations and interventions in prior Federal grants or comparable projects, and the project should use this expertise to develop an evaluation plan that meets rigorous standards. The evaluator should provide technical assistance to the collaboration in improving the rigor and quality of the assessment of the evaluation goals and indicators of results. In the initial phase of the development of a collaboration or collaborative project, the evaluator can be useful for helping establish a system of *documentation* of collaboration development and activities (e.g., written meeting minutes and summaries, activity logs, position papers, written mission and goals statements, goal and activity charts, and activity time lines), as many collaborations do not produce such documentation during their formative stages. The evaluation staff can provide technical assistance in choosing or developing indicator assessment instruments and procedures, ensuring to the extent possible that evaluation measures or procedures meet standards for measurement reliability (e.g., inter-rater agreement of coding or ratings), reliability across populations (e.g., adequate reliability with different age, gender,

ethnic, cultural, and educational groups), validity (e.g., adequate measurement of the key aspects of process or outcome), congruence between indicators of a measured construct (e.g., the same or a similar checklist given to different informants), and validity across populations (e.g., adequate validity in different age, gender, ethnic, cultural, and educational groups). Procedures that collect and analyze data should be appropriate to the age, gender, ethnic, cultural, and social characteristics of individuals in the target population, and such measures should be acceptable to them. The evaluation staff can also assist the collaboration in: reviewing and selecting prevention programs; in conducting community surveys and other information collection procedures; and providing training in evaluation concepts and methods to build a critical evaluation capacity of the collaboration.

Evaluation of Collaboration Development. Evaluation of the process of collaboration/consensus development might include an assessment of the events, achievements and difficulties encountered in: (1) identifying critical stakeholders (e.g., description of the use of existing collaborations, use of key informants, use of organizational registers) to participate in the collaboration; (2) engaging and maintaining the commitment of stakeholders to the collaboration process; (3) administering the collaboration; and (4) making and implementing key decisions (e.g., such processes as tracking delegation or contracting of specific decisions, description of strategies used to resolve stalemates). Assessment methods used to describe and document the processes of collaboration might include checklists, analysis of meeting process notes, analysis of administrative documents, or interviews of key informants with structured or semi-structured interviews. Results can be fed back to the collaboration participants to allow discussion of adaptations that might be necessary to improve the functioning of the collaboration. Such an analysis might inform collaboration members: (1) of the strengths and weaknesses of the collaboration in achieving its agreed upon goals (e.g., recruitment of significant constituencies to participate in the collaboration, commitment by participants to the activities of the collaboration); (2) in the effectiveness of the structure or functions of the collaboration over time (e.g., new demands on the collaboration, changes in key personnel or in key stakeholders); and (3) the impact of external social-environmental factors on the collaboration (e.g., legislative and funding changes, community crises).

Evaluation of Collaboration Effectiveness. Evaluation of the effectiveness of the collaboration process might include indicators of success in: (1) recruiting stakeholders with expertise or resources in specific types of activities (e.g., social marketing) or service programs to participate in the collaboration; (2) developing an organizational structure and decision making procedures that allow successful planning, initiation, and completion of collaboration activities; (3) achieving consensus on important decisions made by the collaboration and resolving conflicts among collaboration participants; (4) sponsoring or conducting activities that promote community recognition, support, and mobilization to address youth violence prevention; and (5) achieving stakeholder, collaboration staff, consumer and community satisfaction with collaboration development and activities. Assessment procedures to obtain indicators of collaboration effectiveness can include rating scales, questionnaires, official records, community surveys, tracking meeting attendance, resource donation, and participation in collaboration activities of collaboration members, or interviews with key decision makers, participants, or

constituencies.

Evaluation of the effectiveness of collaboration activities and the process of service program implementation might include an assessment of: (1) the success of the process of implementing activities and programs, including how and the extent to which activities and service programs are implemented congruent with the goals of the collaboration; (2) the fidelity with which service program are implemented as designed by the program developers; (3) the success of procedures used to recruit and engage the target population in collaboration activities and programs; (4) the success of procedures used to ensure that the program is implemented in a manner likely to lead to successful client outcomes; (5) the outcomes of the implemented activities and programs, including the extent to which service recipients accept and successfully complete the intervention components of the program; (6) the extent to which the activities and programs achieve their stated goals; and/or (7) the overall impact of the collaborations activities and programs on building community awareness of and commitment to youth violence prevention and reducing problem behaviors or associated risk factors in at-risk youth in the community.

Assessments of collaboration activities and program implementation can include: checklists of whether program goals and content (e.g., as specified in a program implementation manual) were followed; compilation of assessment activities included in the intervention program that are indicative of completion of intervention procedures; records of the number of sessions attended and continuity of attendance; records of the completion of assignments (e.g., homework assignments) during course of intervention; ratings of engagement of the client in the intervention process during sessions either by the program implementer or by outside raters from transcripts or tapes of sessions; interviews with clients regarding engagement in the intervention; satisfaction with the intervention procedures, and perceived benefits of the intervention; evidence of client meeting sequential goals specified in the program (e.g., in a sequence of goal oriented modules described in the program implementation manual); and/or client rating of satisfaction with the program and the intervention.

Several different types of indicators of activity and program success could be collected. The most informative indicators would be measures that directly assess reductions in problem behaviors or increases in positive behaviors that are the ultimate targets of intervention programs (e.g., reductions in the frequency or severity of youth antisocial acts or improvements in school achievement). Some problem behaviors might be difficult to show evidence of a real change in their rate of occurrence (e.g., suicides) and/or are difficult to measure; thus, other indicators of program success (e.g., reduction in rates of depressive symptoms or in suicidal ideation) can be collected as proxy measures. Another appropriate class of indicators might be measures of *satisfaction* with the intervention. Such data can be collected from youth, their families, their teachers, and program implementers. Professional evaluators can provide technical assistance in the selection, collection, and analysis of indicators to ensure that the indicators chosen: (1) measure outcomes that the intervention is designed to impact; (2) are sensitive enough to measure changes in outcomes produced by the program; and (3) are appropriate for the characteristics of the target population, such as age, gender, ethnic and cultural

background, and educational level of the program clients. Indicators of activity and program success might include self-report measures and interviews of recipients of services; checklists and rating scales completed by parents, teachers, peers or clinicians; behavioral observations in natural or analogue situations; and/or information based on official data (e.g., arrest rates, suicide rates, or school suspensions).

Sustainability

Resources for Sustainability.   The Youth Violence Prevention grant period is two years, but efforts to significantly impact youth problems and promote positive youth development require a long-term commitment to coordinated community action. Hopefully, this effort will be spearheaded over the long term by the youth violence prevention collaboration supported by this grant program, but to accomplish this objective requires developing the resources to sustain the collaboration, its activities, and youth service programs.

There are several kinds of resources that need to be developed to ensure sustainability of the collaboration and its activities, including human resources, funding sources, and other supportive resources. Human resources that can play a significant role in developing sustainability include: (1) the time and energy collaboration participants dedicate to collaboration functions and activities; (2) formal and informal cooperation established in the community resulting from collaborative activity (e.g., cooperation between school systems and mental health agencies); (3) community-wide recognition of youth problems and support for services to address youth needs; (4) volunteer time donated by individuals who live in the community to work on collaboration activities; (5) intervention skills acquired by service providers as a result of collaboration supported programs; and (6) grant-writing capacity and other fund raising skills developed as a result of the project. Funding sources that the collaboration might explore include: (1) community fund raising; (2) local, State and Federal grant and contract support; (3) reimbursement from service system dollars; and (4) foundation and business support. Other supportive resources might include: (1) administrative staff time, equipment, computer and other administrative services, and other material resource contributions donated by collaboration participants and/or community or outside sources; (2) legal and/or policy changes that facilitate or support community collaboration and/or youth services in the community; and (3) institutionalization of intervention programs into provider systems or other service system changes that support long-term service provision to youth in the community.

Sustainability is more likely to be achieved, if it is recognized as an ongoing critical priority of the collaboration and if resources are dedicated to efforts to achieve sustainability. The Youth Violence Prevention Cooperative Agreement Program offers the advantage that budgetary resources can be dedicated to sustainability activities. Projects should engage in a specific plan of activities to recruit resources to sustain the collaboration and its associated activities and services and dedicate collaboration resources (budget and staff) to sustainability efforts. Human and support resources developed or potentially developable as a result of the project should be inventoried and explicitly

targeted for expansion or development as part of a project plan to sustain the collaboration, its activities, and services on a long-term basis.

Competence with Respect to Community Diversity

Diversity. Competent collaboration and service delivery must be sensitive and responsive to diverse characteristics of youth and families in the target community. Such characteristics include: racial/ethnic and cultural identity; gender; age; sexual orientation; social status such as gang affiliation, or acculturation status of immigrant populations; disability; languages spoken; and characteristics related to geographic and economic environments, such as poverty, lack of economic opportunity, low literacy and educational achievement, rural or other social isolation. Types and levels of risk factors and behavior problems can vary across racial, ethnic, cultural, and social groups of youth in the community. Even within minority populations, there are notable linguistic, cultural and economic diversity. Ethnic, racial, and cultural groups share many common characteristics that distinguish them from the majority social groups, but also evidence considerable heterogeneity. For example, there are over 500 Federally recognized American Indian tribes. Subgroup differences also intersect with other differences which exert a significant impact on the results of interventions, such as age and life experiences. Thus, adolescents across racial and ethnic group may share a perspective, have values and behavioral patterns that are more similar than they are with adults in their own racial/ethnic group. Similarly, minority youth in gangs may be very different in their attitudes and behaviors than youth from the same minority group who do not belong to gangs. Projects should promote efforts of collaborations and youth service programs to be more adaptive to characteristics of the community's youth and families as part of their efforts to address youth problems and youth development in the community.

Some minority groups in the community might not have access to adequate culturally competent intervention services. Factors that might contribute to this neglect include: the relatively large number and diversity of racial, ethnic, and cultural groups in the country and the relatively low population percentage of many of these groups; high rates of residence of minority groups in rural or low-income urban areas with few services; significant linguistic and cultural differences from the majority population; and lack of familiarity and under-utilization of health, mental health, and social services. Because of the significant linguistic and cultural differences between these populations and the majority culture, cultural issues must be addressed in adapting existing youth service programs for these under-served at-risk populations. In addition, demographic and social environmental aspects of the community can impact how youth service programs are implemented and their results.

Competence with Respect to Diversity. To be competent, the collaboration process, service programs selected for implementation, and the implementation process *must* attempt to take account of the values, norms, and life circumstances of the racial/ethnic, cultural, age, gender, and social groups that are being targeted for intervention. Projects that target specific ethnic/cultural groups or in communities with substantial ethnic/cultural diversity must account for both common cultural and sub-cultural diversity in all phases of the project plan. Projects in communities with less ethnic/cultural diversity must

nevertheless ensure that major ethnic/cultural groups in the community, especially under-served groups, have access to the proposed services and that such services are delivered in a culturally competent manner. Such an approach requires that adequate consideration be given to the following issues:

1. Project staff and collaborations must have sensitivity to and develop understanding of the ethnic, cultural, linguistic and social demographics of youth in the community and develop an awareness of the perspective on youth problems, positive youth development, and appropriate interventions by different community groups.

2. Participation of representatives of the major cultural and ethnic groups in the community in all phases of the collaboration and implementation process should be encouraged and facilitated. CMHS believes that consumer constituencies, such as children, youth, and families, must be appropriately involved in the conceptualization, planning, pilot implementation and evaluation of SAMHSA projects. Outreach efforts should be made to obtain youth, family members, and community leaders representation on all standing committees, steering committees, and advisory boards of the project. The collaborative should develop mechanisms to receive input and to provide feedback to community stakeholders and constituencies on the process and outcomes of the collaboration and implementation processes in a linguistic and culturally appropriate manner.

3. The collaboration and service programs should accommodate linguistic, cultural, and social differences in the population. Provisions should be made for full and equal participation for non-English speaking or limited-English speaking youth and families in both collaboration and receipt of services through language translation and interpreters. Project and service provider staffing should reflect racial, ethnic, gender, sexual orientation, and cultural diversity in the community and provide the project with the competence to implement the intervention with the major cultural groups in the target population. The key collaborating organizations' written policies, plans, practices, and training should reflect recognition of the diverse cultural values in the community.

Selection, implementation, and modification of service programs should take account of the acceptability of modes of intervention in major cultural groups in the community. Desirable service program outcomes should be solicited from the major cultural and social groups receiving the programs. Obtained outcomes should be acceptable to community groups, and should be sensitive to stigmatization concerns (e.g., perceptions that some minority groups are highly antisocial). Information provided to or obtained from youth and families, including consent forms, surveys, outcome measures and satisfaction surveys, should be available in languages and at reading levels understood by participants.

4. Project staff and collaboration participants should monitor success and difficulties in: (a) developing greater community competence, including participation in collaboration and service planning and implementation by representatives of major racial, ethnic, cultural and social groups in the community, especially from subgroups receiving services; (b) success of collaboration activities in engaging different

subgroups in the community; (c) recruitment, attendance, and dropout rates of different subgroups targeted for services; (d) effectiveness of service programs across different major community subgroups; and (e) linguistic and cultural appropriateness of information on collaboration, implementation, and program outcomes conveyed to major subgroups in the community.

Participant Protection/Human Subjects

[Note: This section is provided solely to offer applicants an overview of Participant Protection and/or Human Subjects issues that are relevant to the Youth Violence Prevention program based upon the history and structure of this particular grant program. This material is NOT intended to represent general guidelines that would necessarily be pertinent to other SAMHSA grant solicitations or programs. Grantees are to follow guidance (currently under development) that subsequently may be provided by SAMHSA Government Project Officers, SAMHSA Participant Protection Officers, and/or the Office for Human Research Protections, and such input would supercede examples or discussion provided herein.]

Federally funded projects that provide services and/or that conduct research or evaluate programs that involve human participants are legally and ethically required to engage in procedures that adequately protect the physical and psychological well-being of project participants. These procedures are required to ensure that: participants are free to make informed decisions about whether or not to participate in project activities; to minimize any potential adverse effects of such participation; and to ensure the confidentiality of information obtained as a result of such participation. **Projects in which there are significant weaknesses in the procedures to protect project participants either will not be funded or, if funded, cannot begin to provide services or collect data unless the weaknesses are addressed and corrected.**

Two overlapping sets of protections are relevant to funded projects in the CMHS Youth Violence Prevention Program: (1) Department of Health and Human Services protections for participation of Human Subjects in research studies and; (2) SAMHSA Participant Protection requirements in projects that deliver mental health, substance abuse or other services to human recipients. All Youth Violence Prevention Program projects are required to meet SAMHSA Participant Protection requirements for service recipients and additionally, depending upon the project's evaluation design, may be required to meet Human Subject Research Protection requirements for evaluation and other data collection aspects of the project.

Projects that collect information from individuals as part of a research project or in certain types of evaluation projects, must conform to Federal regulations regarding conduct of research with human subjects, primarily the Code of Federal Regulations, 45 CFR 46 and amendments which describes: responsibilities for safeguarding the welfare of human subjects participating in research; the rights that research subjects are entitled to while participating in Federally supported research; and the procedures that must be followed to provide adequate review of human subjects protections. 45 CFR 46 is available at www.ohrp.osophs.dhhs.gov. It should be carefully read by anyone applying for Federal support involving research (and also possibly some types of program evaluation) and used to implement human subjects protections in the research plan, especially in formulating the provisions of the written

form of the participant's consent to participate in the research protocol.

SAMHSA has formulated a set of principles to protect participants from potential adverse risks in SAMHSA-funded projects that provide mental health, substance abuse, or other types of human services to adults, adolescents, and children. These principles are included in RFAs as project requirements that must be addressed by applicants proposing service delivery. In this RFA, these formal guidelines are detailed in Section I (eye).

Both Human Subject Research Protections and SAMHSA Participant Protection require grant recipients to engage in procedures that: (1) inform potential participants of the nature and purpose of the project and any potential adverse effects that might result from participation so that participants can make an informed decision of whether or not they wish to participate in the project; (2) avoid any form of coercion being exerted for participation in the project; (3) identify and minimize potential physical, psychological, or social adverse effects that might result from participation in the project; (4) protect the confidentiality of participants from disclosure of information collected in the project that might have adverse consequences for the participant, and; (5) ensure that participants in different identifiable social groups receive equal opportunity for access to project participation, given the overall goals of the project, especially projects that involve potential benefit to the individual participant or the identifiable social group. Human Subjects Research Protections procedures differ from SAMHSA Participant Protection procedures primarily in having the additional requirement of an Institutional Review Board (IRB) approval for collection of information from project participants and in the expected level of benefit for individual participants.

Projects must comply with Human Subject Research Protections if they collect research or evaluation data for research purposes. 45CFR46 defines "research" as follows:

> Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Youth Violence Prevention Program projects that involve both service delivery and the collection of information or data from individual project participants (e.g., as part of the project evaluation) must meet SAMHSA Participant Protection requirements and may, in addition, have to meet Human Subjects Research Protection depending on the type of information collected from participants and the purpose of the data collection. Funded Youth Violence Prevention grantees should consult with their SAMHSA Government Project Officers to discuss whether their project and/or evaluation design requires IRB approval.

Grant Supported Activities

Applicants should respond to the project requirements specified in the RFA. Below are some *examples* of particular activities that might be incorporated into a youth violence prevention project. The descriptions below do not represent requirements of the RFA, but provide material that may be helpful in responding to some of the requirements of the RFA. The application will be evaluated by a review committee solely on the basis of the requirements as stated in the RFA, not in this Appendix. The explanatory material in this Appendix is solely provided as possible examples of approaches that can be taken to the RFA requirements and may be helpful in developing parts of the application. The actual application should propose a response to the requirements of the RFA in keeping with the experience, capacities, and goals of the applicant organization and actual or potential collaboration participants.

The following are examples of potential activities in support of developing collaboration or collaboration activities that may be supported by project funds:

- Staff and administrative expenses to support the collaboration organization.

- Logistic expenses of collaboration meetings and other forms of contact and collaboration activities.

- Expert consultation on developing collaboration or developing consensus among collaboration partners.

- Visits to or consultation with collaborations in other communities.

- Activities to recruit collaboration participants or to develop community support (e.g., to support attendance at meetings).

- Obtaining input from and disseminating information to the community-at-large in support of collaboration and consensus building; facilitating the negotiation of agreements between or among agencies and/or service providers; and community activities to increase awareness of the collaboration or to mobilize community support for the collaborative's initiatives (e.g., media campaigns, special family and youth events).

- Support for community-wide activities to increase awareness of the collaboration or to mobilize community support for the collaborative's initiatives (e.g., media campaigns, special family and youth events); support for monitoring the impact of collaboration activities.

- Support for dissemination of newsletters or other communication to build community support and to publicize the impact of the programs on youth outcomes.

The following are examples of potential activities in support of service program selection and implementation that may be supported by project funds:

- Gathering or accessing information on socio-demographic characteristics of the community, youth problems or risks, community attitudes and perceptions, and existing service resources or needs, such surveys, community meetings, focus groups, census data, or official and service records.

- Obtaining expert consultation and training on assessment of youth, community attitudes and resources.

- Activities to assist in the selection of youth, family, and community service programs to implement, such as: collection and evaluation of published studies of the effectiveness of alternative service programs; visits to or consultation with organizations in other communities that are implementing service programs being considered for implementation in the community; training and/or expert consultation on identification and review of alternative evidenced-based youth service programs and on procedures to adapt programs to the community.

- Support for costs of implementing the service program in the second phase of the project, such as training of service providers; expert consultation on implementing specific programs; costs of program materials and assessment instruments; direct service costs, such as provider time; and expenses associated with outreach to or recruitment of participants, such as travel and other logistical costs necessary to ensure attendance and participation by children, youth and family members.

The following are examples of potential activities in support of evaluation that may be supported by project funds:

- Salary or contract to an evaluator(s);

- Expert consultation on evaluation design, instrumentation, data gathering, and analysis;

- Costs of assessment instruments;

- Costs of data collection;

- Costs of data analysis, report writing, and report dissemination.

The following are examples of potential activities in support of sustainability that may be supported by project funds:

- Identifying, contacting, and interacting with potential funding sources;

- Developing a capacity to write grant applications either through training of existing staff;

- Training individuals in the community to support collaboration activities;

- Administrative expenses associated with institutionalizing service programs in community agencies.

The following are examples of potential activities in support of increasing the competence with respect to diversity that may be supported by project funds:

- Support for participation of diverse ethnic/cultural/social community groups in the collaboration, collaboration activities, and in service programs, such as costs of language translation, use of interpreters, hiring of community liaison staff, and monitoring effectiveness of activities and services with different ethnic/cultural/social groups in the community.

- Activities to support increasing the competence of project staff and service program staff with respect to community diversity, such as training in diversity issues and consultation or supervision by culturally competent individuals.

Appendix B
Examples of Promising Practices for Justice-Involved Youth

The information listed below is intended to provide applicants with some examples of evidence-based interventions for justice-involved youth. Applicants are **not** limited to the interventions listed here.

Interventions:

Functional Family Therapy. This is a strength-based, family-based intervention model for delinquent and/or substance abusing youth. For more information, contact The Center for the Study and Prevention of Violence, (303) 492-8465.

> Reference:
> Alexander, J. et al. (1998). <u>Blueprints for Violence Prevention. Book Three: Functional Family Therapy.</u> Golden, CO: Venture Publishing.

Multidimensional Treatment Foster Care. This is an intensive intervention with trained and supervised foster care families to provide positive behavior management and a therapeutic environment. For more information, contact Patricia Chamberlain, Oregon Social Learning Center, (541) 485-2711, or the Center for the Study and Prevention of Violence, (303) 492-8465.

> Reference:
> Chamberlain, P. and Mihalic, S.F. (1998). <u>Blueprints for Violence Prevention. Book Eight: Multidimensional Treatment Foster Care.</u> Golden, CO: Venture Publishing.

Multi-Systemic Therapy. This is a home/family-based intervention for delinquent and/or substance-abusing youth. For more information, contact Scott Henggeler, Family Services Research Center, (843) 876-1800, or Keller Strother, MST, Inc., (843) 856-8226, x11.

> Reference:
> Henggeler, S. et al. (1998). <u>Blueprints for Violence Prevention. Book Six: Multisystemic Therapy.</u> Golden, CO: Venture Publishing.

Aggression Replacement Training. This is a cognitive-behavioral program designed to reduce antisocial behavior, typically implemented in a group setting.

> Reference:
> Goldstein, A. and Glick, B. (1995). "Aggression replacement training for delinquents." In R. Ross, et. al. (Eds.) <u>Going Straight, Effective Delinquency Prevention and Offender Rehabilitation.</u> Ottawa: AIR Training Publications, Ch. 6.

Adolescent Diversion Project. This is a supportive community-based intervention for youth diverted from the juvenile justice system.

> Reference:
> Davidson, W. and Redner, R. (1988). "The prevention of juvenile delinquency: Diversion from the juvenile justice system." In R. H. Price et. al. (Eds.) 14 Ounces of Prevention: A Casebook for Practitioners, p. 123-137. Washington, D.C.: American Psychological Association.

Bethesda Day Treatment. This is a program of multiple-level community based services. For more information, contact Bethesda Family Services Foundation, Inc., Central Oak Heights, Box 210, West Milton, PA 17886, (717) 568-2373.

Additional References and Resources:

Catalano, R.F. and Hawkins, J.D. (1995). "The social development model: A theory of anti-social behavior." In J.D. Hawkins (Ed.) Delinquency and Crime: Current Theories, p. 149-197. New York: Cambridge University Press.

Cooper, W.O. et. al. "Components of effective youth violence prevention programs for 7- to 14-year-olds." Archives of Pediatric Adolescent Medicine 154:1134-1139.

Kumpfer, K. and Alvarado, R. "Effective family strengthening interventions." Office of Juvenile Justice and Delinquency Prevention Juvenile Justice Bulletin, November 1998.

Office of Juvenile Justice and Delinquency Prevention: www.ojjdp.ncjrs.org.

Thornton, T.N. et al. (2000). Best Practices of Youth Violence Prevention: A Sourcebook for Community Action. Atlanta: Centers for Disease Control and Prevention.

Tremblay, R. and Craig, W. (1995). " Developmental crime prevention." In M. Tonry and D. Farrington (Eds.) Building A Safer Society. Crime and Justice, (vol. 19). Chicago: University of Chicago Press.

U.S. Department of Health and Human Services. (2001). Youth Violence: A Report of the Surgeon General. Rockville, MD: USGPO.

The National GAINS Center for People With Co-Occurring Disorders in the Justice System, 1-800-311-4246.

> This is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come into contact with the justice system. The primary focus is to provide practical assistance to help

communities design, implement, and operate integrated systems. The emphasis is on serving individuals at all stages of the justice system: law enforcement, jails, prisons, probation, and parole. A special emphasis is placed on diversion programs.

The National Center for Juvenile Justice and Mental Health (an informational center sponsored by the Office of Juvenile Justice and Delinquency Prevention), 1-866-962-6455 or www.ncmhjj.com.

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:

* <u>Program Mission</u>. An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

* <u>Program Planning</u>. 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.

* <u>Training and Staffing</u>. 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.

* <u>Informed Consent</u>. 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.

* <u>Rights Protection</u>. Consumers and family members must be fully informed of all of their rights including: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

* <u>Program Administration, Governance, and Policy Determination</u>. 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.

* <u>Program Evaluation</u>. 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.