Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion
(Short Title: Alternatives to Restraint and Seclusion SIG)
(Initial Announcement)

Request for Applications (RFA) No. SM-07-005

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	**Applications are due by May 11, 2007.**
Intergovernmental Review (E.O. 12372)	**Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**

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Table of Contents

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion (Short Title: Alternatives to Restraint and Seclusion SIG). The purpose of this program is to support States/Tribes in their efforts to reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health services (including services for people with co-occurring substance abuse and mental health disorders). Through the Alternatives to Restraint and Seclusion SIG program, States/Tribes will increase the number of programs that implement alternative models to reduce/eliminate restraint and seclusion, including staff training models and other multi-faceted approaches.

Funding Opportunity Title:	State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion
Funding Opportunity Number:	SM-07-005
Due Date for Applications:	May 11, 2007
Anticipated Total Available Funding:	$1.7 Million
Estimated Number of Awards:	8
Estimated Award Amount:	Up to $214,000
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible Applicants are agencies of States, the District of Columbia, Territories and Native American tribal governments (Federally recognized) with jurisdiction over mental health issues for the target population identified in the proposed project. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion (Short Title: Alternatives to Restraint and Seclusion SIG). The purpose of this program is to support States/Tribes in their efforts to reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health services (including services for people with co-occurring substance abuse and mental health disorders). Through the Alternatives to Restraint and Seclusion SIG program, States/Tribes will increase the number of programs that implement alternative models to reduce/eliminate restraint and seclusion, including staff training models and other multi-faceted approaches.

The Alternatives to Restraint and Seclusion SIG program is one of SAMHSA's infrastructure grant programs. SAMHSA's infrastructure grants support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective recovery-based substance abuse prevention and/or treatment and/or mental health services. SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve populations/communities with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. Successful applicants will provide a coherent and detailed conceptual "roadmap" of the process by which they have assessed or intend to assess service system needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective programs and services.

Alternatives to Restraint and Seclusion SIG grants are authorized under Title 4. Public Health and Welfare, Chapter 6A – Public Health Service, Subchapter III A – Substance Abuse and Mental Health Services Administration, Part A Organization and General Authority, as amended, 42 U.S.C. 290aa *et seq*.

This announcement addresses Healthy People 2010 focus area 18 - Mental Health and Mental Disorders.

2. EXPECTATIONS

2.1 Allowable Activities

Infrastructure Development Activities

SAMHSA's Alternatives to Restraint and Seclusion SIG grant funds must be used primarily to support infrastructure development and **must include the following required activities**.

Grantees will implement a model of alternatives to the use of seclusion and restraint, including staff training, modifications in policies and procedures, and changes in facility physical environments. Applicants are encouraged to implement the Six Core Strategies to Reduce the Use of Seclusion and Restraint developed by SAMHSA's National Technical Assistance Center as the alternative model to be implemented. The Six Core Strategies can be found in Appendix H of this RFA and at the NTAC Web site at Six Core Strategies. This model was used by the previous cohort of grantees and it would be useful to maintain consistency of approach with this new grant program. However, additions to or modifications of the model will be considered in the application, including the rationale for these changes and expected outcomes.

Applicants are also encouraged to gain familiarity with and consider implementing SAMHSA's curriculum, "Roadmap to Seclusion and Restraint-Free Mental Health Services," which is available at http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4055/.

Alternatives to Restraint and Seclusion SIG grant funds **may also be used to support any of the following activities as they contribute to the objectives of this grant program**:

- Needs assessment
- Strategic planning
- Financing/coordination of funding streams
- Organizational/structural change (e.g., to create locus of responsibility for a specific issue/population, or to increase access to, or efficiency of, services)
- Development of interagency coordination mechanisms
- Provider/network development
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements)
- Quality improvement efforts
- Performance measurement development
- Workforce development (e.g., training, support for licensure, credentialing, or accreditation)
- Data infrastructure/MIS development

Other Requirements

Applicants may address any group(s) across the lifespan, but must target adults with serious mental illnesses (SMI) and/or children/youth with serious emotional disturbances (SED), including co-occurring disorders or other disabilities. Applicants are encouraged to include a focus on children/youth with SED and the elderly. Forensic populations may be targeted. However, because of the unique characteristics of this population, the application should provide a special discussion on how the proposed model will be adapted to this population. Forensic populations are criminal justice-involved individuals in psychiatric settings, not prison/jail settings.

Applicants must implement Alternatives to Restraint and Seclusion projects in no more than four nor less than two facilities in the State/Tribe, unless a comprehensive justification for doing

otherwise is provided. This restriction is based on the experience of previous grantees in over-extending their resources in the number of sites in which the model was implemented.

Applicants must include the involvement of consumers, families of children with SED, advocates, and the Mental Health Planning Council in planning for and implementation of the project; demonstrate a significant State commitment/leadership toward the success of the project; and have an infrastructure in place for expenditure of funds in support of the project at the earliest point possible following the award of the grant.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees for the Alternatives to Restraint and Seclusion SIG will be required to report performance data for infrastructure development. Performance measures are currently under development. These infrastructure development measures will be drawn from the following domains: policy development; workforce development; financing; organizational restructuring; accountability; types/targets of practices; and cost efficiency. In addition, grantees will also be required to report GPRA data on the workforce development training they provide. The GPRA performance measures that grantees will be required to report on are also under development. These measures will cover the following aspects of the training they provide:

1. Process: Recipients' demographics; satisfaction with services and/or materials received; accessibility of services and/or materials received.

2. Content: Recipients' perception of the relevance, helpfulness, and understandability of the services and/or materials received.

3. Impact: Recipients' report of what was learned; intent to do something differently as a result of services and/or materials received.

Grantees will be required to collect GPRA infrastructure development data and workforce development/training data using data collection instruments that are also currently under development.

The frequency of the data collection will be finalized at a later date but, at a minimum, infrastructure GPRA data will be required in 6-month intervals. GPRA performance data resulting from training or other meetings will be expected within 30 days of the date of the event.

CMHS is in the final stages of implementing a Web-based GPRA data collection and reporting system called Transformation Accountability (TRAC). Grantees will be asked to submit their GPRA data electronically using the TRAC system. Grantees will be provided initial training and ongoing technical assistance in order to ensure a smooth transition to the TRAC system and continued user support. Applicants must agree to comply with the Web-based submission of performance data in Section D: Performance Assessment and Data of their applications.

GPRA data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.2. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3.

2.4 Grantee Meetings

Alternatives to Restraint and Seclusion SIG grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $1.7 million

Estimated Number of Awards: 8

Estimated Award Amount: Up to $214,000

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $214,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are agencies of States, the District of Columbia, Territories and Native American tribal governments (Federally recognized) with jurisdiction over mental health issues for the target population identified in the proposed project. The statutory authority for this program prohibits grants to for-profit organizations. Eligible applicants must have the capacity to report incidents of restraint and seclusion to their State Protection and Advocacy system, specifically the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program, as required under the Children's Health Act of 2000. States that received a grant under the FY 2004 – FY 2006 Alternatives to Seclusion and Restraint (SIG) are not eligible.

Eligibility is restricted to agencies of States, the District of Columbia, Territories and Native American tribal governments (Federally recognized) with jurisdiction over mental health issues for the target population identified in the proposed project because these are the only entities that have the necessary authority to make the system level changes that are required to implement alternatives to seclusion and restraint for the target population. Exclusion of States that received a grant under the FY 2004 – FY 2006 Alternatives to Seclusion and Restraint (SIG) is justified by the desire to increase the reach and impact of this grant program. Previous grantees have already built a basic infrastructure for implementing alternatives to seclusion and restraint (e.g., changes in policy, infrastructure, training, and overall "culture change") which can be continued without receiving additional grant support. By using these grant funds to create this basic infrastructure in additional States/Tribes, SAMHSA will maximize the impact of these limited grant funds.

2. COST SHARING

Cost sharing is not required in this program.

3. OTHER

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix **A** of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/index.aspx

Additional materials available on this Web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- list of certifications and assurances referenced in item 21 of the (SF) 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed**.

- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – Use Standard Form (SF) 424 v2, which is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, target population, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.

- **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix **F** of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V—Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation."

- **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page

limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

- *Appendix* 1: Letters of Support
- *Appendix* 2: Data Collection Instruments/Interview Protocols
- *Appendix* 3: Sample Consent Forms
- *Appendix* 4: Letter to the SSA (if applicable; see Section IV-4 of this document)
- *Appendix* 5: A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1.

- **Certifications** - You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page of the application.

- **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.

- **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 Application Formatting Requirements

Please refer to Appendix A*, Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 11, 2007**. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**

- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SPOC – Funding Announcement No. SM-07-005. Change the zip code to **20850** if you are using another delivery service.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.hhs.gov/grantsnet (Grants Policies and Regulations):

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Alternatives to Restraint and Seclusion SIG grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.

- No more than 20% of the grant award may be used for data collection and performance assessment expenses.

- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **"Alternatives to Restraint and Seclusion SIG and SM-07-005"** in item number 12 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative (Sections A-D) together may be no longer than 30 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections E-H and Appendices 1-6 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

Section A: Statement of Need (10 points)

- Describe the target population and the proposed catchment area, and justify the selection of both. Include the numbers to be served annually and through the lifetime of the project, as well as demographic information. Note that while you may address any population group across the lifespan, you must target adults with serious mental illness (SMI) and/or children with serious emotional disturbance (SED). Applicants are encouraged to include a focus on children/youth with SED and the elderly.

- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services for the proposed target population

in the proposed catchment area. Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Describe the service gaps, barriers, and other problems related to the need for infrastructure development. Describe the stakeholders and resources in the target area that can help implement the needed infrastructure development.

- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. Tribal applicants must provide similar documentation relating to tribal priorities. You may include, in **Appendix 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.

Section B: Proposed Approach (35 points)

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase system capacity to support effective mental health services.

- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet your identified goals and objectives.

- If the proposed project will implement the Six Core Strategies to Reduce the Use of Seclusion and Restraint developed by SAMHSA's National Technical Assistance Center as the alternative model to be implemented, describe any additions to or modifications of this model and the rationale for these changes and expected outcomes.

- If you are proposing more than 4 or less than 2 facilities in which to implement alternatives to the use of restraint and seclusion, provide a comprehensive justification for doing so.

- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues. Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population.

- If the proposed project will utilize SAMHSA's curriculum, "Roadmap to Seclusion and Restraint-Free Mental Health Services," describe how this will be implemented and how any additions or modifications to the curriculum will be made.

- If the proposed project will serve a forensic population, discuss how the proposed model will be adapted to this population based on experience with the unique characteristics of forensic populations. Forensic populations are criminal justice-involved individuals in psychiatric settings, not prison/jail settings.

- Provide a logic model (see Appendix C) that demonstrates the linkage between the identified need, the proposed approach, and outcomes.

- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.

- Provide evidence of significant State commitment/leadership toward the success of the project, including involvement and level of decision making of the State Mental Health Commissioner and other high level officials in the project.

- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these organizations in **Appendix 1** of your application.

- Describe how consumers, families, advocates, and the Mental Health Planning Council were involved in the preparation of the application, and how they will be meaningfully involved in the planning, implementation, and evaluation of the project. (See Appendix G for suggested guidelines.)

- Provide evidence and an assurance of an infrastructure for expenditure of funds in support of the project at the earliest point possible following the award of the grant.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe how your activities will improve mental health services.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section C: Staff, Management, and Relevant Experience (25 points)

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.

- Clearly describe the role of the Project Director/Coordinator including the scope of responsibility, level of authority, qualifications for the position, and access to leadership to ensure the necessary level of authority and decision leveraging regarding the project within the State Mental Health Authority.

- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture of the target population. If the target population is multilinguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.

- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (30 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project. Indicate your willingness to comply with the Web-based submission of performance data.

- Describe how data will be used to manage the project and assure continuous quality improvement.

- Describe your plan for working with the independent evaluator in the collection and submission of required performance data.

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

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to

show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix F of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at www.hhs.gov/forms/PHS-5161-1.doc.

Section H: Confidentiality and Participant Protection Requirements: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix E of this RFA.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the eight bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these eight bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application may result in the delay of funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.

- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs, reviewing the relevant literature. In no case may the value of an incentive exceed $20.

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2**, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting. If applicable, describe how the specimens and process will be monitored to ensure the safety of participants.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria of research involving human subjects. Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over $100,000, applications also must be reviewed by the appropriate National Advisory Council.
Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at www.samhsa.gov/grants/management.aspx.

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/generalinfo/grant_reqs.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
- requirements relating to additional data collection and reporting;
- requirements relating to participation in a cross-site evaluation; or
- requirements to address problems identified in review of the application.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Alternatives to Restraint and Seclusion SIG grant program are described in Section I-2.2 of this document under "Data Collection and Performance Measurement."

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

John Morrow, Ph.D.
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 2-1116
Rockville, Maryland 20857
(240) 276-1783
john.morrow@samhsa.hhs.gov

For questions on grants management issues, contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. ***If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- ❑ Use the PHS 5161-1 application.

- ❑ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
    - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
    - Text in the Project Narrative cannot exceed 6 lines per vertical inch.

- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
    - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
    - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be

sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included. These are:

  - $ Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  - $ Abstract
  - $ Table of Contents
  - $ Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - $ Project Narrative and Supporting Documentation
  - $ Appendices
  - $ Assurances (Standard Form 424B, which is in PHS 5161-1)
  - $ Certifications (a form within PHS 5161-1)
  - $ Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - $ Checklist (a form in PHS 5161-1)

- ❑ Applications should comply with the following requirements:

  - $ Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - $ Budgetary limitations as specified in Section I, II, and IV-5 of this announcement.
  - $ Documentation of nonprofit status as required in the PHS 5161-1.

- ❑ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.

- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in the specific funding announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed 15,450 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix

A, then **any part of the Project Narrative in excess of these limits will not be submitted to review**. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a "logical" chain of "if-then" relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs,** which are the resources, contributions, time, staff, materials**,** and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

Sample Logic Model*

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		**Examples**		**Examples**		**Examples**
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix D – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, *18*(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, *13*(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, *20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, *18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

W. K. Kellogg Foundation (2004). Logic Model Development Guide. [available at www.wkkf.org]

Appendix E – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. 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 targeted groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly 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.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, 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 type of specimens (e.g., urine, blood) will be used, if any. 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 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. 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, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not 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, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent 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, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, "Sample Consent Forms"**, of your application. If needed, give English translations.

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix F – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	$30,000	1.0	$30,000
Secretary	Unnamed	$18,000	0.5	$ 9,000
Counselor	R. Down	$25,000	1.0	$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. $64,000

Fringe Benefits (24%) $15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. $15,360

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280
Local Travel (500 miles x .24 per mile)	120

[Note: Current Federal Government per diem rates are available at www.gsa.gov.]

Enter Travel subtotal on 424A, Section B, 6.c. $ 5,400

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies	$500
Computer Software - 1 WordPerfect	500

Enter Supplies subtotal on 424A, Section B, 6.e. $1,000

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0

Fringe Benefits (25%)	$10,500		
Travel			
2 trips x 1 Evaluator ($600 x 2)		$ 1,200	
per diem @ $120 x 6		720	
Supplies (General Office)		500	
Evaluation Direct			$54,920
Evaluation Indirect Costs (19%)			$10,435
Evaluation Subtotal			$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	$ 12,000
Admin. Asst.	N. Jones	0.5	$ 9,000
Fringe Benefits (25%)			$ 5,250

Travel		
2 Trips for Training		
Airfare @ $600 x 2	$ 1,200	
Per Diem $120 x 2 x 2 days	480	
Local (500 miles x .24/mile)	120	
Supplies		
Office Supplies	$ 500	
Software (WordPerfect)	500	
Other		
Rent (500 Sq. Ft. x $9.95)	$ 4,975	
Telephone	500	
Maintenance (e.g., van)	$ 2,500	
Audit	$ 3,000	
Training Direct		$ 40,025
Training Indirect		$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f. $105,380

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Other

Consultants = Expert @ $250/day X 6 day (If expert is known, should list by name)	$ 1,500

Enter Other subtotal on 424A, Section B, 6.h.	**$ 1,500**
Total Direct Charges (sum of 6.a-6.h) **Enter Total Direct on 424A, Section B, 6.i.**	**$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)	

Enter Indirect subtotal of 424A, Section B, 6.j.	**$ 9,600**

TOTALS

Enter TOTAL on 424A, Section B, 6.k.	**$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of $186,600 is effective for all FY 2007 awards.) *

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

***Increased amount in 01 year represents costs for software.

Contractual			
Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix G – Guidelines for Consumer and Family Participation

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development and implementation of projects funded through SAMHSA's grant programs. The following guidelines are intended to promote consumer and family participation in SAMHSA grant programs.

In general, applicant organizations should have experience and a documented history of positive program involvement by recipients of mental health or substance abuse services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

Program Mission: The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning: Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.

Training and Staffing: Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent: Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA's RFAs. These requirements must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.

Rights Protection: Consumer and family members must be fully informed of all of their rights including those related to 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.

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

Program Evaluation: Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities

include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

Appendix H – Six Core Strategies to Reduce the Use of Seclusion and Restraint

(From the NTAC/NASMHPD Training Curriculum to Reduce the Use of Seclusion and Restraint in Mental Health Facilities, Draft, May 2005)

Purpose: For use as a template or checklist that guides the design of a seclusion and restraint (S/R) reduction plan that incorporates the use of a prevention approach, includes the six core strategies to reduce the use of S/R© described in the NASMHPD curriculum, and ascribes to the principles of continuous quality improvement. Also may be used as a monitoring tool to supervise implementation of a reduction plan and identify problems, issues, barriers and successes. Best used as a working guide by an assigned Performance Improvement/Seclusion and Restraint Reduction Team or Task Force.

Note: The word *consumer* is used in this document to include adults and children/families.

Seclusion/Restraint Plan Template or Monitoring Tool Draft Instrument
(Each item needs to be demonstrated through documentation, leadership activities, staff interviews, review of policies, or other relevant ways.)

STRATEGY ONE: LEADERSHIP TOWARDS ORGANIZATIONAL CHANGE

GOAL ONE: To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a S/R reduction plan and plan implementation. The guidance, direction, participation and ongoing review by executive leadership is clearly demonstrated throughout the S/R reduction project.

1. Has the facility reviewed/revised facility mission statement, philosophy and core values to assure congruence with S/R reduction initiative? (For example, referencing S/R reduction as congruent with principles of recovery; building a trauma informed system of care; creating violence free and coercion free environments; assuring safe environments for staff and consumers; and facilitating a return to the community.) This step must include an organizational values exercise where values statements are cross-walked with actual clinical and administrative practices to assure for congruence.

2. Has the facility developed a facility S/R policy statement that includes beliefs to guide use and is congruent with mission, vision, values and recovery principles? (As above, this statement would include statements such as S/R is not treatment but a safety measure of last resort; that S/R indicates treatment failure; and facility's commitment to reduction/elimination etc. There are examples of policy statements available to review.)

3. Has the facility leadership developed a individualized facility based S/R reduction action plan based on a performance improvement and prevention approach as the overall umbrella including the assignment of a S/R reduction or PI team; the creation of goals, objectives and action steps assigned to responsible individuals and noted due dates; and are there consistent reviews and revisions with senior executive oversight and review? (See policy statement, policy and procedures, actual plan.)

4. Has leadership reviewed and analyzed their S/R related data in an effort to discover critical details of events such as time of day, location, points of conflicts? Has leadership determined data driven hospital goals to reduce S/R? (See data component for specifics.) (This objective basically is leaderships' commitment and intention to use and monitor real time data in the reduction efforts.)

5. Has the leadership committed to create a collaborative, non-punitive environment, to identify and work through problems by communicating expectations to staff, and to be consistent in maintenance of effort? (This step may include a statement to staff that while a individual staff member may act with best intent, it may be determined later that there were other avenues or interventions that could have been taken. It is only through staff's trust in leadership that they will be able to speak freely of the circumstances leading up to a S/R event so that this event can be carefully analyzed and learning occur. However, the rules defining abuse and neglect are clear and the previous statement does not lift accountability for those kind of performance issues.)

6. Are all staff aware of the role of the CEO/Administrator to direct the S/R reduction initiative? (This will include senior level involvement in motivating staff including and understanding and commitment from the facility medical director. A "kickoff" event for the rollout of this initiative is recommended or a celebration if facility is already involved in a reduction effort. This steps calls for active, routine and observable CEO/Administrator activities including the inclusion of status report at all management meetings.)

7. Has leadership evaluated the impact of reducing S/R on the whole environment? (This includes issues such as increased destruction of property; extended time involved in de-escalation attempt, additional admission assessment questions, debriefing activities and processes to document event, etc.)

8. Has the leadership set up a staff recognition project to reward individual staff, unit staff and S/R champions for their work on an ongoing basis?

9. Does the leadership approved, S/R reduction plan delegate tasks and hold people accountable through routine reports and reviews?

10. Has leadership addressed staff culture issues, training needs and attitudes? (See Workforce Development.) (Leadership will assure for staff training and development in knowledge, skills and abilities, including choice of training program for S/R application techniques and will include HR.)

11. Has leadership reviewed the facility's plan for clinical treatment activities in an effort to assure that active, daily, person centered, effective treatment activities are offered to all persons receiving services; that these services are offered off living units preferably; and that persons attending have some personal choice in what activities they attend. The minimal criteria to meet under this objective is to assure that service recipients are not spending their days in enclosed areas with no active effective psycho-social or psychiatric rehabilitation occurring that is effective in teaching living, learning, recreational and working skills.

12. Has facility leadership ensured oversight accountability by watching and elevating the visibility of every event 24 hours a day/7days per week by assigning specific duties and responsibilities to multiple levels of staff including on-call executives, on-site nursing supervisor, direct care staff, advocates/consumers?

    Note "Creating responsibilities for oversight for events" includes the following functions:

    1. On-call Executive Role (member of executive team)

        a. 24/7 on call supervision for event analysis
        b. Use knowledge gained by event analysis to identify organizational problems, potential resolutions and ensure timely follow-up
        c. Make S/R a standing agenda item for all meetings at all levels
        d. Ensure that data is collected, used and shared
        e. Ensure staff accountability and performance recognition

    2. On-site Supervisor Role
        a. 24 hr on site response, supervision and attendance at all events and near misses when possible (to observe what worked and why)
        b. Take lead post a S/R event by debriefing all staff involved, the service recipient, all event witnesses, gathering event timelines, reviewing documentation, and providing a report (verbally and written) to oncoming supervisor or administrator

    3. Line Staff (Direct Care)
        a. Understand and be able to describe the organizational approach in reducing S/R

        b. Be introduced to project and philosophy, through:
        - New hire application and interview
        - New staff orientation
        - Job description
        - Competency review
        - Meet performance criteria in evaluations
        - Demonstrate positive attitude about the project

4. Consumer Role

    a. Use employed internal consumer staff or external consumer consultants to act as interviewers, gather data, investigate and to provide a critical perspective
    b. Be represented on all S/R related committees and task forces

STRATEGY TWO: USING DATA TO INFORM PRACTICE

GOAL TWO: To reduce the use of S/R by using data in an empirical, non-punitive, manner. Includes using data to analyze characteristics of facility usage by unit, shift day, and staff member; identifying facility baseline; setting improvement goals and comparatively monitoring use over time in all care areas, units and/or state system's like facilities.

1. Has the facility collected and graphed baseline data on S/R events to include at a minimum, incidents, hours, use of involuntary medication and injuries?

2. Has the facility set goals and communicated these to staff, setting realistic data improvement thresholds? Has the facility created non-punitive, healthy competition among units or sister facilities by posting data in general treatment areas and through letters of agreement with external facilities?

3. Has the facility chosen standard core and supplemental measures including seclusion and restraint incidents and hours by shift, day, unit, time; use of involuntary IM medications; consumer and staff related injury rates; type of restraint, consumer involvement in event debriefing activities; grievances, consumer demographics including gender, race; diagnosis insurance type; and other measures as desired?

4. Does leadership have access to data that represents individual staff member involvement in S/R events and is this information kept confidential and used to identify training needs for individual staff members? (for supervisors only)

5. Is the facility able to observe and record "near misses" (and the processes involved in those successful events) to assist in leadership and staff learning of best practices to reduce S/R use?

STRATEGY THREE: WORKFORCE DEVELOPMENT

GOAL THREE: To create a treatment environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health services and the experiences of our staff. Includes an understanding of the characteristics and principles of trauma informed care systems. Also includes the principles of recovery-oriented systems of care such as person-centered care, choice, respect, dignity, partnerships, self-management, and full inclusion. This intervention is designed to create an environment that is less likely to be coercive or conflictual. It is implemented primarily through staff training and education and HRD

activities. Includes safe S/R application training, choice of vendors and the inclusion of technical and attitudinal competencies in job descriptions and performance evaluations. Also includes the provision of effective and person centered psychosocial or psychiatric rehabilitation like treatment activities on a daily basis that are designed to teach life skills (See Goal One).

1. Has the staff development department introduced recovery/resiliency, prevention, and performance improvement theory and rational to staff?

2. Has the facility revised the organizational mission, philosophy, and policies and procedures to address the above theory and principles?

3. Has the facility appointed a committee and chair to address workforce development agenda and lead this organizational change? (Include HR)

4. Has the facility assured for education/training for staff at all levels in theory and approaches including:

    a. Experiences of consumers and staff?
    b. Common assumptions and myths?
    c. Trauma Informed Care?
    d. Neurobiological Effects of Trauma?
    e. Public Health Prevention Model?
    f. Performance Improvement Principles?
    g. The S/R Reduction Core Strategies as appropriate?
    h. Risk for Violence?
    i. Medical/Physical Risk Factor for Injury or Death?
    j. The use of Safety Planning Tools or Advance Directives?
    k. Core Skills in Building Therapeutic and Person Based Relationships?
    l. Safe Restraint application procedures including continuous face-to-face monitoring while a person is in person?
    m. Non-confrontational limit setting?

5. Has the facility encourage staff to explore unit “rules” with an eye to analyzing these for logic and necessity? (Most inpatient facilities have historical rules that are habits or patterns of behavior that are not congruent with a non-coercive, recovery facilitating environment, for instance rules such as putting people who self abuse in non lethal ways in restraint, or putting people who are intrusive only in restraint.)

6. Has the facility addressed staff empowerment issues? (For example do staff have input into rules and regulations?) Does the facility allow staff to suspend “rules” within defined limits to avoid incidents?

7. Does the facility empower staff? (e.g. self-schedule, flex schedules, and switch assignments)

8. Does the facility assume that all staff at all levels are responsible, capable adults, albeit perhaps injured by trauma, and communicated this value to all? How?

9. Has the facility included HR in the planning and implementation efforts to include the development and insertion of knowledge, skills and abilities considered mandatory in job descriptions and competencies for all staff at every level of the organization? Does this include both technical competence and attitudinal competence and how these are demonstrated?

STRATEGY FOUR: USE OF S/R REDUCTION TOOLS

GOAL FOUR: To reduce the use of S/R through the use of a variety of tools and assessments that are integrated into each individual consumer's treatment stay. Includes the use of assessment tools to identify risk factors for violence and seclusion and restraint history; use of a trauma assessment; tools to identify persons with risk factors for death and injury; the use of de-escalation or safety surveys and contracts; and environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self management.

1. Has the facility implemented assessment tools to identify risk factors for inpatient incidents of aggression and violence? (Research shows best predictor is past violent behavior in inpatient settings and past involvement with S/R use.) (Examples of tools are available)

2. Has the facility implemented assessment tools on the most common risk factors for death or serious injury cased by restraint use? (These include obesity, history of respiratory problems including asthma, recent ingestion of food, certain medications, polypharmacy, history if cardiac problems, history of acute stress disorder or PTSD.)

3. Has the facility implemented the use of a trauma history assessment that identifies persons at risk for re-traumatization and addresses signs and symptoms related to untreated trauma sequelae? (Examples of tools are available)

4. Has the facility implemented a de-escalation tool or safety planning assessment that includes the identification of individual triggers and personally chosen and effective emotional self management interventsions? (Examples of tools are available)

5. Has the facility:

    a. Implemented communication techniques/conflict mediation procedures?
    b. Reduced environmental signs of overt/covert coercion?
    c. Made environment of care changes (use of comfort rooms & sensory rooms)?

6. Has the facility utilized an aggression control behavior scale such as the Lalemond Behavior Scale that assists staff to discriminate between agitated, disruptive, destructive, dangerous and lethal behaviors and decreases the premature use of restraint/seclusion? (Lalemond Scale is proprietary at this point but we can probably get approval to use or adopt principles.)

7. Has the facility written policies and procedures for use of the above interventions and disseminated these to all staff?
8. Has the facility created a way that individual safety planning or de-escalation information is readily available in a crisis and is integrated in the treatment plan?

9. Has the facility made available expert and timely consultation with appropriately trained staff or consultants to assist in developing individualized behavioral interventions for service recipients who demonstrate consistently challenging behaviors?

STRATEGY FIVE: CONSUMER ROLES IN INPATIENT SETTINGS

GOAL FIVE: To assure for the full and formal inclusion of consumers or people in recovery in a variety of roles in the organization to assist in the reduction of S/R.

1. Has the facility integrated consumer choices at every opportunity? For children's treatment programs this also focuses on family member choices.

2. Has the facility used vacant FTE's to create full or part-time roles for older adolescent/adult consumers such as:

    a. Director of Advocacy Services?
    b. Peer Specialists?
    c. Drop-In Center Director?
    d. Community Consumers?

3. Has the facility educated staff as to the importance and need to involve consumers at all operational levels, both through respectful inclusion in operations decisions as appropriate and in the consistent attention to the provision of choices?

4. Has the facility included consumer representation in key committees and workgroups throughout organization?

5. Has the facility empowered consumers to do their facility related jobs and support this work (new roles for consumers) at the highest level by setting up appropriate supervision systems?

6. Has the facility implemented consumer satisfaction surveys, discussed results with staff and used results to direct revisions in service provision? In children's programs satisfaction surveys would also be geared to families.

7. Has the facility invited external advocates to provide suggestions and be involved in operations?

STRATEGY SIX: DEBRIEFING TECHNIQUES

GOAL SIX: To reduce the use of S/R through knowledge gained from a rigorous analysis of S/R events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate to the extent possible the adverse and potentially traumatizing effects of a S/R event for involved staff and consumers and all witnesses to the event.
It is imperative that senior clinical and medical staff, including the medical director, participate in these events.

1. Has the facility revised policy and procedures to include two debriefing activities for each event as follows:

    a. An immediate "post-event" debriefing that is done onsite after each event, is led by the senior on-site supervisor who immediately responds to that unit or area? (The goals of this post-acute event debriefing is to assure that everyone is safe, that documentation is sufficient to be helpful in later analysis, to briefly check in with involved staff, consumers and witnesses to the event to gather information, to try and return the milieu to pre-event status, to identify potential needs for policy and procedure revisions, and to assure that the consumer in restraint is safe and being monitored appropriately. If the facility has implemented "witnessing" (see Goal One) he on-site supervisor calls in the information gathered in this post-acute debriefing event to the off site executive staff person who is on call or report to administration if during weekday hours.)

    b. A formal debriefing that includes a rigorous analysis that occurs one to several days following the event and includes attendance by the involved staff, the treatment team including the attending physician, and a representative administration. (It is recommended that this formal debriefing follow the steps in a root cause analysis [RCA] or a similar rigorous problem solving procedure to identify what went wrong, what knowledge was unknown or missed, what could have been done differently, and how to avoid in the future. It is also recommended that RCA be used in situations where individuals are injured; where S/R has been used more than twice in a month and at any time where S/R event lasts more than eight hours.)

    c. Has the facility assured the involvement of the consumer in all debriefing activities either in person or by proxy? (It is extremely important to include the consumers experience or voice in this activity and if the consumer cannot or will not participate it is recommended that another consumer or staff person act as that person's advocate at the meeting. It is also recommended that the consumer, in staff, or advocacy roles, also be involved and that the person running the meeting is well versed in objective problem solving and was not involved in the triggering event.)

2. Do the debriefing policies and procedures specify: (see S/R Debriefing P & P)

    a. Goals of debriefing?
    b. Who is present?

c. Responsibilities/roles?
d. Process?
e. Documentation?
f. Follow-up?

3. Has the facility implemented debriefing policies and procedure that address staff responses to the event, consumer responses and issues, and "observer" response and issues?

4. Has the facility provided training on how debriefing will revise treatment planning?

5. Has the facility made an attempt to assist staff in their individual responses to S/R events, up to and including the use of EAP (Employee Assistance Program) services or other supportive resources?