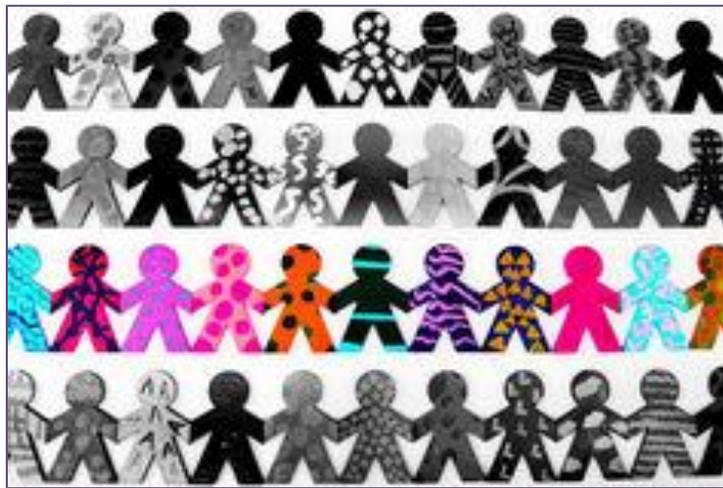

ReCAST

Grantee Manual

Resiliency in Communities after Stress and Trauma

September 2018



Mental Health Promotion Branch
Division of Prevention, Traumatic Stress, and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
United States Department of Health and Human Services

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Introduction

Welcome to the ReCAST (*Resiliency in Communities after Stress and Trauma*) grant program and Grantee Manual. On behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), we look forward to working with and supporting you in achieving the goals of ReCAST.

This Grantee Manual is intended to be a reference guide for you and your ReCAST partners throughout the five-year grant period. Guidance from your Government Project Officer (GPO) and Grants Management Specialist (GMS) will be given to you based on the unique circumstances of your grant, and both will be glad to answer any questions you might have.

The ReCAST Grantee Manual is divided into 12 sections:

Section 1: ReCAST Program Background and Overview provides background information and expectations for this program.

Section 2: The ReCAST Resilience Framework provides a structure intended to help you identify and address trauma while promoting the overall health and resilience of everyone in the community.

Section 3: The ReCAST Phases of Implementation guides you through the five sequential phases of the project.

Section 4: Developing the Behavioral Health Disparities Impact Statement (DIS) provides information about how to ensure that you have identified behavioral health disparities for racial and ethnic minority populations within your community.

Section 5: Conducting the Community Needs and Resource Assessment describes the steps you will take to identify your needs, prioritize these needs, and target resources to help resolve local problems that are critical to the well-being of the community.

Section 6: Developing the ReCAST Community Strategic Plan describes the steps to take to engage your community stakeholders to develop your Community Strategic Plan.

Section 7: Developing your ReCAST Memorandum of Understanding provides guidance to use when developing your MOU.

Section 8: Data Collection and Project Performance Assessment describes the requirements for evaluating the implementation and impact of ReCAST, including the collection and reporting of performance measures data (e.g., Government Performance and Results Act [GPRA] performance measures and two Outcome Performance Measures of your choice) and results from your local evaluation.

Section 9: Federal Teams and Their Responsibilities serves as an introduction to the ReCAST federal staff members, including their contact information and descriptions of their roles and responsibilities.

Section 10: Grantee Roles, Responsibilities, and Requirements describes the roles and responsibilities of ReCAST grantees and summarizes the project requirements throughout the life of the grant.

Section 11: Grants Management and Programmatic Requirements and Responsibilities describes key responsibilities and important steps in meeting grant requirements, implementing program activities, and meeting all performance requirements.

Section 12: Grants Management Frequently Asked Questions (FAQs) provides you with answers to common issues and concerns that may arise during the grant period.

Appendix A: Acronyms

Appendix B: Funding Restrictions

Appendix C: Disparities Impact Statement Template

Appendix D: ReCAST Resilience Framework Terminology

Appendix E: Strategies, Theories, and Other Resources Informing ReCAST

Appendix F: Community Needs and Resource Assessment Template

Appendix G: Community Strategic Plan Template

Appendix H: ReCAST Reporting Guidance

Appendix I: ReCAST Required GPRA Performance Measures Guidance

Appendix J: Federal Financial Report and Carryover Request Guidance

Important Note

While this ReCAST Grantee Manual provides guidance, it does not represent the official opinion of SAMHSA's Division of Grants Management, nor does it supersede official regulations. For more information about specific regulations governing this grant, please reference the following sources:

- Your Notice of Award (NoA)
- The ReCAST Funding Opportunity Announcement (FOA), which can be found at <https://www.samhsa.gov/grants/grant-announcements/sm-17-009>

Section 1: Program Background & Overview

Overview of the ReCAST Program

The ReCAST Program is intended to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based violence prevention and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of this program is for local communities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

In the ReCAST Funding Opportunity Announcement (FOA), civil unrest was defined as demonstrations of mass protest and mobilization, community harm, and disruption through violence often connected with law enforcement issues. Communities that have experienced civil unrest often share similar characteristics¹:

- Barriers to access and lack of social services, health care, legal and political representation, housing, employment, and education
- Current and historical strains in community and public sector relationships, e.g., law enforcement, education, health, and/or housing and community relationships
- Racial/ethnic minority and marginalized population with experiences of poverty and inequality

In addition, this program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

Expectations

The ReCAST Program will promote resiliency and well-being for high-risk youth, families, and communities that have recently faced civil unrest and concomitant individual, familial, and community trauma. SAMHSA expects that ReCAST will be guided by a community coalition of residents and community-based non-profit organizations in partnership with such entities as health and human service providers; schools; institutions of higher education; faith-based

¹ U.S. Department of Justice. Investigation of the Ferguson Police Department (2015). http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2015/03/04/ferguson_police_department_report.pdf

organizations; businesses; state and local government agencies; law enforcement agencies; and employment, housing, and transportation service agencies.

Program goals include the following:

- Building a foundation to promote well-being, resiliency, and community healing through community-based participatory approaches.²
- Creating more equitable access to trauma-informed community behavioral health resources.
- Strengthening the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes.
- Creating community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building.
- Ensuring that program services are culturally specific and developmentally appropriate.

² Community-based, participatory approaches are guided by the eight principles of community-based, participatory research, as defined by Israel et al. (1998). These include: recognizes community as a unit of identity; builds on strengths and resources within the community; facilitates collaborative partnerships in all phases of the research; integrates knowledge and action for mutual benefit of all partners; promotes a co-learning and empowering process that attends to social inequalities; involves a cyclical and iterative process; addresses health from both positive and ecological perspectives; disseminates findings and knowledge gained to all partners.

Section 2: The ReCAST Resilience Framework

Understanding the ReCAST Resilience Framework

The ReCAST Resilience Framework is designed to help communities identify and address trauma while promoting the overall health and resilience of everyone within the community, with a particular focus on high-risk youth and their families. The ReCAST Resilience Framework highlights socio-ecological factors while using SAMHSA's concept of trauma as the foundation for understanding how to implement trauma-focused strategies. By bringing together multiple frameworks, national strategies, and best practices, the ReCAST program will help communities develop plans that incorporate innovative local strategies with evidence-based programs to address trauma while promoting resilience and well-being.

ReCAST focuses on providing support for communities that have experienced civil unrest through enhanced community involvement throughout the grant period. Through this strong partnership between local municipalities and community members, SAMHSA believes it is imperative for each community to develop, implement, and evaluate programs and policies as part of ReCAST via full and direct participation of members of the community. Through a community participatory model, ReCAST can help communities address tensions between local government and communities.

ReCAST Resilience Framework

SAMHSA released *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* in 2014, which was developed by a panel of experts and which posits that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. This concept can be expanded to define trauma experienced by communities that have experienced civil unrest and are impacted by historical, economic, and race-based trauma.

The ReCAST Resilience Framework is based on SAMHSA's Six Key Principles of a Trauma-Informed Approach. This Framework describes the six elements essential to developing community resilience and should be the foundation on which ReCAST communities develop their projects.

1. **Safety:** Safety is a priority of a trauma-informed approach. Every aspect of ReCAST must be mindful of safety for youth, families, community members, providers, and

other stakeholders. Safety must be considered in the physical spaces and environment and in interactions with all involved.

2. **Trustworthiness and Transparency:** Trust requires transparency in decision making. The success of ReCAST, and the project's ability to support trauma-informed services, relies on trust being built between the community and providers and everyone involved in ReCAST.
3. **Peer Support:** ReCAST peers are those individuals with lived experiences of trauma. This may also include family members of children who have experienced traumatic events and are key caregivers in their recovery. Peer support activities are activities and services delivered by individuals who have common life experiences with the people they are serving. ReCAST peer support activities promote a sense of belonging within the community and support the development of self-efficacy through role modeling and assisting peers with finding meaning, purpose, and social connections in their lives. Peer support is a required activity of ReCAST.
4. **Collaboration and Mutuality:** Although each ReCAST partner has a unique role to play in a trauma-informed approach, the organizations and individuals partnering for ReCAST must view each other as necessary and equals, share power, and engage in shared decision making.
5. **Empowerment, Choice, and Voice:** ReCAST's trauma-informed approach builds on the strengths of individuals, community members, and providers. There is a focus on the potential of individual and community resilience to serve as a way to heal and recover from trauma. Everyone's voice is heard and choices are respected. This approach is reflected at every level of the project from leadership to service provider.
6. **Cultural, Historical, and Gender Issues:** ReCAST brings an equity lens to address stereotypes and biases based on socioeconomic status, race, ethnicity, sexual orientation, age, gender, gender identity, geography, and religion. Strategies recognize the impact of race-based and historical trauma and employ cultural practices to promote healing. Trainings and workforce development activities emphasize the importance of being culturally competent and responsive.

ReCAST grantees will use the Resilience Framework to strengthen all aspects of their ReCAST activities, including convening a community coalition of stakeholders that includes families and youth to guide and contribute to all aspects of the project; conducting the needs and resource assessment; developing and implementing a strategic plan; and creating a memorandum of understanding between the grantee and program. All grant activities should be informed by the perspectives and input from diverse members of the community, including those that have been affected by traumatic events. ReCAST communities can leverage existing partnerships

and coalitions while adding members to the coalition of stakeholders to assure diverse perspectives and partners are invited to the table. SAMHSA respects the work currently being done in each community to address youth violence and provide access to mental health services; it is imperative that the ReCAST programs respect, honor, and build upon existing work to address related issues within the community.

ReCAST Resilience Framework

Innovation through Integration

SAMHSA's vast experience implementing youth violence prevention programs since 1999 has prompted continual innovation through the integration of the latest knowledge from the field. The ReCAST Resilience Framework brings together multiple frameworks and theories to help communities think comprehensively about how to address individual and community trauma and promote resilience.

ReCAST guiding principles are based on SAMHSA's Six Key Principles of a Trauma-Informed Approach. These principles should be the foundation on which ReCAST communities develop their projects. Learn more about the theories and frameworks that are included in the ReCAST Resilience Framework:

- SAMHSA'S Concept of Trauma and Guidance for Trauma-Informed Approaches (SAMHSA)
- Youth Violence Prevention Framework (Federal Collaborative)
- Safe Schools Healthy Students Framework (SAMHSA/ED/DOJ)
- Ecological Systems Theory (Urie Brofenbrenner)
- Cultural Ecological Theory (John Ogbu)

Learn more about the theories and frameworks that informed the ReCAST Resilience Framework:

- A Public Health Approach to Children's Mental Health: A Conceptual Framework
- Strategic Prevention Framework (SAMHSA)
- PROSPER: Promoting School-community-university Partnerships to Enhance Resilience (Partnerships in Prevention Science Institute, Iowa State University)
- Communities That Care (Social Development Research Group, School of Social Work, University of Washington)
- Collective Impact Framework (John Kania and Mark Kramer – Stanford Social Innovation Review)

Appendix D provides definitions for terminology of the community trauma and resilience literature and practices; these may guide your use of the ReCAST Resilience Framework.

The 5 W's and 1 H of ReCAST

Most are familiar with the 5 W's (why, who, what, where, when) and 1 H (how) as an investigative strategy used by journalists and researchers. By using the 5 W's and 1 H to explain the ReCAST Resilience Framework, communities will be able to engage in a process of information gathering and problem solving specific to their concerns. This investigative approach to ReCAST offers communities an easy frame of reference for understanding the ReCAST Resilience Framework. As communities work together to address trauma and develop resilience, the following questions should be considered:

- Why is there trauma and why is it important to address?
- Who is most adversely affected and who should be involved in planning and decision making?
- What happened to cause trauma and what must be done to heal from exposure to trauma?
- Where in the community should access to help and healing take place?
- When do we identify trauma, link to trauma-informed services, and promote resilience?
- How does a community create trauma-informed spaces and educate providers on what it means to be trauma-informed and responsive to the needs of high-risk youth and their families?

Why: ReCAST communities may have many responses in answering why trauma exists and why it is necessary to support resilience within community members most affected by trauma. Events of civil unrest within communities that have experienced current and historical discrimination in housing, healthcare, employment, and education and distress with law enforcement are the reason why SAMHSA developed the ReCAST program. The ReCAST program was created to support communities that have lived through demonstrations of mass protest in response to police-involved shootings of unarmed African-American males. It is also intended to help those communities with high rates of violence develop trauma-informed approaches. ReCAST's purpose is to assist high-risk youth and families; promote resilience and equity in communities through implementation of evidence-based, violence prevention, and community youth engagement programs; and promote linkages to trauma-informed behavioral health services.

Who: Since the goal of the ReCAST program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, and

reductions in trauma and sustained community change, everyone in the community has a role and should be involved in ReCAST. ReCAST community stakeholders should include youth, families, faith- and community-based organizations, local government representatives, law enforcement officers, first responders, and others with a genuine concern for improving the community. Involving communities through coalition building and the process of community engagement are most successful when they are informed by guiding values and principles; individualized to the individuals, neighborhood, culture, and language of the diverse populations within the community; and customized to the specific sectors and systems you want to engage.

What: The required activities of the ReCAST program are the “what”:

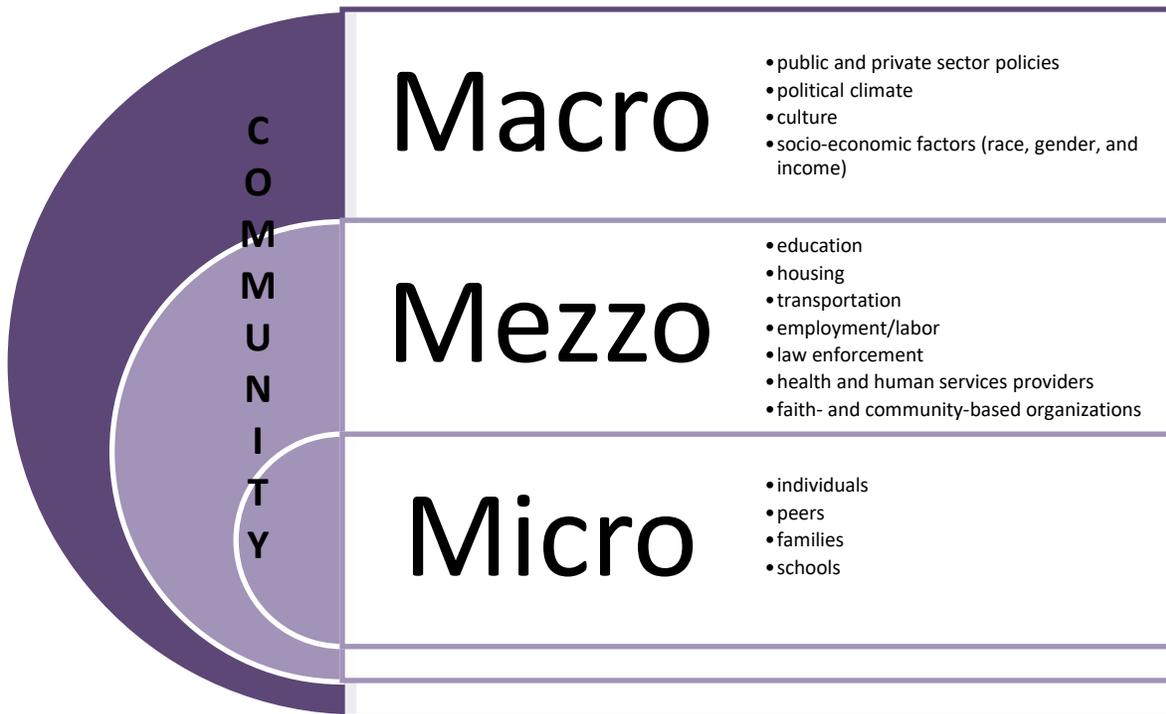
- Convene a coalition of diverse community stakeholders (including youth and families) to guide planning, implementation, and evaluation.
- Hire a full-time project manager to support ReCAST project requirements.
- Conduct a community needs and resources assessment to learn about the existing trauma-focused services and gaps in services.
- Develop a strategic plan with input from community members and partners.
- Develop a memorandum of understanding with community partners and providers.
- Implement evidence-based and trauma-informed interventions.
- Deliver training in trauma-informed approaches.
- Establish peer support activities for high-risk youth.

Addressing behavioral health disparities and the social determinants of health should be embedded in all aspects of project activities. The “what” also includes activities such as coordination with housing and employment programs; cultural competency and implicit bias reduction training for first responders and service providers; community-wide mental health literacy and awareness training; individual and group counseling to address grief and loss, disaster recovery and crisis response workforce development activities; self-care activities to reduce compassion fatigue; and trainings for law-enforcement to increase positive police-community relationships.

Where: “Where” the ReCAST program happens is within the context of community. Bronfenbrenner’s ecological systems theory, which considers the interpersonal and environmental factors that affect individual and community development, is the basis for

understanding the “where” of ReCAST communities³. Community is defined at the micro, mezzo, and macro level. ReCAST’s “where” is also informed by John Ogbu’s cultural-ecological approach, which looks at the study of institutionalized patterns of behaviors interdependent with features of the environment⁴.

At the micro level, ReCAST will impact individuals, peers, families, and schools. At the mezzo level, the focus is on systems and institutions impacting communities, such as education, housing, transportation, employment/labor, law enforcement, health and human services providers, faith-based institutions, and community-based organizations. Macro level factors within the ReCAST program include public (government) and private (corporations) sector policies; political climate; culture; and socio-economic factors such as violence, race, gender, and income. At each level, the ReCAST program can impact the aftermath of civil unrest and trauma. The illustration below demonstrates the community context in which ReCAST will be situated.



When: ReCAST communities will have opportunities to engage and support high-risk youth and families for the duration of the grant and beyond. The services and interventions that will be

³ Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education, Vol. 3, 2nd. Ed.* Oxford: Elsevier. Reprinted in: Gauvain, M. & Cole, M. (Eds.), *Readings on the development of children, 2nd Ed.* (1993, pp. 37-43). NY: Freeman.

⁴ Ogbu, J. (1990d) Understanding cultural diversity: summary comments, *Education and Urban Society*, 22(4), 425–429.

offered through ReCAST should be available to the community before crisis occurs. Trauma screenings should be offered to all high-risk youth and families at various entry points of services and across systems. Opportunities to train educators, providers, and others needing training on trauma-informed approaches should be readily available even before engaging with community members. ReCAST programs should also be prepared to immediately respond with trauma-informed resources when crisis occurs and should outreach to the community early and often with resources based on needs.

How: Within the ReCAST program, “how” is defined as the use of trauma-focused strategies, capacity building, and infrastructure development to promote resilience and strong families and communities. The “how” is also explained in the strategic plan and logic model.

Section 3: The ReCAST Phases of Implementation

There are five sequential phases that will guide you in the implementation of your ReCAST project. In addition, you should begin to identify and establish community partnerships and create a diverse coalition of stakeholders as soon as possible. Development and maintenance of these partnerships should continue throughout the duration of the grant and beyond. However, it will be important to begin with a solid coalition of invested stakeholders that can help you develop the foundational aspects of your project (e.g., Behavioral Health Disparities Impact Statement, Community Needs and Resource Assessment, Community Strategic Plan). This group will also help to guide implementation, your quality improvement process, and consideration of sustainability efforts. As a best practice, it may be beneficial to work with the coalition to develop a document that describes the role and function of the group to ensure shared understanding and expectations.

The ReCAST Resilience Framework and Phases Alignment

The ReCAST Resilience Framework assists communities in developing the Community Needs and Resource Assessment and the Community Strategic Plan, and provides for a process of continuous quality improvement that leads to the identification of sustainable efforts to address trauma in the community. You should plan to consider and incorporate aspects of the ReCAST Resilience Framework into all phases of your grant. Please reach out to your GPO for help with understanding the Framework and how to use it throughout your project. Additional technical assistance (i.e., resources and capacity-development supports) may be provided to you as well, as needed and available.

As soon as possible, and as you begin Phase 1, you should also reach out to program partners that were identified during the grant application process to let them know that you have received this award. Program partners are groups/individuals who will contribute to program implementation in the form of activities such as, for example, provision of training and services. You will not be able to finalize the scope of work for your program partners until your Community Strategic Plan (which will describe all grant activities) is finalized and approved. However, you should begin to solidify program partnerships and clarify/define roles and expectations in Phase 1. In some cases, it may be worthwhile to inquire as to whether representatives from your program partners also want to serve on your coalition of stakeholders to guide program planning, implementation, and evaluation.

Phases 1 & 2: Behavioral Health Disparities Impact Statement and ReCAST Community Needs and Resource Assessment

During Phase 1, as you are building and working with your coalition of stakeholders, you will focus on understanding the existing needs, available resources, and gaps in resources that will inform development of your Behavioral Health Disparities Impact Statement, your Community Needs and Resource Assessment, and ultimately the ReCAST Community Strategic Plan.

The Behavioral Health Disparities Impact Statement is due within 60 days of award, i.e., no later than **November 30, 2018**. Please refer to **Section 4** of this Manual for guidance.

The Community Needs and Resource Assessment is due within 90 days of award, i.e., no later than **December 30, 2018**. Please refer to **Section 5** of this Manual for guidance.

It is expected that the process used in the development of both of these products will occur as a result of your building and working with your coalition of stakeholders to better understand the needs, resources, and gaps in resources that will inform development of the Community Strategic Plan.

Phase 1 and 2 Milestones	
<ul style="list-style-type: none">• Develop the Behavioral Health Disparities Impact Statement, due no later than November 30, 2018	<ul style="list-style-type: none">• Develop the Community Needs and Resource Assessment, due no later than December 30, 2018

Phase 3: Development of the ReCAST Community Strategic Plan

During Phase 3, your coalition of community stakeholders is expected to work together to develop the Community Strategic Plan that aligns with other existing community plans. Your Strategic Plan will include all proposed grant activities to take place over Years 2-5, including all data collection (e.g., GPRA, Outcome Performance Measures) and local evaluation activities. As such, your evaluator should be included in development of this Plan.

Each community will utilize the information collected from the Needs and Resource Assessment and consider the ReCAST Resilience Framework to develop their Community Strategic Plan, which should be submitted to your GPO no later than 6 months after grant award (i.e., **March 30, 2019**).

Grantees are expected to work with their coalition of stakeholders to consider conclusions drawn from Phases 1 and 2 (e.g., unmet needs of the focus/priority populations in your community), as well as the ReCAST Resilience Framework, to develop a Community Strategic Plan. The Community Strategic Plan includes your proposed plans for programmatic and policy activities, as well as all data collection and evaluation activities. Alignment of proposed programmatic/policy and evaluation activities will help with continuous quality improvement and data-informed decision making.

Grantees are expected to submit their Community Strategic Plan to their GPO for review. The GPO will provide feedback and assist in finalizing the Plan. Implementation can begin upon approval by your GPO.

Developing Your Strategic Plan

- What are our community needs?

- What resources does our community have available?

- What is missing? What are the gaps?

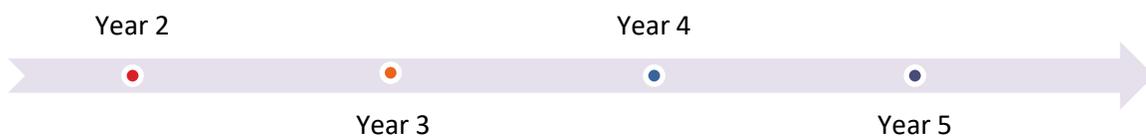
- What programs and policies should we implement with grant funds to fill those gaps?

- How will we know whether our new programs and policies are working as intended?

- How will we know whether project goals are being achieved?

Phase 4: Implementation of ReCAST

Upon approval of your Community Strategic Plan, you may move forward with implementation. Throughout implementation, ReCAST grantees and communities should continue to build strong community partnerships and use data-informed decision making to guide project implementation in Years 2 through 5.



Possible actions to occur during Phase 4 include:

- Expansion and maintenance of coalition of stakeholders, community partnerships, and collaboration.
- Project leadership use of cross-training to develop collaboration.

- Data-driven adaptations (that do not violate basis for program effectiveness) are made to evidence-based practices (EBPs) to improve programs.
- EBP materials include examples that are culturally appropriate and reflective of populations within the community.
- Project leadership uses process and outcome data to support systems changes addressing project goals.
- Local data and information is continuously shared with stakeholders to encourage learning across communities.
- Infrastructure supports are developed to meet the ongoing need for continuous quality improvement processes (e.g., data-based decision making and communications).
- Project leadership provides data to program partners to improve implementation and infrastructure.
- Project leadership uses data to consider whether and how to continually revise and update the Strategic Plan.
- Project leadership identifies and makes policy changes needed to support sustained implementation and enhancements.



Implement and Evaluate Programs and Policies



Use Quality Improvement Processes to Monitor and Improve Impact of Programs and Policies

Phase 5: ReCAST Sustainability

Sustainability of ReCAST activities that are found to lead to positive outcomes within your community should be considered throughout the term of your grant. ReCAST funding and subsequent activities should be used to inform what methods would be beneficial to sustain in the future. Based on results of the project evaluation, coupled with community needs versus available resources, community partners should collaboratively decide which strategies, policies, EBPs, and best practices should be sustained and adopted across the community.

Possible actions that may contribute to sustainability efforts include:

- Coalition meetings focus on sustainability and partners sharing responsibility for solving problems.
- Partners develop and use a clearly articulated decision-making process that focuses on problem solving and consensus building.
- Commitment to shared goals and outcomes drives decision making within the partnership, including decisions about resource allocation and sustainability priorities.
- Partners work within their own settings to shape vision, allocation of resources, and policies to support and further develop project goals and activities.
- Partners succeed in incorporating project activities into their agencies' priorities and plans, so that activities are sustained.
- There are multiple mechanisms available for raising concerns and solving problems.
- Innovative approaches for addressing issues are discussed and encouraged.
- Data is used for quality improvement and problem solving, not for punitive purposes.
- Partners rely on the communications system in place for coordination of activities, communicating to stakeholders, and engaging new partners.
- Sustainability planning references evaluation data.
- Project leadership performs cost-benefit analysis of key programs/interventions.
- Project leadership works to diversify financial support of activities.

Section 4: Developing the Behavioral Health Disparities Impact Statement

ReCAST grantees are expected to submit a Behavioral Health Disparities Impact Statement (BHDIS) no later than November 30, 2018. A template you can use for your BHDIS can be found in **Appendix C**.

The DIS must include the following information:

- The number of individuals to be served, reached, and/or trained during the grant period, including identification of subpopulations (e.g., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities
- A quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of grant activities
- Methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Act

The Department of Health and Human Services (HHS) issued the Action Plan to Reduce Racial and Ethnic Health Disparities in 2011. The HHS Action Plan described a disparity impact statement (DIS) as one system intervention to reduce disparities. SAMHSA incorporated the DIS requirement into its funding opportunity announcements in July 2013 as a special condition of award, which means that SAMHSA requires grantees to submit a DIS that describes how the grantee will address behavioral health disparities.

The SAMHSA DIS has a strategic focus on reducing behavioral health disparities and/or disproportionalities (D/D) among racial and ethnic populations. You may also report on other subpopulation variables, such as socioeconomic status and rural issues, but they may not substitute for reporting on D/D affecting racial and ethnic populations. Although the title of the DIS includes disparities only, disproportionalities are also often present and can be addressed.

The DIS addresses three domains in particular: (1) **access**; (2) **use (utilization)**; and (3) **outcomes** of services/programs/interventions.

SAMHSA is interested in reducing D/D within the communities of focus for ReCAST. The more local and community-oriented the data you have available to review, the better. Focus your strategies and interventions on the particular subpopulations in your community that you are trying to impact. National and state data are good to have as a comparison for the local data you gather, but they are not a substitute.

The DIS is based on a data-informed quality improvement approach that requires regular monitoring, reviewing, and revising of the methods, data analysis, strategies, and benchmark goals to ensure that quality is maintained and progress is made through continuous data review and updating. Your quality improvement approach can be led by the coalition of community stakeholders that will be convened for ReCAST. Your SAMHSA GPO is available to help you throughout this process.

Although the DIS is a discrete requirement that should be discussed with your SAMHSA GPO and submitted for formal approval, the strategies, benchmark goals, and implementation should be incorporated into your Strategic Plan in an integrated and cohesive way. The DIS is not a standalone requirement. It should be a part of your everyday implementation. The following step-by-step process may assist you in developing a meaningful DIS.

Developing the DIS Step-by-Step

Step 1: Engage your Coalition of Community Stakeholders

Your coalition of community stakeholders should inform the DIS because the DIS is meant to be locally driven. It may be necessary to designate a subcommittee of the coalition to develop the DIS. This subcommittee will lead the effort and follow a data-driven continuous quality improvement process to monitor and improve data collection, strategies, and outcomes.

Step 2: Identify Subpopulations

You should identify the various subpopulations that reside in your ReCAST community of focus. You may have already done this in your application. If you have not, define who they are. Be as specific as possible so that your strategies are also customized and therefore more likely to be effective. For instance, if they are Latino, identify their nationality, such as Mexican, Mexican American, Puerto Rican, Salvadoran, etc. If they are immigrants or new Americans, specify where they came from, how recently they arrived, and what language(s) they speak. If they are refugees, describe where they came from and what traumas they are escaping.

- Work with your evaluator throughout the process of developing your DIS, particularly in gathering and analyzing your data.

- The DIS subpopulations are focused on race/ethnicity, but you may also include subpopulations defined by socioeconomic or geographic terms (such as rural or very low-income individuals or families). For ReCAST you may also consider subpopulations of high-risk youth involved in the juvenile justice system or in foster care.
- Use the ethnic/racial categories designated in the Affordable Care Act, Provision 4302: <http://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status>. The ACA categories are a starting place. You may want to further disaggregate your subpopulations in a more granular way; for example, in addition to African American, you may also include categories for Afro-Caribbean, East African, West African, or other relevant Black populations. Another example is the Latino/Hispanic category, for instance, which can be further disaggregated into Mexican, Cuban, Puerto Rican, Salvadoran, Guatemalan, etc.

Step 3: Identify and Review Data

After identifying and defining specific populations so you know the make-up of the entire population in your community of focus, including the racial/ethnic groups, begin to discuss with your coalition members or subcommittee the potential D/D you may want to explore and eventually focus on. To accomplish this, you need data. Sometimes quantitative data are readily available through the Government Performance and Results Act (GPRA)/performance measures you already collect or through national, state, or local county/school district data sets. These data sets must be disaggregated by race and ethnicity to address the effectiveness of the program and practices in addressing the needs of all intended recipients, even those who may have been unintentionally unserved or underserved previously.

- Examples of existing data sets include the Office of Civil Rights Data Collection snapshot data on school suspension/expulsion for early childhood and elementary and secondary schools and the *2016 KIDS COUNT Data Book: State Trends in Child Well-Being*.

Sometimes quantitative data are not readily available. It is all right to use qualitative data until quantitative data are available. Qualitative data may include interviews and focus groups that you can conduct locally in conjunction with your evaluator. This may take time to gather, but it is better to take the time to do this early in the process and have timely, local, and trusted data on which to base your determination about whether D/D exist than it is to have no data at all, or data that are neither local nor relevant.

Step 4: Identify D/D by Domain

Once you have identified and developed data sources, you can then review and analyze your data to determine whether a health/behavioral health D/D exists. For example:

- Do your data tell you that youth and families in one racial/ethnic group have less access to services and best practices than other populations? For example, is the Latino immigrant population who lives primarily on the west side of town restricted in their access to services and best practices? Are the services provided at times when the youth and families are not available to access them?
- Do youth in foster care in your community of focus not utilize services, despite the fact that they live near the agency providing services? Do you know why? Are the services being provided in a culturally competent way? Are the services provided by individuals youth identify with and relate to? Have the foster parents in the community been consulted about the most developmentally and culturally appropriate services to offer, where, and by whom?

These are all considerations in determining why certain populations may not have access to services or use services. You may focus on only one domain, such as access. You may have two D/D on which you want to focus, such as one pertaining to access and one pertaining to utilization. Either is fine. After you have had time to gather data on outcomes, you can then review those data and see whether there is any D/D in outcomes among the specific population groups.

Step 5: Prioritize

If you have identified more than one D/D in access, utilization, or outcomes for a particular population group, you will need to prioritize them. Consider the following factors in choosing which to focus on: family and community preferences and priorities, readiness, human and financial resources, time availability, and ability to sustain the effort. Choose wisely to maximize the likelihood of being successful with the one(s) you choose.

Step 6: Disaggregate Data by Race/Ethnicity

You can use a table as shown below, or one of your own design, to define and quantify the populations and subpopulations you will be serving each year of the grant. This is an estimate that can be revised over time.

Racial/Ethnic Groups in Your Community	% of Overall Population	Number of Youth and Families to be Served by Fiscal Year	% of Youth and Families to be Served by Fiscal Year
Hispanic/Latino/Spanish Origin			
(population group example: Mexican/Mexican American or any applicable subpopulation in your area)			
(population group example: Salvadoran or any applicable subpopulation in your area)			
African American or Black			
(population group example: Afro-Caribbean or any applicable subpopulation in your area)			
(population group example: Ethiopian or any applicable subpopulation in your area)			
Asian American			
(population group example: Chinese or any applicable subpopulation in your area)			
(population group example: Vietnamese or any applicable subpopulation in your area)			
Native Hawaiian			
Other Pacific Islander			
American Indian			
Alaska Native			
White Non-Hispanic			
Two or more ethnicities			
Totals by Fiscal Year			
Female			
Male			

Step 7: Set Benchmark Goals

After identifying your subpopulations, D/D, and prioritizing them, set an initial benchmark goal for each D/D to reach by the end of each year. For example:

- Community A’s data indicate that 15 percent of the families in the community are Mexican American, but only 5 percent of youth participating in youth development activities are Mexican American. At the same time, school survey data indicate that there are high rates of high school dropout within this group. You may want to set a benchmark goal of increasing youth participation (utilization) by 50 percent to 7.5 percent (50 percent of 5 percent = 2.5 percent) in the first year, and by 50 percent more from baseline in the first year to 10 percent in year two. You continue in this manner in each of the subsequent years.
- In Community B, focus groups with trauma-informed health and human services providers indicate that African American boys in middle school make up 5 percent of the population of youth receiving trauma-informed therapeutic services, but comprise 20% of all children who are referred for services due to behavioral problems. You may set a benchmark goal of reducing this disproportionality by 25 percent to 15 percent (25 percent of 20 percent = 5 percent) in the first year, and 50 percent more from baseline in the first year to 10% in year two. You continue in this manner in each of the subsequent years.
- Community C’s data are telling you that in the utilization domain, only 5 percent of the Haitian immigrants in your community are utilizing behavioral health services even though they make up 15 percent of the population. You may want to set a benchmark goal of increasing their utilization by 50 percent to 7.5 percent (50 percent of 5 percent = 2.5 percent) in the first year, and 50 percent more from baseline in the first year to 10 percent in year two. You continue in this manner in each of the subsequent years.

You may use a table like the one below to chart your benchmark goals.

Disparity or Disproportionality	Benchmark Goals by Fiscal Year				
	1	2	3	4	5
1.					
2.					
3.					

You may or may not achieve your benchmark goals, but your continuous quality improvement process will involve tracking your data throughout the year to let you know whether you are coming close to meeting your goals or not. If you are not meeting a goal, you may want to re-evaluate your strategies, the goal itself, the timeframe to achieve it, or other factors that may be affecting your progress. It is okay to adjust any of these factors to put you on track to be successful with your specific population group(s).

Step 8: Develop Strategies and Interventions

The DIS must include subpopulation-specific strategies and interventions to reduce the D/D and improve access, utilization, and/or outcomes for the subpopulations. This refers to a set of implementation strategies or interventions that are meant to specifically reduce your identified D/D. This may include changes to policies and procedures, laws, or regulations; implementation of specific practices or programs; or improvements in infrastructure, such as accessible transportation or hiring bilingual/bicultural providers.

- For example, in the previously noted subpopulation of Mexican American youth who were not utilizing youth development services available to them, the following strategies could be used if the reasons for underutilization are clear: hire bilingual/bicultural providers and/or community youth development workers from the population itself; adapt best practices to be culturally appropriate for and specific to the population; or conduct a culturally appropriate social marketing campaign that incorporates media, messages, and messengers that are culturally congruent with the subpopulations.

You can make process or program adjustments to how you reach or impact the intended subpopulation experiencing a disparity; in other words, devise new ways to improve access, use, and outcomes of the subpopulation(s) experiencing disparities.

- For example, you can make changes in how you collect data to ensure that the data are accurate or make improvements in how you report access, use, and outcome measures to ensure that you are reporting what you intend to report.

Step 9: Incorporate CLAS Standards

As part of developing your strategies and interventions to reduce D/D, it is essential that you incorporate the Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards focus on governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability. You do not need to address all 15 standards if they do not pertain to your identified D/D, but try to incorporate all that do apply as part of your strategies and interventions.

- For example, in the case of the Haitian immigrant families utilizing services, Standard 6, “Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing,” and Standard 3, “Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area,” could apply as meaningful strategies and interventions.

Step 10: Data-Driven Quality Improvement Process

Track and monitor your progress in achieving the benchmark goal(s) you set through a data-driven quality improvement process. At least every 6 months or even more frequently, review your incoming data to see whether you are impacting the D/D with your strategies/interventions. Make course adjustments and corrections if you find that the strategies or interventions are not as effective as you had anticipated based on the data. You can then modify, change, or create new strategies or interventions after working with your committee(s) to get their insight and expertise to ensure success. Remember to integrate your disparity reduction strategies into your strategic plan so that they are an integral part of your overall ReCAST program. You will also be sharing your progress with your SAMHSA GPO through your Annual Progress and Evaluation Reports. SAMHSA’s goal is for D/D reduction to become the routine, as opposed to the exception.

Section 5: Conducting Your Community Needs and Resource Assessment

Careful and thoughtful planning is critical for successful implementation and meaningful evaluation of the ReCAST Program. In its simplest form, what the Needs and Resource Assessment does is provide you with a formal tool for identifying needs, placing needs in order of priority/importance, and targeting resources to help resolve local problems deemed to be of critical importance to the well-being of the community. A focus on trauma-informed resources and gaps in trauma-focused strategies should be maintained as you develop the Needs and Resource Assessment. **Appendix F** includes a suggested template for documenting information and data collected through the Needs and Resource Assessment process.

The Needs and Resource Assessment process provides you with an opportunity to engage with important stakeholders from every level of the community. The findings from this Assessment can help inform policy and decision-making and should help inform the community about the gaps in services, needs, resources, and trauma-informed practices. The Assessment process also informs the community about the contextual factors that influence the issues ReCAST will address and how goals will be achieved.

Participation by a diverse range of community stakeholders is essential to the Assessment process. Their involvement will ensure that the needs of all sectors of the community are addressed and community-defined resources are considered. Youth and families must be engaged in this process in order to integrate the perspective and experiences of those impacted by trauma and in a position to drive ameliorative efforts. Their involvement will help underscore the importance of the collaborative effort required for ReCAST to be successful.

The needs and resources assessment process will assist you with the following:

- Engaging community stakeholders, including families and youth that reflect the diversity of populations within the selected communities, as well as members of the community that have been affected by the traumatic event(s).
- Prioritizing your population of focus.
- Improving the alignment, integration, and effectiveness of systems-level, trauma-focused efforts.

- Strengthening existing partnerships and identifying new and expanded opportunities for community-based organizations with which to partner.
- Building support between ReCAST program partners and other public and private sector partners and agencies.

Overview of the Needs and Resource Assessment Process

The process for conducting the assessment must be a collaborative effort involving the coalition of stakeholders. ReCAST leadership and the coalition of community stakeholders should take the following steps as part of the process:

1. Define the priority population of focus and disparate populations.
2. Compile information on the risk and protective factors of the priority and disparate populations of focus as each relates to the five ReCAST goals (e.g., reviewing results of research, reviews of scholarly literature).
3. Compile information on currently available local resources intended to promote or bolster protective factors that are available to the population(s) of focus and disparate subpopulations in your community (e.g., surveys, focus groups, interviews).
4. Identify the limitations and challenges with available resources.
5. Identify the gaps and unmet needs in local services and available resources for the population of focus, as well as any possible redundancies.

Defining the Priority Population(s) of Focus and Disparate Subpopulations

The ReCAST FOA expected you to focus your programmatic efforts on high-risk youth and families that recently faced civil unrest which resulted in concomitant individual, familial, and community trauma. As part of the Needs and Resource Assessment process, you are asked to further define your selected priority population(s) of focus. For example, you may have decided to focus your ReCAST efforts on high-risk youth between the ages of 12 and 18.

Further, due to the requirement to address behavioral health disparities, the Needs and Resource Assessment must also include information about the disparate populations you selected to focus on when you developed your Behavioral Health Disparities Impact statement. “Disparate populations” are the racial and ethnic minorities within the population of focus, as well as populations based on gender, religion, sexual orientation, geographic location, or socio-economic status.

Compiling Information on Risk and Protective Factors

You should gather information on risk and protective factors that are relevant to your priority populations(s) and disparate subpopulations. This can be done, for example, via a review of literature (e.g., findings from published research).

Risk factors are measurable characteristics that can be associated with a negative or problematic outcome. Risk factors can occur on multiple levels, including biological, psychological, family, community, and cultural levels. Examples of risk factors include bullying; academic failure; aggressive/anti-social behavior; school and neighborhood violence/crime; alcohol and drug abuse; areas of high poverty; family conflict; and child abuse and maltreatment.

Protective factors are resources or characteristics within an individual, family, or community that are associated with a lower likelihood of negative problematic outcomes. They reduce the likelihood of risk factors and promote resilience in the face of adversity. Examples of protective factors are positive and supportive relationships with others; adequate social supports; access to quality health services; supports for early learning; high academic schools; individual emotional resilience; and feelings of safety in the neighborhood and/or at school.

Related to protective factors are assets. An asset is a useful or valuable quality, person, or thing – an advantage or resource. Civic and business associations and cultural and faith-based organizations can be considered assets. Public, private, and nonprofit organizations are other notable assets, such as institutions of higher education, hospitals and social services agencies, public schools, police and fire departments, libraries, and parks and recreation. Physical assets can include vacant land, commercial and industrial structures, housing, energy and waste resources, community bulletin boards, and community meeting spaces. Assets that are considered informal organizations and “intangibles” may include community reputation, community pride, and a sense of history.

Compiling Information on Currently Available Local Resources

The Needs and Resources Assessment should identify currently available programs, services, resources, and supports intended to facilitate protective factors in your population(s) of focus and disparate subpopulations. For each available resource, you should also identify the agency or organization that provides the resource and how it is funded.

Risk and protective factors can also help identify relevant resources, services, and supports. For example, for students in grades 9-12 living in communities that have high levels of community violence, the exposure to community violence is a risk factor. A potential protective factor would be supportive relationships with adults and access to mentors. A local resource that could facilitate the protective factors for this population could be programs that provide youth with access to mentors and/or help to foster supportive relationships with adults.

Identifying the Limitations and Challenges with Local Resources

It is not enough to merely identify the resources currently available without also considering if there are any limitations or challenges with these resources. As an example, an available local

resource could be a mentoring program for high-risk youth but a limitation could be that there are an insufficient number of mentors to be matched with the youth. Another example might be that there are trauma-informed service providers available within the community, but transportation to these providers is limited or non-existent.

Identify the Gaps in Local Services and Resources

The last step of the Needs and Resources Assessment process is to compare the available resources to the needs of the population of focus (i.e., supports that can promote or serve as protective factors) to identify gaps in services and resources. You should compare the available resources with the gaps in services, resources, and funding streams to identify currently unmet needs that your ReCAST activities/strategies and funding might possibly address.

Needs and gaps are identified when no relevant resources are available to serve as or facilitate protective factors for those who are at-risk. In this important step, you will identify where and how services, resources, and policies related to your population of focus and intended outcomes should be created or enhanced.

Your proposed activities should be intended to help your community meet the needs that were identified as being currently unmet. When you compare available resources to your community's needs in order to identify gaps, you may work with your GPO to use the ReCAST Resilience Framework to draw conclusions that will help bring about project goals. These conclusions will inform the development of the Community Strategic Plan.

Using Geographic Information Systems (GIS) Mapping and Infographics

While this is not a requirement, you may want to consider using GIS maps and infographics to illustrate the needs and resources of your community. GIS is a method of digital, computerized mapping that can show you where particular people, events, things, or conditions are, and give you other information about them as well. GIS links data to its geographic location.

The following list highlights the many ways GIS mapping might be useful to you:

- **It can help you determine how seriously an issue affects an area or the community as a whole.** The layering of several factors on a map can give you a clearer picture of, or new insight into, the nature, extent, and distribution of a condition, and make it easier to compare it with other issues in the same area.
- **It can clarify the relationships among several factors, populations, or issues.** Often, being able to see a picture of the interaction of various factors makes it much easier to understand how they influence one another. Relationships jump out at you from a map in a way that they do not from a column of numbers.
- **It can demonstrate how differently an issue affects different populations or geographical areas.** This can be important information for a number of reasons. It can

pinpoint problem areas or populations, give clues to the origin or cause of a condition, and suggest means of addressing the problem.

- **It can show you exactly where to concentrate your efforts.** If a community is concerned with youth violence prevention, for example, GIS can help to identify areas where the population is at the highest risk, where youth development programs are located, or where other preventive measures would do the most good.
- **It can help you better understand the area or community in which you're working.** A GIS map can show a large amount of information all at once. It may, for instance, illustrate for a specific neighborhood the abandoned buildings; population density; and age, income, ethnicity, incidents of gun violence, and education level of the population. The ability to see all these factors together can be a powerful tool for assessment and planning. It can also confirm or negate impressions or unsupported assumptions about an area, giving you a clearer and more objective view upon which to base conclusions.
- **It can allow you to isolate and examine individual aspects of the situation or area.** By choosing layers to display, you can look at the interaction of various pairs of factors, or just look at the geographic spread of specific ones.
- **It can provide a picture of the community or area's assets and strengths.** Seeing these graphically can make clear just how many positive aspects there are to the community, and can illustrate the degree to which resources already exist and can be mobilized to address problems. At the same time, it shows where assets are lacking and can suggest ways to deal with that.
- **It can help in designing, implementing, and evaluating interventions.** GIS provides the evidence on which to base planning and implementation decisions, as well as a basis on which to justify those decisions to community stakeholders.
- **It can show you change over time.**

Chapter 3, Section 16 of “The Community Toolbox” provides detailed information on Geographic Information Systems as tools for community mapping⁵. The “Community Toolbox” is a free, online resource for those working to build healthier communities and bring about social change.

⁵ Community Tool Box. (n.d.). [Geographic Information Systems: Tools for Community Mapping, Chapter 3, Section 16. Retrieved on 8/31/2016 from <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/geographic-information-systems/main>.

Submitting the Needs and Resources Assessment Report

The ReCAST Program Manager, in collaboration with the coalition of stakeholders, is expected to take the lead in organizing the needs and resources assessment process and to compile all of the assessment data into a Needs and Resource Assessment Report.

ReCAST grantees should submit an electronic version of the Community Needs and Resource Assessment report to their GPO no later than **December 30, 2018**.

As stated earlier, **Appendix F** includes a suggested template for documenting information and data collected through the Needs and Resource Assessment process. The template provides an outline of all required elements of the report and also includes brief example of responses relevant to each required section. The table below identifies the components and recommended page count for the report.

Needs and Resources Assessment Report Components	Suggested Page Count
<p>Stakeholder participation: A description of who participated in the process; how stakeholders were engaged, including youth and families representing the diversity of populations within the community and those impacted by the trauma; and how the inclusion of diverse perspectives was ensured.</p>	<p>1-2 pages</p>
<p>Methodology: A description of the methods used for gathering information needed for the Assessment (e.g., literature reviews, review of existing local data, focus groups, surveys).</p>	<p>1-2 pages</p>
<p>Results of Needs and Resource Assessment: The information that has been collected on defined populations of focus/subpopulations, risk and protective factors, and available resources that will lead to identifying needs, existing gaps, and redundancies in relevant systems. Grantees should submit a table that captures an inventory of the information/results of the assessment.</p>	<p>At least 1 page for each of the five ReCAST goals</p>
<p>Summary of Findings and Conclusions: This section should include a summary of the findings or results of and any conclusions that can be drawn from the assessment process, especially in relation to helping the project define its goals, objectives, and outcomes. Overall, it should synthesize the results of the comparison of available resources for the population of focus to the gaps in those services, resources, and funding streams that were identified via the assessment.</p>	<p>3-5 pages</p>
<p>Total</p>	<p>10-14 pages</p>

Delays in completing the Needs and Resource Assessment could result in further delays in the strategic planning process and subsequent implementation of the program. If you are unable to complete Needs and Resource Assessment by **December 30, 2018**, you should contact your GPO to discuss and agree upon a timeline for completion.

Section 6: Developing Your ReCAST Community Strategic Plan

ReCAST grantees are required to submit a Community Strategic Plan within 6 months after grant award, i.e., no later than **March 30, 2019**. The ReCAST Community Strategic Plan should be informed by the Behavioral Health Disparities Impact Statement and the Community Needs and Resource Assessment, both of which will have identified needs, gaps, and redundancies in services and opportunities for developing partnerships with stakeholders. In addition, you should continue to draw from the ReCAST Resilience Framework to guide development of your Strategic Plan. **Appendix G** contains a suggested template for your Community Strategic Plan.

Analyzing and Prioritizing ReCAST Activities

The following questions are intended to help you draw upon your Needs and Resource Assessment to identify and prioritize ReCAST activities that you would like to include in your Community Strategic Plan:

- What needs of families and youth are going unmet?
- What community partners are currently working with your population of focus or working to help bring about your project's intended goals and outcomes?
- What available programs, supports, and services are designed to meet these needs?
- Are there any major problems not being addressed by a service, program, or activity?
- Are the families and youth at greatest risk receiving trauma-focused services, prevention programs, and supports? If not, why not?
- Are there duplicative services, programs, and supports attempting to address the same problem? If so, which are more effective and which are less so?
- Are those who are implementing the separate programs coordinating their efforts in any way?
- Are there documented policies and procedures for addressing disparities?
- Is there a blending of funding across these various programs and efforts?

In addition to the questions above, consider what is needed at a broader level (e.g., from local government, community agencies, task forces, or interagency work groups) to support strategic planning, implementation, and workforce development efforts. For example, other considerations include:

- **Community-level coordination** issues (e.g., Would it be beneficial to involve multiple community partners? If so, are all the relevant partners engaged with your project?)
- **Workforce development** issues (e.g., Does your community have the needed workforce to build and maintain identified services and supports?)
- **Information sharing within the community** across sectors and agencies (e.g., Is infrastructure in place to allow sharing of data for evaluation and quality improvement purposes? Are policies in place to allow for sharing of data?)

Having a more complete understanding of both the currently unmet needs and the available resources at the community level will lead to greater clarity about where the gaps and the most critical unmet needs exist. In addition, this process will highlight ways in which service delivery, policies, and funding structures can be improved to meet local needs.

Your ReCAST Community Strategic Plan should address how financial resources will be structured to achieve project goals and objectives during the grant period. The Plan should also address sustainability beyond the grant, including references to services that will be directly connected to the implementation of ReCAST but may be funded by sources other than ReCAST. For example, if training in mental health literacy for first responders will be supported by another funding source, include that information in the Strategic Plan.

In addition, your Community Strategic Plan should describe how you will meet all data collection and evaluation requirements of the ReCAST grant. Development and implementation of meaningful evaluation methods allows SAMHSA to understand the collective impact of the ReCAST grants (via collection of the GPRA and Outcome Performance Measures), and allows you to understand the impact of your local programs. Furthermore, your local evaluation should be used to drive decision-making and quality improvement processes.

Your ReCAST Strategic Plan will be a living document—evolving as part of an ongoing, iterative process. As your community meets objectives, identifies new needs and strategies, and reviews evaluation findings from your ReCAST activities, your community should continue to plan and adjust implementation accordingly and make note of revisions within your Strategic Plan. **You should review and revise your Plan annually to reflect the goals achieved and set new priorities that may have surfaced within your community.**

The following sequence represents steps that are important to address when developing your Community Strategic Plan. You should describe how you completed the following steps in the final Strategic Plan documents that you submit to SAMHSA:

1. **Engage your coalition of stakeholders** to guide development and implementation of your Strategic Plan. Remember—you should use a community-based, participatory approach with your stakeholders to build on strengths and resources within the community, facilitate collaborative partnerships, and promote a co-learning and empowering process that attends to social inequities.
2. **Review and refine the ReCAST vision, mission, and project values statements**, as well as your goals and objectives.
3. **Build upon your findings and conclusions from the Community Needs and Resource Assessment** in order to develop and refine program and policy activities/strategies (i.e., the specific activities/strategies you will carry out to help meet project goals and objectives).
4. **Develop a logic model**, including all the intended outcomes of your ReCAST activities/strategies and how you will measure those outcomes (i.e., indicators) within your local evaluation. Your logic model should include links between all proposed goals, objectives, activities, and how you will measure achievement of those objectives, i.e., identifying both process and outcome measures associated with each activity.
5. **Identify how you will meet all data collection, performance measurement, and local evaluation requirements** (see **Section 8** for more details). This process will include identifying how you will collect GPRA measures data. You will also identify your two Outcome Performance Measures, one focused on high-risk youth and one focused on family engagement, and how you will measure and collect data for each. Finally, you will identify all additional process and outcome measures, as well as how you will collect data for each of these, which will make up your local evaluation.
6. **Identify policies and procedures to address health disparities.**
7. **Plan for future financing and sustainability of programs** and policies that are found to be beneficial for your community.
8. **Identify responsible parties for all tasks.**

Elements of the Strategic Plan

The Community Strategic Plan should describe the activities to be implemented to meet your project goals and objectives, including how you plan to measure achievement of those objectives (i.e., outcomes, indicators, and associated data collection methods). The table below

lists each component of the Plan. Please refer to **Appendix G** for a suggested template to help you complete your Community Strategic Plan.

Elements of the Community Strategic Plan
Brief Introduction (concise narrative to include context for ReCAST program; summary of Needs and Resource Assessment; summary of Disparities Impact Statement; and process used to develop Strategic Plan, including how your coalition of stakeholders was involved)
Mission, Vision, and Project Values Statements
Goals, Objectives, and Program/Policy Activities/Strategies (i.e., how you intend to achieve the goals and objectives), with Persons Responsible for Each Activity
Logic Model
Plans for meeting all Data Collection, Performance Measurement, and Local Evaluation Requirements, and Persons Responsible
Policies and Procedures for Health Disparities, and Persons Responsible
Sustainability Strategies and Persons Responsible

Engage Stakeholders

Effective collaboration is critical to the success of ReCAST. This is a key area that should be focused on during the strategic planning process and throughout the life of the grant. As described in prior sections of this Manual, you are required to convene a coalition of community stakeholders that represents the local municipality and its agencies, faith- and community-based organizations, families and youth, and individuals affected by the trauma/civil unrest. This stakeholder coalition is vital to the planning process and should be engaged in such a way that their insights and perspectives guide the development of the Strategic Plan.

Using a participatory action approach emphasizes participation of community members and stakeholders in all aspects of project planning and implementation, as well as development of action-oriented guidance. Members of the community that are most affected by the issues at hand partner with those charged to lead the project (e.g., Project Coordinator and Evaluator) to guide planning, implementation, and evaluation. Project plans should be guided by the people who are most in need, and project outcomes are intended to help those same individuals. This approach can be helpful since community members can help obtain information from others that might be less willing to share with those they don't know from outside the community.

Individuals affected by the issues may also have unique ideas and information about the circumstances that may otherwise not be provided. Finally, communities that are involved in project planning, implementation, and evaluation may be more likely to be supportive of resultant policies and programs.

Develop the Vision, Mission, and Project Values Statements, and Goals and Objectives

In your ReCAST program application, you included proposed goals and objectives. The identification of gaps from the Community Needs and Resource Assessment and related strategic planning activities provide an opportunity for stakeholders to revisit the goals and objectives and reflect more deeply on the proposed mission and vision for ReCAST.

To facilitate this process and ensure that your partners have a shared understanding, stakeholders should agree on the definitions of key terms. ReCAST definitions for a number of planning terms are listed in the following box.

ReCAST Definitions

Mission: A statement that describes the purpose of the project, what the project does, how the project does it, and for whom

Vision: An idealized description that inspires, energizes, and creates an image of the desired outcome

Goal: A broad, overarching statement of what the project hopes to accomplish

Objective: A specific, measurable condition that must be attained in order to accomplish a particular project goal

At this stage of the process, ReCAST leadership might engage stakeholders in a facilitated discussion, guided by the following questions:

- **What is the mission of the project?** Consider the aim of the ReCAST, whom it serves, how it serves, and why it exists.
- **What is the vision for ReCAST?** What will the ReCAST community look like if the project is successful?
- **Does the ReCAST Resilience Framework include values that will guide our work?**
- **Are the goals defined in the ReCAST application supported by the results of the Community Needs and Resource Assessment?**
- **Do the goals reflect both programmatic and policy-level changes?**

- **How will these changes be achieved? Are they realistic?**
- **Which goals should be retained? Eliminated? Added to or modified?**
- **Which objectives will serve as interim steps in achieving the broad goals?**

Develop and Refine Program and Policy Activities/Strategies

Successful ReCAST projects will (1) design and deliver programs and services to meet the needs of high-risk youth and families in the ReCAST community of focus; and (2) institute policy, financial, and other infrastructure changes that will promote trauma-informed approaches and the implementation of evidence-based, trauma-focused strategies. Overall, the programs and policies that you are developing and/or refining through this strategic planning process will make up the activities that you will carry out in Years 2-5 of the grant.

Programs, Services, and Supports: In your ReCAST Application, it is likely that you proposed a number of program-related goals, e.g., improve behavioral health and wellbeing of target population through offering services using a trauma-informed approach. For each program goal, you also proposed a set of objectives (e.g., a trained health and human services workforce skilled in administering evidence-based, trauma-focused strategies).

After working with your coalition of stakeholders to refine those goals and objectives, you should identify the activities you will carry out in Years 2-5 of the grant in order to achieve your specified objectives (e.g., conduct 5 trainings per year for health and human services workforce members on identified evidence-based, trauma-informed strategies). As you reflect on the selected EBPs and plan for specific activities/strategies to implement them, resources provided by the National Implementation Research Network (<http://nirn.fpg.unc.edu/>) may be helpful. These resources include information and tools to ensure implementation of EBPs with fidelity; in other words, running a program the way it was intended to be run so that it achieves its intended outcomes.

Policy Strategies

You should develop (or review and refine) strategies related to the following:

- Updating local policies to create a more integrated and streamlined trauma-focused service system that promotes the wellness and resilience of high-risk youth and their families. It is important to recognize that, in some communities, policies guiding law enforcement interaction with community members may not be changed at the community level. This highlights the importance of partnership across all sectors of the community from the beginning of the project.
- Developing a cross-agency fiscal strategy to promote sustainability of the activities and local infrastructures developed through the grant; reduce program

redundancy/duplication; and support the incorporation of culturally and linguistically competent evidence-based programs and practices.

- Aligning, as part of the evaluation process, indicators/measures of wellness or well-being for youth and community members across service systems, including health, mental health, child welfare, substance abuse prevention, education, and employment.

When identifying policy strategies, you may want to consider whether there are specific policies, legislation, regulations, and memoranda of understanding (MOUs), and/or resolutions that would help you achieve your goals. Identifying the resources and stakeholders needed to support policy reform is another important step in developing an effective approach to creating trauma-informed communities through ReCAST.

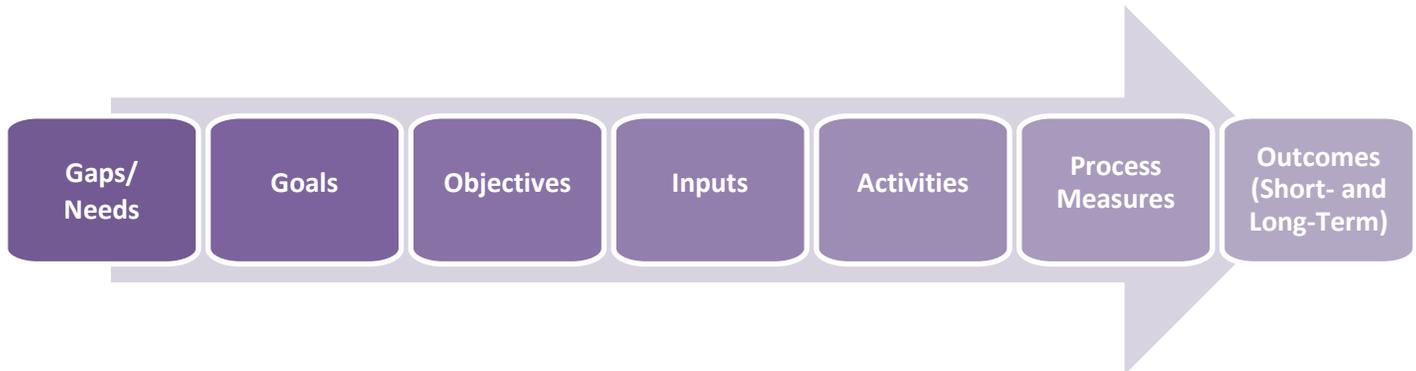
Develop the Logic Model

Logic models can be used as a tool to identify the sequencing of activities that should be implemented. Logic models visually depict how specific activities/strategies were identified as action steps intended to achieve goals and objectives, as well as how those goals and objectives were developed based on needs and gaps. Logic models can also help focus an evaluation and determine what to measure. They may include “inputs” that are available to support or help facilitate activities and strategies (e.g., funding, staff, coalition of stakeholders, program partners, curricula). Logic models often include process measures—the specific steps in a process that are expected to lead to the intended outcomes. For example, if a specified activity is to conduct training, process measures would include things such as how much training took place and how many people were trained. Tracking process measures can help determine why an outcome may or may not have been achieved. Logic models will also include outcomes; outcomes may be separated into those that are intended to be achieved in the short versus long term.

After refining your goals and objectives and specifying activities that will enable you to achieve each goal and objective, you should develop a logic model that demonstrates the connections among the identified needs/gaps; goals and objectives; proposed approach to meeting those needs (i.e., specific activities and strategies you will carry out to achieve your objectives); and expected outcomes. In other words, map out why you proposed specific activities, and how your proposed activities will help you achieve your goals, objectives, and associated outcomes.

You should regularly review and update your logic model so that it continues to represent the most current theory of change—or how the project’s resources and activities/strategies are expected to produce the desired results (i.e., outcomes). You can also articulate your project’s strategic direction through the outcomes and indicators reflected in the logic model.

It is important to consider the local evaluator as an integral part of the coalition of stakeholders and to include the evaluator in the development of the Strategic Plan and all evaluation and data collection aspects, including development of the logic model.



ReCAST Definitions

Outcomes: Results or consequences of an action or intervention

Indicators: Outcomes stated in measurable and observable terms to help stakeholders assess achievement toward intended outcome

Outcomes represent the results of program implementation. They can be expressed in terms of changes in knowledge, skills, behavior, attitudes, values, and status, or life condition. These are the things that you are likely aiming to *decrease*, *increase*, or *reduce* as a result of implementing your ReCAST activities.

Outcomes can be short term, intermediate, or long term. Short-term and intermediate outcomes focus on the immediate effects of the program on the children and families served and the community in general. Long-term results are the systemic changes the program may influence for children, families, the community, or other organizations over time, including lasting changes in attitudes, behaviors, achievement, policies, or capacity.

Indicators represent outcomes in measurable and observable terms. Outcomes are measured by specific and concrete indicators that provide evidence that a specific change has occurred. For example, if your outcome is to reduce disparities in access to care, your indicator (i.e., the information that tells you whether or not this outcome has been achieved) might be the number of ethnic minorities in your local community that started services within a designated period of time. Questions to consider in developing indicators for each of your outcomes include the following:

- Is the indicator a reasonable and accurate measurement of the outcome?

- Is anyone currently collecting data for this indicator?
- Can data collection instruments be adapted or created to collect data for this indicator?
- Will the indicator provide sufficient evidence that a change has occurred or progress has been made?

Using a participatory approach to the development of your outcomes and indicators can help ensure that you collect data that is meaningful to your community. Ultimately, you should plan to share results of your evaluation with community members. Considering their perspective of what you will eventually be able to share can provide insight regarding the usefulness of outcomes and indicators in question (i.e., if you don't think that community members will find the data useful/meaningful, it may not be worthwhile to collect it in the first place).

Plan for Meeting all Data Collection, Performance Measurement, and Local Evaluation Requirements

Evaluation Methods are the steps that will be taken to collect data on all proposed outcomes, including the GPRA measures; your two chosen Outcome Performance Measures; and all data needed for your local evaluation, including process and outcome measures. Please refer to **Section 8** for all data collection, project performance assessment, and local evaluation requirements.

Using your logic model as a guide and working with your evaluator as the lead, identify how you will meet all data collection, performance measurement, and local evaluation requirements. This process will include identifying how you will collect GPRA measures data. You will also identify your two chosen Outcome Performance Measures (one focused on high-risk youth and one focused on family engagement) and how you will measure and collect data for these. Finally, you will identify all additional process and outcome measures, as well as how you will collect data for each of these.

For each Outcome Performance Measure and all other process and outcome measures you plan to include in your local evaluation, your evaluation methods should describe the instruments that will be used to collect data (e.g., surveys, interview protocol); who the data will be collected from (e.g., directly from service recipients, from local providers, from an agency that collects relevant data from your community); and the timing of data collection (e.g., before and after receipt of services). Whenever possible, be as specific as possible when stating your outcomes rather than simply suggesting more or less / increases or decreases in the indicator.

Your evaluation methods should describe how you will disaggregate data to focus on your intended focal population, as well as your plans to assess changes in disparities in access to and use of care and outcomes.

Lastly, your evaluation methods should describe how you plan to evaluate the use and efficacy of your stakeholder engagement strategies and involvement of your stakeholder coalition overall.

Identify Policies and Procedures to Address Health Disparities

As noted earlier, reducing behavioral health disparities among identified racial, ethnic, and sexual minority subpopulations is a priority for both ReCAST and SAMHSA. To this end, the Community Strategic Plan should document the way behavioral health disparities will be addressed within each of the major goals of the grant. If you have an existing policy or procedure appropriate for reducing any disparities related to the activities of that goal, this information may be summarized or attached to the plan. If you do not have an existing policy or procedure, then you should state the process for developing a policy or procedure in collaboration with key stakeholders. The Community Strategic Plan should reflect the Behavioral Health Disparities Impact Statement submitted to SAMHSA. It should also address the plan for addressing disparities in access/outreach, service use and quality, and behavioral health outcomes.

Sustainability Planning

Developing a vision and a plan for sustainability should begin in the first year of the ReCAST grant. Sustaining ReCAST program efforts requires action and creativity in multiple domains, including leadership, strategic planning, partnership and collaboration, capacity building, communications and marketing, public policy, evaluation, and financing. Embracing this complex and comprehensive view of sustainability can help you carry on program elements and outcomes, regardless of whether you receive additional funding.

A systemic approach to financing and sustaining the services, supports, and infrastructures developed through ReCAST involves the identification, understanding, and utilization of *all* existing financial and other resources. *Collaboration* among involved agencies, providers, families, and community members *is essential* to a sustainability plan.

To ensure that the Community Strategic Plan planning process leads to thoughtful and timely implementation of ReCAST, it is important to identify the project staff and stakeholders that are responsible for carrying out identified tasks. You should develop a structured mechanism to easily review, revisit, and possibly revise the Plan on a regular basis (e.g., placing review of the Strategic Plan on the Coalition/Stakeholder meeting agenda), and to use it to inform ongoing decision making. One option to consider is using the Community Strategic Plan to develop an abbreviated work plan. This may help to ensure that the work being done on the ground reflects your stakeholders' strategic direction.

Section 7: Developing your Memorandum of Understanding

A requirement of the ReCAST program is to develop a Memorandum of Understanding (MOU) that demonstrates the commitment of program partners to support and contribute to program activities. You must develop a single MOU that includes all program partners and their respective roles/contributions. The MOU should be submitted no later than **March 30, 2019**. Although your final MOU is not due until **March 30, 2019**, it would be beneficial to begin to develop the MOU with all program partners as soon as possible in Year 1 so that they have ample opportunity to contribute to the project mission, as applicable.

The intent of the MOU is to demonstrate the willingness and commitment of your program partners to collaborate with you on the ReCAST Program. The development of collaborative partnerships can result in increased coordination of programs that support high-risk youth and families, including programs that are able to assist with responding to behavioral health issues.

An MOU is a multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement. Examples of relevant agencies could include but are not limited to local school districts, local hospitals, behavioral health service agencies, faith-based organizations, local juvenile justice agencies, law enforcement, and child welfare agencies.

Please note that the MOU is different from the Letters of Commitment (LOCs) you submitted with your application. The MOU instead focuses on all program partners and reinstates what they are expected to contribute, now that you have been awarded the funds. The MOU should be one document that includes the following information:

- An overarching description of the ReCAST grant and its intended focus within your community
- Information that supports the selection of each relevant agency partner
- For each agency:

- A description of how the agency will support the ReCAST grant and contribute to project goals, including the specific roles and responsibilities each agency will have
- A description of any available resources, financial or otherwise, to be contributed to the grant
- A statement agreeing to participate in all project evaluation data collection and reporting activities
- Identification of the person(s) who will assist in coordination of agency activities for the ReCAST grant

The MOU should be signed and dated by each agency's authorized representative, and a copy of the final document should be provided to each agency.

Section 8: Data Collection and Project Performance Assessment

As a ReCAST grantee, you are required to complete several evaluation components, including but not limited to (1) data collection and performance measurement which is consistent across all ReCAST grantees (i.e., collection and reporting of GPRA measures); (2) collection of data for at least two Outcome Performance Measures; and (3) a local performance assessment and evaluation which is specific to your grant activities. The information below provides you with guidance and information about each. As noted previously, all grantees must incorporate proposed evaluation strategies into the Community Strategic Plan.

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 Modernization Act of 2010. The collection and reporting of this GPRA data enables SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

As noted in Section 2.3 of the ReCAST FOA, you are required to report performance data on four GPRA performance measures. Data for these measures is reported by you on a quarterly basis into SAMHSA’s Performance Accountability and Reporting System (SPARS).

A quick look table below shows the generic GPRA measure, the customized ReCAST measure, and the frequency of data collection.

Measure Identifier	TRAC Measure	ReCAST Customization	Frequency of Data Reporting
WD2	The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent	The <u>number of individuals</u> in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.	Quarterly

Measure Identifier	TRAC Measure	ReCAST Customization	Frequency of Data Reporting
	with the goals of the grant.		
TR1	The number of individuals who have received training in prevention or mental health promotion.	The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.	Quarterly
PC2	The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.	The number of community organizations and agencies that are collaborating, coordinating, and sharing resources with each other as a result of the ReCAST grant.	Quarterly
T3	The number of people receiving evidence-based mental health-related services as a result of the grant.	The number of individuals (youth and family members) receiving services for trauma-informed behavioral health services as a result of the ReCAST grant.	Quarterly

As noted earlier, data for these four measures will be gathered via SAMHSA’s data platform beginning in the third quarter of Year 1. Detailed information about the data platform, including training on how to use the platform, will be provided at a later date. Technical assistance for the web-based data entry will also be made available to you. More specific guidance about the data collection and reporting for these four GPRA performance measures can be found in **Appendix I** of this Manual.

Outcome Performance Measures

As was noted in the Section I.2.4 of the ReCAST FOA, you were asked as part of the application process to identify at least one outcome performance measure pertaining to high-risk youth and at least one outcome performance measure related to family engagement as it pertains to high-risk youth.

Your GPO will work with to review the outcome performance measures you proposed to ensure that they align with your needs and are attainable. They will also be looking to see if the measure is “SMART.” SMART performance measures are **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**imely. When reviewing your proposed outcome measures, you should consider the following questions:

- *Is the measure clearly defined and **SPECIFIC** in what you want to achieve?*
- *Can the results be **MEASURED** at certain intervals to determine progress?*
- *Is the measure **ACHIEVABLE** with the resources you have available?*
- *Is the objective **RELEVANT** and aligned with your program mission?*

AND

- *Does the measure have a **TIMEFRAME** that is realistic?*

Involving your program partners in developing and revising your outcome performance measures helps everyone understand the intended outcomes of the ReCAST program, including data that program partners may need to provide, and facilitates any mid-course adjustments or modifications if your outcomes are not showing favorable results.

Local Evaluation

As noted in the ReCAST FOA, you must put into place a way to assess and evaluate your progress and use this information to improve and manage your project. This evaluation process should be designed to help you determine if the goals, objectives, and outcomes are being achieved and if any adjustments or modifications need to be made as you carry out your activities and strategies.

The plans for your local project evaluation should be incorporated into your Community Strategic Plan and will be reviewed by your GPO. As noted in the ReCAST FOA, your evaluation plan should be designed to do the following:

- Help you assess your progress and use evaluation data and information to improve management of the grant.
- Help you achieve the goals, objectives, and outcomes of the grant.
- Help you determine whether and how any program adjustments need to be made.
- Help you determine stakeholder engagement across all phases of grant implementation.
- Help utilize findings for the purpose of continuous quality improvement.

The **goal of an evaluation** is to generate information or data about a program to help determine the program’s impact or worth. Evaluation is also used to collect useful feedback

about a program. This feedback can help show whether a program is bringing about the desired goals or changes. Evaluation can also be used to identify whether a program is not working as expected and if revisions need to be made along the way.

At a minimum, your local evaluation should include process and outcome measures established to assess the specific goals, objectives, and activities of your ReCAST program. As you further refine the plans for your local evaluation, you should consider process and outcome questions such as the following:

Process Questions

- How closely did implementation of the ReCAST program match the ReCAST Strategic Plan?
- As the ReCAST program progressed, what types of changes were made to the original training plan and what led to these changes?
- What factors facilitated or hindered implementation of the Strategic Plan?
- What types of activities did community coalition partners engage in that supported the coordination of services and programs to improved outcomes?
- How did community-based participatory research practices inform evaluation methods?
- How many new programs were offered in the community?

Examples of process measures include the number of stakeholder coalition members involved in each phase of the grant; the number of meetings held with the coalition of stakeholders; the number of providers trained in trauma-informed approaches; the number of trainings held on trauma-focused evidence-based practices; the number of partnerships/collaborative activities initiated; and the numbers of family and youth participants in the community coalition.

Outcome Questions

- What program and contextual factors were associated with project outcomes?
- How effectively did the ReCAST program reach youth who were experiencing emotional distress; were experiencing problems with substance use; or may be at elevated risk for mental, emotional, or behavioral disorders?
- What elements of the overall program (e.g., training and workforce development, coordination of community-based services and resources, availability of resource lists) were instrumental in achieving the goals and objectives?
- What were the barriers to community collaboration and partnership development, and how were they addressed?

- Did program activities lead to more equitable access to trauma-informed community behavioral health resources?
- Were disparities in access to care, use of care, and outcomes in the intended population reduced?
- Did youth impacted by grant activities show increased resilience and well-being?

Examples of outcome measures include resilience and well-being in the target population; disparities in access to care, use of care, and outcomes; equitable access to trauma-informed behavioral health resources; community collaboration; and integration of behavioral health services and other community systems.

Reporting

Note that GPRA data is required to be entered into SPARS beginning with the first quarter of Year 1. Data for the two Outcome Performance Measures and your local evaluation are required to be included in your Annual Performance Report, which is due within 30 days after the end of each grant year.

Section 9: Federal Teams & Their Responsibilities

This section describes the federal ReCAST teams and their responsibilities. These teams include the ReCAST Program Office, the SAMHSA Division of Grants Management (DGM), and the HHS Division of Payment Management.

ReCAST Program Office

ReCAST is funded by SAMHSA and is part of the portfolio of the Mental Health Promotion Branch in the Division of Prevention, Traumatic Stress, and Special Programs within the Center for Mental Health Services. ReCAST is staffed by Government Project Officers (GPOs) who work together to oversee all aspects of the program and to develop the policies that govern the program. The ReCAST Team Lead works with the GPOs to oversee the development of the initiative, inform the direction of ReCAST at the federal level, and help to resolve any problems or issues that may arise.

It is important for you to develop a good working relationship with your GPO. Open, clear, and consistent communication with your GPO will enhance your ability to effectively implement the

program in compliance with federal government regulations and ReCAST program requirements.

Role of the Government Project Officer (GPO)

A GPO will be assigned to you and this person will serve as your primary contact for all grant-related communications and needs throughout the grant period. Your GPO specializes in programmatic aspects of ReCAST and is responsible for assisting you in implementation of your project and in monitoring your progress. You are encouraged to develop a collegial relationship with your GPO, built on mutual respect, trust, and openness to discussing your successes and challenges.

Your GPO understands that the relationship with you as a SAMHSA grantee is a two-way role. They will not only guide you using the scope of work as outlined in the ReCAST FOA but will also look to understand your perspective as the grant progresses.

The responsibilities of the GPO include the following:

- Review and approve all key staff (e.g., the Project Manager).
- Assume overall responsibility for monitoring the conduct and progress of ReCAST.
- Review all planning documents (e.g., BHDIS, Community Needs and Resource Assessment, Community Strategic Plan), continuation applications, and performance reports.
- Participate as needed on policy, steering, advisory, and other task forces for the grant.
- Conduct site visits and facilitate linkages to other SAMHSA/federal resources.
- Assist with identifying and accessing appropriate technical assistance.
- Monitor the development and collection of all process and outcome measures and ensure compliance with SAMHSA’s Performance Accountability and Reporting System and GPRA data requirements.

Contact information for the ReCAST Government Project Officers is as follows:

GPO Name	Contact Information
Audrey Adade	(240) 276-2204 audrey.adade@samhsa.hhs.gov
Karen Gentile	(240) 276-1875 karen.gentile@samhsa.hhs.gov
Nancy Kelly	(240) 276-1839 nancy.kelly@samhsa.hhs.gov
Wendie Veloz	(240) 276-1849 wendie.veloz@samhsa.hhs.gov
Melodye Watson Coordinator)	(240) 276-1748 melodye.watson@samhsa.hhs.gov

Division of Grants Management

SAMHSA's DGM provides finance-related assistance, encourages continuous improvement in business processes, issues awards, monitors financial assistance, and ensures compliance with federal policies. The DGM performs the following functions:

- Conducts all aspects of the SAMHSA grants management process.
- Develops, implements, and coordinates the application of agency standards, methods, and procedures for the management of grants and cooperative agreements.
- Provides guidance to the agency, applicants, and grantees on the management and administrative aspects of grant programs.
- Reviews applications, reports, and active projects to ensure compliance with management policies and procedures.
- Prepares, processes, and disseminates award documents.
- Prepares special and recurring reports related to applications and awards.
- Measures and tracks grant management and grant performance.
- Coordinates with other federal agencies on overall management of grant program and related policies.

Role of the Grants Management Specialist

Throughout the grant you will be in contact with a Grants Management Specialist (GMS) who represents the DGM and will assist with and oversee grant management functions for the ReCAST Program. The GMS is the designated SAMHSA official responsible for business management aspects of this grant. The GMS works with a Grants Management Officer (GMO) who is the designated SAMHSA official authorized to sign the Notice of Award (NoA). The GMO is also responsible for the business management aspects of the ReCAST program, including obligating the operating division to expend federal funds or to change the funding, duration, or other terms and conditions of an award. The GMS, in consultation with the GMO, ensures that SAMHSA and grantee personnel fulfill the requirements of laws, regulations, and administrative policies.

- All requests for grant actions that require government approval should be uploaded into the eRA system. You should always copy your GPO on any communications with the GMS so they are aware of any requests being sent to DGM.
- Your GPO works closely with the GMS and will provide input and feedback on decisions made about your grant. For actions that could have a substantive impact on the grant, the

GMS will confer with the GPO for a recommendation on whether any proposed actions or changes are appropriate in terms of the goals and overall scope of the grant.

Contact information for your DGM staff is as follows:

Ernest Stevens	(240) 276-1631
Grants Management Specialist	ernest.stevens@samhsa.hhs.gov
Gwendolyn Simpson - Lead Grants Management Specialist	(240) 276-1408
	gwendolyn.simpson@samhsa.hhs.gov
Roger George - Supervisory Grants Management Specialist	(240) 276-1418
	roger.george@samhsa.hhs.gov

HHS Payment Management

Payments under this grant award are available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). The DPM serves as a fiscal intermediary between federal awarding agencies and award recipients. As part of its services, the DPM provides same-day and next-day automated payments, monitors the status of award funds, provides related debt-collection services, and performs Federal Domestic Assistance reporting to the U.S. Department of Commerce.

As a grantee you are responsible for: (1) maintaining minimum federal cash on hand by requesting funds from the Payment Management System only for immediate disbursement; (2) reporting cash disbursements to the Payment Management System on a quarterly basis; (3) generating the Federal Cash Transaction Report (FCTR); and (4) maintaining their accounting records

If you have never received payments through the PMS System, you will need to request access by completing a form and emailing it to Agency_Access_PMS@psc.hhs.gov or faxing it to (301) 492-5050. The form can be accessed at http://www.dpm.psc.gov/awarding_agency/hhs_user_form.aspx

You will be assigned a 12-digit Entity Identification Number (EIN) for payment and accounting purposes. This number is an expansion of the 9-digit EIN assigned to an organization by the Internal Revenue Service. Grant payments are usually made electronically through the DPM via the Payment Management System. However, there may be special conditions imposed on your access to draw down grant funds, especially if your organization has not had prior federal grants. Your business office should be the organizational component responsible for drawing down grant funds.

Your Federal Cash Transaction Report lists your DPM Account Liaison. Please note that the HHS office responsible for grant fund payment assigns the Account Liaison based on the type of recipient you are and the state in which you are located. If you experience any difficulty in receiving grant payments or expense reimbursements, your first point of contact is the DPM Account Liaison. If the difficulty is not resolved by the DPM Account Liaison, you should contact your GMS to alert them of any unresolved problems. All inquiries about payment issues should be sent to the following address:

Division of Payment Management

PO Box 6021

Rockville MD, 20852

Telephone: 1-877-614-5533

If your organization has not had prior federal grants, or if your accounting, financial, or administrative management systems do not conform to federal regulations, you may be placed on restricted status. The Office of Advisory Services, an office within SAMHSA's DGM, makes this determination. If you are placed on "restricted status," you will receive a letter stating the reasons for your status. It is your responsibility to correct whatever problem(s) exist and to comply with any special conditions.

For additional information about the Payment Management System, please visit <http://www.dpm.psc.gov>

Communications with Your Federal Points of Contact (POC)

There are many partners involved in ReCAST. However, to streamline communications, and in an effort to encourage more efficient grant operations, all grant-related communications from your GPO and GMS will be directed to the ReCAST Program Manager. It is the responsibility of the ReCAST Program Manager to share information with any other partners. The Program Manager should initiate and make all requests (e.g., emails, telephone calls, requests for information) from the grant program to the GPO and the GMS. It is expected that any and all project partners will be invited to participate on calls, site visits, and other types of

communication with the GPO and that the Program Manager will take the lead in all planning and communication efforts.

In most cases, the person leading the ReCAST program will be from the lead agency, i.e., the agency awarded the grant funds. However, **if this person is a contracted position, you must designate a staff person from the lead agency to serve as the main point of contact for the grant.** This lead agency point of contact must be copied on all written correspondence and participate on all calls between the contracted Program Manager and the federal staff along with other agents of the federal government. The lead agency point of contact is responsible for monitoring these communications to ensure that program administration by the contracted Program Manager meets both all local and federal requirements. Please note that the contracted Program Manager cannot make any binding decisions on behalf of the lead agency – only the lead agency point of contact can perform this function.

Section 10: Grantee Roles, Responsibilities, and Requirements

This Section provides information about key responsibilities and important first steps in meeting all program requirements for the ReCAST Program.

The project period for ReCAST is **September 30, 2018 through September 29, 2023**. During the five-year grant period, you must engage community stakeholders, also known as community coalition members, to implement trauma-informed approaches to help support resilience in communities that have experienced civil unrest within the past two years. ReCAST projects must focus on trauma focused strategies for high-risk youth and their families and implement peer support activities. ReCAST grantees are encouraged to implement evidence-based trauma-focused strategies; however, innovative and community-developed approaches and programs are also encouraged.

Lead Agency Roles and Responsibilities

The lead agency is the organization to which the ReCAST funds were awarded. The lead agency is responsible for overseeing and monitoring the implementation of all grant activities.

Overarching and general responsibilities include the following:

- Complying with all terms and conditions of the grant, including all activities described in the approved grant proposal and fulfillment of all requirements of the FOA.
- Providing SAMHSA with all required performance data.
- Exercising proper and appropriate stewardship of federal grant funds.
- Collaborating with SAMHSA staff in all aspects of the ReCAST grant.
- Demonstrating continual progress towards achieving project goals.
- Complying with all regulatory and programmatic requirements.
- Submitting all required forms, data, and reports in a timely fashion.
- Participating in all grantee in-person and virtual meetings.
- Collaborating with any federally-funded resources.

- Conducting meetings with the project partners on a regular basis.

It is recommended that the above items be included as duties and responsibilities in the job description for the ReCAST Project Director/Program Manager.

Lead Agency ReCAST Program Requirements

The required activities for the ReCAST Program are as follows:

- **Respond to all terms and conditions identified in the Notice of Award (NoA)** by the designated due dates.
- **Identify a 1.0 Full-time Equivalent (FTE) Program Manager** to lead, manage, and coordinate all grant activities. This position has been identified as key staff and you must receive approval from your GPO and GMS before making an offer of employment.
- **Convene and engage a diverse coalition of stakeholders in the community**, including community leaders/members; family/youth representatives; individuals who have been directly affected by the trauma/civil unrest; local public agencies (e.g., behavioral health, law enforcement, health and human services providers, and other child, family, and community-serving providers); and other local partners (e.g., clergy and faith-based organizations, businesses, public or private universities or colleges, and non-profit organizations) to provide guidance and leadership on all grant activities.
- **No later than November 30, 2018, complete and submit the Behavioral Health (BH) Disparities Impact Statement (DIS)**. Please refer to **Section 4** of this Grantee Manual for guidance on developing the BHDIS.
- **No later than December 30, 2018, complete and submit the Community Needs and Resource Assessment**. Please refer to **Section 5** of this Grantee Manual for guidance on developing the Community Needs and Resource Assessment.
- **No later than March 30, 2019 complete and submit a Community Strategic Plan** that outlines a common vision to address the goals of the program and builds partnerships and awareness of the issues faced by high-risk youth and their families. Please refer to **Section 6** of this Grantee Manual for guidance on developing the Community Strategic Plan.
- As part of the Community Strategic Plan process, **develop and then implement an evaluation**, including: 1) collection and reporting of all GPRA measures; 2) collection and reporting of two Outcome Performance Measures; and 3) implementation of a local evaluation to continuously monitor and assess the extent to which project goals and objectives are being achieved, and if activities/strategies are in need of refinement in order to better achieve project goals.

- **No later than March 30, 2019, develop a Memorandum of Understanding (MOU)** that demonstrates the commitment of program partners to support and contribute to all program activities. Please refer to **Section 7** of this Grantee Manual for guidance on developing the MOU.
- As part of the development of the Community Strategic Plan, **identify and implement trauma-informed behavioral health services** (e.g., Preventing Long-term Anger and Aggression in Youth of Color, Strengthening Black Families); **evidence-based violence prevention and community engagement programs; and other culturally specific and developmentally appropriate strategies that address the needs of high-risk youth, families, and community members and that build community resilience.**
- As part of Community Strategic Plan implementation, **provide training in trauma-informed approaches** to first responders, educators, clergy, and health and human services providers to increase their ability to assist children, adolescents, adults, and all community members in the aftermath of civil unrest events.
- As part of Community Strategic Plan implementation, **provide peer support activities for high-risk youth and families**, such as support group facilitation, peer counseling, mentoring, goal setting, linking to resources, and supporting the development of self-advocacy and empowerment provided by Peer Supporters who have lived experience receiving mental health and substance abuse services.

Role of the ReCAST Program Manager

You are required to select a full time (1.0 FTE) Program Manager to lead and manage the ReCAST project. This person will play a major part in the success of the grant and will be considered key staff. Any person being considered for a key staff position must have review and approval from SAMHSA prior to extending an offer of employment.

The Program Manager and Project Evaluator have been identified as key staff. Approval from SAMHSA is required before you can extend an offer of employment or contract for both of these positions.

Specific responsibilities of the ReCAST Program Manager are as follows:

- Convene a community coalition of stakeholders.
- Establish an MOU with program partners.

- Develop partnerships with relevant community-based organizations.
- Lead and support the development of the Behavioral Health Disparities Impact Statement.
- Lead and support the Community Needs and Resource Assessment process.
- Lead and support the development of the Community Strategic Plan.
- Monitor implementation of the ReCAST program.
- Work with the evaluator to develop, implement, and then monitor collection and reporting of GPRA data to the SAMHSA data platform (SPARS) and the two required Outcome Performance Measures, as well as the local evaluation and its findings.

In most cases, the person leading the ReCAST program will be from the lead agency, i.e., the agency awarded the grant funds. However, **if this person is a contracted position, you must designate a staff person from the lead agency to serve as the main point of contact for the grant.** This lead agency point of contact must be copied on all written correspondence and participate on all calls between the contracted Program Manager and the federal staff along with other agents of the federal government. The lead agency point of contact is responsible for monitoring these communications to ensure that program administration by the contracted Program Manager meets both all local and federal requirements. Please note that the contracted Program Manager cannot make any binding decisions on behalf of the lead agency – only the lead agency point of contact can perform this function.

Section 11: Grants Management and Programmatic Requirements

The ReCAST Program involves a great deal of activity. In this section, you will be provided with information about the key responsibilities and important first steps in meeting grant requirements and implementing this project.

General Responsibilities

The following are some of the overarching and general responsibilities of all ReCAST grantees:

- Read the NoA carefully and thoroughly and contact your GPO and GMS with any questions. You are responsible for responding to any terms and conditions set forth within the NoA.
- Ensure that key project staff (i.e., Program Manager and Project Evaluator(s)) are approved by your GPO and GMS and that they attend and participate in federally funded, agency-sponsored meetings, calls, and webinars.
- Work collaboratively with your community coalition members, local agencies and community partners.
- Work collaboratively with agency officials and other partner organizations at the federal level.
- Include the SAMHSA grant number on all official grant communication to SAMHSA.
- Submit all required reports on time, including but not limited to any updates to the strategic plan or timeline, annual continuation applications, annual Federal Financial reports, and annual performance report.
- Submit all post award changes in the eRA Commons System.

Code of Federal Regulations and OMB Circulars

HHS has adopted the Office of Management and Budget (OMB) Guidance in 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, and has codified the text, with HHS-specific amendments, in 45 CFR Part 75. The standards set forth in 45 CFR Part 75 became effective for awards made after December 26, 2014. Cost principles describing allowable and unallowable expenditures for HHS grantees are provided in 45 CFR Part 75, which is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

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, your proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the decision tree at <http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must 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 participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>. You may also reach OHRP by telephone at (240) 453-6900.

Year 1 Requirements and Timeline

Below are the key activities that you should undertake in Year One, along with a table and dates for completing each requirement:

- **Provide written responses to your GMS and GPO regarding any terms and conditions** and their due dates that were included in the NoA.
- **Ensure that the 1.0 FTE Program Manager has been identified** and in place upon notification of the grant award or that the person will be identified soon after award. SAMHSA has identified this position as key staff and the GMS and GPO must approve the person selected for the position before an offer of employment can be finalized.

- **Develop the Behavioral Health Disparities Impact Statement** and submit to the GMS and GPO within 60 days of grant award, i.e., **November 30, 2018**. Refer to **Section 5** of this Manual for guidance.
- **Conduct a Community Needs and Resources Assessment** and submit to your GPO for review within 3 months of grant award, i.e., **December 30, 2018**. Refer to **Section 5** of this Manual for guidance.
- **Develop the ReCAST Community Strategic Plan** for review with your GPO within 6 months of the grant award, i.e., **March 30, 2019**. Refer to **Section 6** of this Manual for guidance. Your GPO must approve the plan before implementation of planned activities. As part of development of the Community Strategic Plan, you should also incorporate your data collection and local evaluation plan into the Community Strategic Plan. Please refer to **Section 8** of this Manual for guidance.
- **Develop a Memorandum of Understanding** and submit for review to your Government Project Officer within 6 months of grant award, i.e., **March 30, 2019**. The Memorandum of Understanding should demonstrate the commitment of program partners to support and contribute to all program activities. Refer to **Section 7** of this Manual for guidance.
- **Procure the services of a Project Evaluator(s)**, through direct hire or contract, to oversee and conduct the evaluation components of the project upon notification of grant award. The Project Evaluator has been identified as key staff. As such, approval of this person as the evaluator must be received from your GPO and GMS. The Project Evaluator is expected to work closely with the ReCAST Program Manager to develop and implement all data collection and evaluation aspects of the grant. Refer to **Section 8** of this Manual for guidance.
- **Develop and submit a Year 2 Continuation Application and Budget**. Most ReCAST grantees are required to submit a Year 2 continuation application and budget with an estimated due date of February 2019⁶. Your GMS and GPO will provide you with additional information about this at a later date.
- **Receive training on SAMHSA's data platform** and begin submitting GPRA performance measures data on a quarterly basis beginning in first quarter of Year 1. Please refer to **Section 8** of this Manual for more information about these measures. Your GPO will provide you with guidance regarding due dates for data submission.
- **Develop and submit an Annual Performance Report** within 30 days after the end of the grant year. For ReCAST grantees, these reports will be due no later than **October 31, 2019**

⁶ If you were multi-year funded, you will not have to submit a continuation application and budget but you will need to satisfy the multi-year fund requirements. Please refer to your NoA for specific instructions.

and must address the preceding 12-month grant time period (i.e., **September 30, 2018 through September 29, 2019**).⁷

The Table below provides an “at a glance” view of the Year 1 requirements.

Year 1 Requirements and Timeline at a Glance

Activity	Time Period
Respond to the Notice of Award (NoA) Terms and Conditions	Please refer to the NoA for specific due dates for each term and condition. They do not all have the same due date.
Identify the ReCAST Program Manager	After grant award
Procure the services of a Project Evaluator	After grant award
Begin to create a coalition of community stakeholders to guide and contribute to all aspects of the grant	After grant award
Submit Behavioral Health Disparities Impact Statement to your GPO	No later than November 30, 2018
Submit Community Needs and Resource Assessment to your GPO	No later than December 30, 2018
Submit ReCAST Community Strategic Plan to your GPO	No later than March 30, 2019
Submit a Memorandum of Understanding with program partners to your GPO	No later than March 30, 2019
Submit a Year 2 Continuation Application and Budget	Within approximately 4 months (February 2019) after grant award – DGM will notify you of the exact due date
Participate in SAMHSA’s data platform training for the reporting of required GPRA performance measures	To be scheduled before the end of the first quarter after grant award

⁷ If you were multi-year funded, you will have to submit a semi-annual performance report. Please refer to your NoA for specific instructions.

Collect and report on all GPRA performance measures data into SAMHSA's data platform	No later than the end of the first quarter (due by January 31, 2019) after grant award and quarterly thereafter
Develop and submit an Annual Performance Report	No later than October 31, 2019

Years 2-5 Program Activities and Timeline

- Conduct an annual review of the **ReCAST Community Strategic Plan** with your community partners and your GPO and make any necessary adjustments or modifications as needed. Any changes to the plan must be reviewed by your GPO.
- Continue Implementation of your ReCAST Community Strategic Plan.
- Continue to collect and report data into SPARS on a quarterly basis for the four **required GPRA performance measures**.
- Complete and submit your annual **Federal Financial Report** (SF-425 FFR). More information about the FFR can be found in **Appendix C** of this Grantee Manual.⁸
- Submit a **carryover budget request** to your GMO, with a copy to your GPO, if the amount of unobligated funds you intend to carryover from the previous to the current grant year is greater than 10 percent of the current grant year annual award amount. The carryover budget request should be submitted at the same time as your FFR, i.e., December 31. Your GMO must review and approve the carryover request before you can start to use the funds. Carryover requests can be used for the following:
 - Unmet need(s)
 - One-time cost(s)
 - Recurring need(s), e.g., services, activities, supplies, personnel [NOTE: If this is the case, you must explain and justify it. Include a commitment for these recurring costs in the continuation application and/or reflect other sources of funding because of the future year implications. Any project activities and related costs funded with carryover funds that will be recurring through the entire project period should be built into the continuation application budget.]

If you have less than less than 10 percent of unobligated funds that you want to carryover, you can do so without prior approval from your GMO. You are still required

⁸ If you were multi-year funded, you will need to submit the SF-435 Federal Financial Report semi-annually. Please refer to your NoA for the specific requirements.

to state your intention to carryover these funds in the remarks section of the Federal Financial Report.

Additional information about carryover requests can be found in **Appendix J** of this Grantee Manual.

- Develop and submit a **Year 2-5 Continuation Application and Budget**. Most ReCAST grantees are required to submit a continuation application and budget.⁹
- Develop and submit your **Annual Performance Report**. For more information about this report, please refer to **Appendix H** of this Grantee Manual.¹⁰

The Table below provides an “at a glance” view of the Year 2-5 requirements.

Years 2-5 Requirements and Timeline at a Glance

Program Activity	Time Period
Enter GPRA performance measures data into SAMHSA’s data platform	Quarterly
Submit a SF-425 Federal Financial Report to DGM	No later than December 31 after the start of the current grant year
Submit a carryover budget request to DGM with a copy to your GPO	No later than December 31 after the start of the current grant year
Submit an annual Continuation Application and Budget	Within approximately 4 months after the start of the current grant year. DGM will notify you of the exact due date
Develop and submit the Annual Performance Report	No later than October 31 after the end of the preceding grant year
Year 5 or NCE Period Only – Submit a Final Performance Report	No later than 90 days after the end of the grant

⁹ If you were multi-year funded, you will need to respond to the multi-fund year requirements identified in your NoA.

¹⁰ If you were multi-year funded, you will need to submit semi-annual performance reports. Please refer to your NoA for specific instructions.

Annual Performance Reporting

You are required to annually report on your progress achieved, barriers encountered, and efforts made to overcome these barriers in a performance report. At a minimum, your performance assessment report should include data for the required performance measures identified above (i.e., GPRA data and two Outcome Performance Measures), summarize results of your local evaluation, and address the following questions:

- How closely did ReCAST implementation match the Strategic Plan?
- What types of changes were made to the originally proposed Strategic Plan?
- What led to the changes in the Strategic Plan?
- What effect did the changes have on the planned implementation of ReCAST?
- Who received the training and workforce development activities (modality, type, intensity, duration), in what context (school or community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program? Include providers, educators, first responders, law enforcement officers trained in trauma-informed strategies, and youth exposed to trauma-informed approaches.
- What partnerships or other systems impacted the outcomes of the ReCAST strategies?

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

No-Cost Extension (NCE) Request

ReCAST is a 5-year grant and when your project period ends at the end of Year 5 (i.e., **September 29, 2023**) you no longer have the authority to draw down Federal funds. However, if the project has not been completed and there are remaining funds, you may be given additional time to properly complete the project activities. A one-time no-cost extension may be requested to allow for the completion of program plans and objectives beyond the established project period. A NCE allows you additional time to fully complete the originally approved project or to permit an orderly phase-out of the project. It is important to note that SAMHSA cannot approve any NCE request if the primary purpose is to simply expend any unobligated funds.

A no-cost extension request must be submitted on agency letterhead, be signed by the authorized representative, and contain the following information:

- Date
- Grantee name and grantee award number, i.e., SM08XXXX
- Point of contact
- Reason(s) project could not be completed or objectives not met
- Description of the activities to be completed during the NCE
- NCE timeline for completion of all previously approved activities, including a grant end date
- An *estimated* Federal Financial Report (FFR) that identifies the estimated amount of unobligated funds that will be available for the NCE period
- An SF-424A Budget Form: **Budget Information – Non-Construction Programs SF-424A**
- A detailed line-item budget and justification narrative of the unobligated balance of funds to be used during the NCE

Upon receipt, your NCE request will be reviewed by your GMS and GPO. If approved, a NoA will be generated and sent to you. Please remember that you must receive approval and a NoA from SAMHSA's Division of Grants Management before you can enter into a NCE.

Section 12: Grants

Management Frequently Asked Questions (FAQs)

As a grantee, you need to be aware of and familiar with several other regulatory issues. Some are not specific to the ReCAST program but may still be applicable. Consult with your GPO or GMS about any remaining questions you have regarding these regulations.

What is the NoA?

The Notice of Award (NoA) is the official, legally binding document, signed by a GMO, which serves as notification of the awarding of a grant. This document includes any terms and conditions of the grant and any federal funding limits and obligations.

What period of time does the ReCAST grant funding cover?

The project period for the grant is **September 30, 2018 through September 29, 2023**.

Can we use grant funds for contracts and consultants?

State procurement procedures and those outlined in Federal Acquisition Regulations (FAR) should be followed when issuing any contracts using grants funds, including those for service delivery and evaluation.

Generally all procurement transactions must be conducted in a manner that provides for full and open competition, consistent with the procurement standards in of the FAR. This section requires that grantees use their own procurement standards (which reflect state law and regulations) to select contractors and consultants, provided those procedures meet certain standards described in FAR.

The FAR standards set forth basic guidelines for grantees planning to award contracts under their grant. These standards include but are not limited to:

- No employee, officer, or agent to the grantee shall participate in the selection or in the award or administration of a contract supported by Federal funds if a conflict of interest (real or apparent) would be involved.
- Grantees will make awards only to responsible contractors possessing the ability to perform successfully under the terms and conditions of the procurement.

- All procurement transactions will be conducted in a manner providing full and open competition.
- Grantees have an effective contract administration system in place.
- Grantees have written selection procedures.
- Procurement by non-competitive proposals may be used only when the award of a contract is infeasible under small purchase procedures, sealed bids, or competitive proposals and certain circumstances apply.

You are strongly encouraged to review the FAR. Since each state and local entity has their own guidelines, we cannot answer individual questions about your specific requirements.

Can I include indirect costs in the budget?

Grants can have both direct costs and indirect costs. While *direct* costs are the actual expenses of conducting the project, *indirect* costs are those associated with overhead. Although indirect costs are reimbursable under this type of grant award, applicants must have an indirect cost rate agreement (covering the applicable activities and period) to receive reimbursement for indirect costs. Indirect cost rates are negotiated with your state agency and should be done prior to submission of your grant application.

However, please note the grant award is for total costs, and the total grant award cannot be increased to support additional indirect costs. If you add or increase indirect costs, you must offset them with a corresponding decrease in direct costs.

If your organization does not have an indirect cost agreement, you may negotiate one with the appropriate federal office. However, if you are not charging indirect costs, you do not need an indirect cost rate.

For more information on indirect costs, refer to your NoA's Terms and Conditions or contact your GMS or GMO with any questions.

Can I re-budget costs?

In general, grantees are allowed a certain degree of latitude to re-budget between budget categories in the approved total direct budget of the project. You may need to re-budget to meet unanticipated requirements or to accomplish certain programmatic changes that don't require prior approval. However, you must get prior approval from the DGM and your GPO if you need to substantially change the budget expenses between budget categories to accommodate a desired change in how you implement the grant project (e.g., additional or different service program training). This is considered significant re-budgeting.

More specifically, significant re-budgeting can occur when the cumulative amount of transfers among direct cost categories for the current budget period exceeds 25 percent of the total

amount awarded or \$250,000, whichever is less. Re-budgeting within budget categories, however, does not count against this 25 percent limit.

You should consult with your GPO about any level of program change and re-budgeting to ensure that you are meeting the program outcomes and scope and are complying with DGM re-budgeting rules.

See the *HHS Grants Policy Statement*, page II-55, and the SAMHSA DGM website found at <http://www.samhsa.gov/Grants/management.aspx> for more information.

What can be used as a non-cash incentive?

SAMHSA grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals **when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. Non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes.** You may provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. Please refer to **Appendix B** for additional information about funding restrictions.

Is a disclaimer required for ReCAST developed products?

Products developed under this grant are owned by you. However, SAMHSA encourages you to acknowledge SAMHSA as the funding source on all products created as part of your grant (e.g., fact sheets, flyers, articles). The following should be included as a disclaimer on all products:

SAMHSA Disclaimer

This [paper/report/etc.] was developed [in part] under grant number [XXXX] from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

In addition, SAMHSA asks that you take the following actions:

- Notify your GPO before you publish relevant articles in peer-reviewed journals.
- Provide advance copies of relevant articles to your GPO,
- Enable SAMHSA to produce a press release, if warranted.

Can I as a ReCAST grantee generate income? If so, what income must be reported?

Any income (revenue) a grantee earns from ReCAST services to defray costs are considered program income. If your grant produces program income, follow these initial instructions for reporting it:

- Once the program income is "added" to the funds committed to the program, use it to advance eligible (approved) program objectives.
- Report the total program income generated separately on line seven, Section B of the 424A form when you apply for Year Two funding. You do not need to submit a revised 424A form, nor do you need to budget or report anything now.
- Report program income in the annual Federal Financial Report (SF425 FFR) at the end of each year.

Refer to the following documents for more information on program income:

- Terms and Conditions - Section 11 informs you about program income.
- Title 45 of the Code of Federal Regulations - Part 75 includes information about profiting from grant funds.

If you do not know whether you are collecting program income, please feel free to contact your GPO or GMO to ask questions.

Which grant changes require prior approval?

Although you have a great deal of flexibility in meeting the overall goals of the grant, certain post-award changes to the scope, implementation, or budget of your ReCAST grant may require GPO and DGM prior approval in writing.

While some changes to the grant do not require formal, written approval, you should always discuss a desired change with your GPO before initiating the change. Your GPO will consider every proposed change and advise you on whether it is appropriate, even if the change does not require prior approval. If prior approval is needed, the GPO can tell you what documentation you need to prepare to accompany the change request to the GMO. Your prior approval requests must be written on your organization's letterhead, and signed by the ReCAST Program Manager and the authorized representative of the lead agency. The request should be addressed to the GMO with a copy to your GPO, and must include programmatic and budget justifications for any requested changes.

If a change is approved, the SAMHSA's DGM will issue you a new NoA. Please note that the DGM never gives verbal approvals, and verbal approvals from your GPO are not considered official approval.

If you have questions, please start by talking to your GPO. You can also find information about program change requests by accessing the SAMHSA Grants Management Manual at <http://www.samhsa.gov/grants/>. The most common changes that require prior approval are those to key staff positions, grantee organizations, and scope.

Changes in Key Staff Positions

You must get prior approval for any change to the key staff positions (including level-of-effort changes) listed in your grant NoA. The ReCAST Program Manager and Project Evaluator are the two positions considered as key staff. SAMHSA grants are awarded to organizations, **not** to individuals (e.g., they are not awarded to a Program Manager or the head of an organization or agency). The ReCAST grant belongs administratively to the agency or organization that applied for the funding, and any grant-related action(s) requiring government approval must be signed by the authorized representative of the lead agency or organization.

If you are proposing a change to key personnel, you must submit, the eRA system, a written request, including a copy of the proposed replacement candidate's resume. The resume must document the background and experience that qualifies the candidate for the key personnel role. You must get prior approval from the GMO and the GPO before changing these positions.

Change in Scope

Changes to the originally proposed project scope of work require prior government approval. A change in scope occurs when you propose to change the objectives, aims, purposes, or a combination of these elements, as identified in the approved application.

Under ReCAST, any change to the following is considered a significant change in scope:

- Goals (e.g., changing the priority/focal population of the project to a different community or age group)
- Scope (e.g., reducing services originally proposed or reducing the number of persons served/trained)
- Conduct (e.g., changing a contractor or transferring substantive programmatic work to a contractor)

You should discuss any potential changes to scope, objectives, or both with your assigned GPO and provide the reasons for requesting such changes as well as any potential budgetary implications. If the GPO determines that a prior approval request is necessary, you must submit a written request, in the eRA system, to your GMO and GPO.

Can grant funds be used to improve, coordinate, or leverage resources?

Grantees with existing or past funding to improve or coordinate the infrastructure of child- and-youth serving systems or the behavioral health system, or funding to increase collaboration

between mental health, education, and juvenile justice, are encouraged to leverage the work done under these other funding streams. Examples may include aligning goals, objectives, visions, and processes with other infrastructure-building initiatives and leveraging existing partnerships developed under these initiatives.

How are post award changes submitted through the eRA Commons?

IMPORTANT NOTE: SAMHSA has transitioned to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. All post-award processes will be managed exclusively through the eRA system and this effort requires the approved Program Director/Project Director (PD) to be registered in eRA Commons.

Additional information on the eRA Commons registration process for the PD is available at https://era.nih.gov/reg_accounts/register_commons.cfm.

Guidance on submission to the eRA can be found on the SAMHSA website at the following: <https://www.samhsa.gov/grants/grants-management/post-award-changes>

Appendix A: Acronyms

CFDA – Catalogue of Federal Domestic Assistance

CFR – Code of Federal Regulation

CLAS – Culturally and Linguistically Appropriate Services in Health and Health Care Act

CMHS – Center for Mental Health Services

HHS – U.S. Department of Health and Human Services

DIS – Behavioral Health Disparities Impact Statement

DGM – Division of Grants Management

DPM – Division of Payment Management

DUNS (Number) – Data Universal Numbering System

EBP – Evidence based practice/program

EIN – Entity Identification Number

FAR – Federal Acquisition Regulations

FFR – Federal Financial Report (SF 425)

FOA – Funding Opportunity Announcement

FTE – Full-time equivalent

GMO – Grants Management Officer

GMS – Grants Management Specialist

GPO – Government Project Officer

GPRA – Government Performance Results Act

IRB – Institutional Review Board

IPP – Infrastructure development, prevention, and mental health promotion activities related to performance measures

LEA – Local education agency

MHPB – Mental Health Promotion Branch

MOU – Memorandum of Understanding

NCE – No-cost extension

NoA – Notice of Award

PMS – Payment Management System

POC – Point of Contact

PSC – HHS Program Support Center

ReCAST – Resiliency in Communities after Stress and Trauma

SAMHSA – Substance Abuse and Mental Health Services Administration

Appendix B: Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

Pay for any lease beyond the project period.

Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

Pay for housing other than residential mental health and/or substance abuse treatment.

Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.

Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet

program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person.

Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

Pay for medicines for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

Appendix C: Disparities

Impact Statement Template

1. **Proposed number of individuals to be reached by the population groups in your geographic catchment area.**

The numbers in the chart below should reflect the proposed number of individuals to be reached during the entire grant period and all identified populations groups in your geographic catchment area. The disparate populations are identified in the narrative below:

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
NUMBER TO BE REACHED						
<i>By Race/Ethnicity</i>						
African American						
American Indian/Alaska Native						
Asian						
White (non-Hispanic)						
Hispanic or Latino (not including Salvadoran)						
Native Hawaiian/Other Pacific Islander						
Two or More Races						
<i>By Gender</i>						
Male						
Female						
Transgender						
<i>By sexual orientation</i>						
Lesbian						
Gay						
Bisexual						

2. **Provide a narrative describing your disparate subpopulations.**

3. **Describe your Quality Improvement Plan using data.**

4. **Identify how you will adhere to the CLAS standards.**

Appendix D: ReCAST Resilience Framework Terminology

The ReCAST Resilience Framework is based on SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach¹¹. The terms and definitions explain how the SAMHSA-developed framework for trauma and trauma-informed approaches applies within the scope of the ReCAST program. This section defines key terms of the ReCAST Resilience Framework, such as resilience and the concept of trauma. It also includes key assumptions and principles of a trauma-informed approach; discusses the 10 domains that guide implementation of a trauma-informed approach; and defines the context of ReCAST at the macro, mezzo and micro levels.

Addressing Disparities: ReCAST projects address behavioral health disparities based on race and ethnicity by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

Capacity and Infrastructure Development: Activities designed to improve and enhance an organization’s or system’s ability to achieve its goals and objectives and to sustain itself over time. ReCAST activities may include organizational and stakeholder assessments, partnership development, strategic planning, trainings for staff, policy review and development, and planning for sustainability.

Collaboration and Partnership: Although each ReCAST partner has a unique role to play in a trauma-informed approach, the organizations and individuals partnering for ReCAST must view each other as necessary and equals, share power, and engage in shared decisions making.

Community Developed Supports: Innovative strategies and approaches that do not have a rigorous research base but have demonstrated positive impacts and have been vetted by the community. ReCAST projects are strongly encouraged to implement innovative trauma-focused strategies based on community needs.

¹¹ Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration

Cross-sector Collaboration and Information-Sharing: ReCAST is built on a shared understanding of trauma, as defined by the community, and principles of a trauma-informed approach. Across the various sectors collaborating, the shared understanding of trauma ensures that community members presenting with significant trauma histories are appropriately supported at every point of service.

Cultural, Historical, and Gender Awareness: ReCAST brings an equity lens to address stereotypes and biases based on socioeconomic status, race, ethnicity, sexual orientation, age, gender identity, geography, and religion. Strategies recognize the impact of race-based and historical trauma and employs cultural practices to promote healing. Trainings and workforce development activities emphasize the importance of being culturally competent and responsive.

Developmentally Appropriate: ReCAST interventions respect the age and needs of youth and other individuals to be supported by the project. Supports and services for youth should consider their academic, social, and emotional needs.

Empowerment, Voice, and Choice: ReCAST's trauma-informed approaches build on the strengths of individuals, community members, and providers. There is a focus on the potential of individual and community resilience to serve as a way to heal and recover from trauma. Everyone's voice is heard and choices are respected. This approach is reflected at every level of the project from leadership to service provider.

Engagement and Involvement: The entire ReCAST community, including youth, families, providers, and other stakeholders, has a significant and meaningful role within the project at all levels of the project (e.g., assessment of needs and resources, strategic planning, project development, selecting trauma-informed approaches, ensuring cultural competency, and evaluation).

Evidence-Based Programs/Practices: Programs that are based on rigorous research and have demonstrated effectiveness in achieving the outcomes that they are designed to achieve. These programs have been replicated and proven effective. Wherever possible, ReCAST projects should implement evidence-based practices.

Evidence-Informed Practices: Involves using various types of evidence and data when making decisions about implementing trauma-focused practices and policies. ReCAST should strive to use evidence-informed practices when sufficient evidence-based programs have not been identified to meet community needs.

Existing Promotion/Prevention Interventions: The range of interventions currently available within the community. These interventions may be part of other violence prevention initiatives or trauma-focused projects.

Family-Driven: Means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. The needs of families should help direct the ReCAST strategy.

Financing: ReCAST funding supports trauma-informed approaches and includes resources for engaging youth, families, and other community members. Financing also supports all aspects of required ReCAST activities and allows for implementation of innovative approaches. ReCAST funding can be leveraged to bring in additional funds and resources through partnerships and collaboration efforts.

Governance and Leadership: Within the context of ReCAST, governance and leadership of the project: support and invest in implementing and sustaining trauma-informed approaches; have identified points of contact within the lead organization and in the community coalition to lead and oversee the work; and include community voice in all aspects of decision making.

Knowledge Generation: As ReCAST is implemented with both evidence-based practices and innovative approaches, new information about the efficacy of the community's ReCAST strategy is created. The community and other ReCAST stakeholders develop new knowledge that reduces the impact of trauma and supports individual and community resilience.

Monitoring of Progress: Ensuring that ongoing assessment, tracking, and monitoring of ReCAST activities regularly occurs and informs all stakeholders on the progress of the project. It also serves as a way to improve the project as it is being implemented, i.e., quality assurance.

Peer Support Activities: Activities and services that are delivered by individuals who have common life experiences with the people they are serving. ReCAST peer support activities promote a sense of belonging within the community and support the development of self-efficacy through role modeling and assisting peers with finding meaning, purpose, and social connections in their lives. Peer support is a required activity of ReCAST.

Peers: ReCAST peers are those individuals with lived experiences of trauma. This may also include family members of children who have experienced traumatic events and are key caregivers in their recovery.

Physical Environment: The "space" in which ReCAST takes place promotes a sense of safety and collaboration. All staff, partners, and individuals involved in the project experience ReCAST

space as safe, inviting, and risk-free to their physical and psychological safety. ReCAST space supports the collaborative aspects of a trauma-informed approach through openness, transparency, and shared spaces.

Policy: Policies and Procedures developed under the scope of ReCAST establish trauma-informed approaches as an essential part of the vision, mission, goals and objectives of the project. Every aspect of ReCAST-developed policies and procedures reflect trauma-informed principles, are representative of community needs, and are embedded into the fabric of the project.

Safety: Safety is a priority of a trauma-informed approach. Every aspect of ReCAST must be mindful of safety for youth, families, community members, providers, and other stakeholders. Safety must be considered in the physical spaces or environment and in interactions with all involved.

SAMHSA's Concept of Trauma: Developed by a panel of experts after a review of definitions, SAMHSA's concept of trauma posits that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. This concept can be expanded to define trauma experienced by communities that have experienced civil unrest and are impacted by historical, economic, and race-based trauma.

Screening, Assessment, Treatment Services: Trauma screenings are administered to an individual to determine whether he or she has experienced trauma, displays symptoms related to trauma exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment. A trauma-informed assessment refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment(s).

Social Marketing/Messaging: ReCAST projects may apply commercial marketing techniques to address social problems related to trauma caused by civil unrest. Social marketing and messaging activities should change behavior for the benefit of the individual or community.

Sustainability: Planning for sustainability of ReCAST activities is considered during needs and resources assessment and strategic planning. Capacity building activities, trainings and workforce development, policy development, partnerships, and cross-agency collaborations support ReCAST sustainability, along with creation of funding streams to support trauma-informed services.

Training and Workforce Development: ReCAST provides opportunities for educators, health and human services providers, law enforcement officers, first responders, and others within the community to receive education and build capacity on trauma-informed approaches and supports for youth and families. Ongoing training on trauma and peer support are critical components within ReCAST. Organizations partnering to support ReCAST should incorporate trauma-informed principles and an equity lens in hiring and supervision. Procedures are in place to support staff who have experienced trauma and those who have vicarious trauma resulting from exposure to working in communities with complex trauma.

Trauma-Focused Strategies: Realize the widespread impact of trauma and understands potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and actively resist re-traumatization.

Trustworthiness: Trust requires transparency in decision making. The success of ReCAST, and the project's ability to support trauma-informed services, relies on trust being built between the community and providers and everyone involved in ReCAST.

Youth-Guided: Youth involvement and meaningful youth engagement that should happen at every phase of ReCAST. The needs of youth are considered because there is youth input.

Appendix E: Strategies, Theories, and Other Resources Informing ReCAST

The following resources reflect the overarching principles of collaboration, equity, and social justice, and recognize the critical roles in civil unrest played by historical and community traumas; racial, economic, and social inequities; the social determinants of health and mental health; and violence. The resources are also tailored to the specific audiences and stakeholders that will be engaged throughout the course of the ReCAST program.

It is recommended that grantees read the Orienting Resources that provide the context for the overarching themes of the ReCAST program. The resources are then organized topically and by sector; grantees are encouraged to utilize the resources as they conduct their strategic planning.

Trauma and Trauma-Informed Approaches	SAMHSA’S Concept of Trauma and Guidance for Trauma-Informed Approaches	http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/S-MA14-4884	Substance Abuse and Mental Health Services Administration (SAMHSA)
	Trauma Informed Community Building	http://bridgehouse.com/PDFs/TICB.Paper5.15.pdf	Bridge House and Health Equity Institute

<p>Youth Violence Prevention and ATOD Prevention</p>	<p>Youth Violence Prevention Framework</p> <p>Safe Schools/Healthy Students Framework</p> <p>Communities That Care</p>	<p>http://youth.gov/youth-topics/preventing-youth-violence/strategic-planning-toolkit</p> <p>http://www.healthysafechildren.org/sshs-framework</p> <p>http://www.communitiesthatcare.net/</p>	<p>National Forum on Youth Violence Prevention</p> <p>SAMHSA, Department of Education (ED) and Department of Justice (DOJ)</p> <p>Social Development Research Group, School of Social Work, University of Washington</p>
<p>Ecological Systems</p>	<p>Ecological Systems Theory (Urie Brofenbrenner)</p> <p>Cultural Ecological Theory</p>	<p>http://www.floridahealth.gov/AlternativeSites/CMS-Kids/providers/early_steps/training/documents/bronfenbrenners_ecological.pdf</p> <p>http://faculty.washington.edu/rsoder/EDUC305/OgbuSimonsvoluntaryinvoluntary.pdf</p>	<p>Urie Brofenbrenner</p> <p>John Ogbu</p>
<p>Public Health Approach</p>	<p>A Public Health Approach to Children’s Mental Health: A Conceptual Framework</p> <p>Strategic Prevention Framework</p>	<p>http://gucchdtacenter.georgetown.edu/public_health.html</p> <p>http://www.samhsa.gov/spf</p>	<p>National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development</p> <p>SAMHSA</p>

Evidence Based/ Evidence-Informed Strategies	PROSPER: Promoting School-Community-University Partnerships to Enhance Resilience	http://helpingkidsprosper.org/	Partnerships in Prevention Science Institute, Iowa State University
Collective Impact	Collective Impact Framework Strive Together	http://www.collaborationforimpact.com/collective-impact/ http://www.strivetogether.org/sites/default/files/StriveTogether_Theory_of_Action_v3_06.2016.pdf	John Kania and Mark Kramer – Stanford Social Innovation Review
Community Trauma	Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma	http://www.preventioninstitute.org/component/jlibrary/article/id-372/127.html	Prevention Institute
Law Enforcement	Guide for Improving Relationships and Public Safety through Engagement and Conversation Police-Youth Dialogues Toolkit Justice in Policing Toolkit Building Relationships of Trust Toolkit	http://www.courtinnovation.org/sites/default/files/documents/Police-Youth%20Dialogues%20Toolkit.pdf http://www.justiceinpolicing.com/ http://ric-zai-inc.com/Publications/cops-w0735-pub.pdf	Center for Court Innovation The Center for Popular Democracy COPS and Institute for Intergovernmental Research
Race Equity	Racial Equity Impact Assessment Toolkit: Race Forward	https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit	The Center for Racial Justice Innovation

	Racial Equity Toolkit	http://racialequityalliance.org/newsite/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf	Racial Equity Alliance
Youth	Positive Approaches to Preventing Substance Use and Misuse Among Boys and Young Men of Color: Programs and Strategies At-a-Glance A Guide for Youth Understanding Trauma	http://www.samhsa.gov/capt/tools-learning-resources/approaches-preventing-substance-use-boys-young-men-color http://youthmovenational.org/images/downloads/YouthTraumaGuideUnderstandingTrauma_OnlineFinal.pdf	SAMHSA's Center for the Application of Prevention Technologies Youth MOVE

Appendix F: Community Needs and Resource Assessment Template

The suggested template below is intended to be filled in directly by grantees as they develop their Community Needs and Resource Assessment report and prepare to submit to their GPO by **December 30, 2018**. The template includes sections for all required report components. *Please note that brief examples of the concepts that are required to be inserted by grantees are provided in italics throughout the template.*

ReCAST Community Needs and Resource Assessment

Grantee Site:	
Grant #:	
Project Manager Name:	
Project Manager Email:	
Data Report Submitted:	
GPO:	

Stakeholder Participation

Below is a description of who participated in your Needs and Resource Assessment process; how your coalition of stakeholders were engaged; and how you ensured inclusion of diverse perspectives, including those of youth and families representing the diversity of populations within the community, and those impacted by the trauma.

Agency, Community Group, and/or Role <i>(e.g., youth impacted by trauma, caregiver of youth impacted by trauma, behavioral health service provider, law enforcement agent, legislator, faith-based organization, youth and family adocate)</i>	Number of Individuals Represented
Describe the methods and efforts used to engage the above stakeholders <i>(e.g., we reached out to a variety of local organizations and asked for recommendations regarding individuals to serve on the coalition; we partnered with our local NAMI chapter to identify peers with lived experience; we informed coalition memebers about the project and this particular phase; we worked with the group to develop a document that summarizes the roles and responsibilities of group members; we asked them for input via a range of methods, such as interviews and meetings; we asked for feedback on draft materials):</i>	

Describe the steps you took to ensure inclusion of diverse perspectives throughout the Community Needs and Resource Assessment process (e.g., we used a participatory approach; we invited individuals who represent demographic subpopulations of interest to participants; we provided multiple means of participation to encourage ease of and comfort with sharing/participating)

Methodology

Below is a description of the methods used for gathering information needed for our Community Needs and Resource Assessment.

Method Used (e.g., review of scholarly literature, review of existing local data, administered survey, held focus groups, interviewed individuals)	Information Obtained (e.g., information on populations of focus, risk and protective factors, currently available local resources, what agencies/systems are providing those resources and how they are funded, programs/practices that can bolster resilience/wellness in our target population)

Results of Needs and Resource Assessment

Below is an inventory/summary of the information/results of the Community Needs and Assessment pertaining to each of the five ReCAST goals. The summary for each should always begin with the priority focus populations and disparate populations that were identified through the assessment process.

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches					
Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
<i>e.g., High-risk youth (priority focus); African American males in the juvenile justice system</i>	<ul style="list-style-type: none"> • Exposure to community violence • Poverty 	<ul style="list-style-type: none"> • Presence of caring and involved adults • Opportunities to engage with mentors 	<ul style="list-style-type: none"> • After-school mentorship program offered in 3 school districts; funded through local taxes • Prevention program for youth exposed to community violence; offered at local non-profit; funded through federal grant • Parent-skills training program offered in some neighborhoods by health and human services agency; funded through statewide initiative 	<ul style="list-style-type: none"> • Prevention program funds only available for next year • Parent-skills training program is not evidence-based 	<ul style="list-style-type: none"> • Mentorship program is not offered at all schools throughout county/district • Need to sustain prevention program after current funding runs out • No resources to address poverty risk factor and ensure basic needs are being met • No programs for those in juvenile justice system specifically
	•	•	•	•	•
	•	•	•	•	•

	•	•	•	•	•

Goal 2: Create more equitable access to trauma-informed community behavioral health resources

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

Goal 3: Strengthen the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

Goal 4: Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

Goal 5: Ensure that program services are culturally specific and developmentally appropriate

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

Summary of Findings and Conclusions

Below is a summary of the findings and conclusions drawn from our Needs and Resource Assessment. We have highlighted how our conclusions contribute to our project goals and will enable us to next identify specific objectives and related outcomes. The gaps and unmet needs that were identified by comparing currently available local resources for our priority focus and disparate populations to resources that may serve as or bolster protective factors are summarized below. These gaps will be used to generate proposed project activities in our forthcoming Community Strategic Plan.



Appendix G: Community Strategic Plan Template

The suggested template below is intended to be filled in directly by grantees as they develop their Community Strategic Plans and prepare to submit it to GPOs by **March 30, 2019**. The template includes sections for all required report components. *Please note that brief examples of the concepts that are to be inserted by grantees are provided in italics throughout the template.*

Grantees should revise the template tables to accommodate the goals, objectives, activities, and process and outcome measures that are being proposed (i.e., you may have more or fewer goals, objectives, activities, measures than the templates are structured for). The template tables are provided to give you a recommended way to structure the information being requested.

Similarly, grantees may feel free to revise the suggested Logic Model structure to meet their needs.

ReCAST Community Strategic Plan

Grantee Site:	
Grant #:	
Project Manager Name:	
Project Manager Email:	
Data Plan Submitted:	
GPO:	

Introduction

Project Overview (to include the context for our ReCAST Program, including the historical factors that led to the creation of the project and a brief description of the community and population of focus)

Summary of Community Needs and Resource Assessment

Summary of Behavioral Health Disparities Impact Statement

Process Used to Develop Strategic Plan (including how our coalition of stakeholders was involved)

Mission, Vision, and Project Value Statements

Mission Statement: Use this section to describe the purpose of your project, what the project does, how it does it, and for whom.

Vision Statement: Use this section to paint a picture of the future the project is seeking to create.

Project Values: Describe the values that help shape the work of the project.

Goals, Objectives, and Program/Policy Activities and Strategies

Goals	Objectives	Activities	Persons Responsible
Goal 1: e.g., Create more equitable access to trauma-informed community behavioral health resources	Objective 1: e.g., Increase number of behavioral health service providers in community from 2 to 4 by the end of Year 4	Activity 1: e.g., Identify physical location(s) where services could/should be provided	
		Activity 2: e.g., Identify provider organizations that may be willing to expand their services	
		Activity 3: e.g., Work with identified providers to recruit/identify staff for new sites	
		Activity 4: e.g., Market new sites within target communities	
	Objective 2: e.g., Increase knowledge of trauma-informed approach within 2 behavioral health care service providers by end of Year 2	Activity 1: e.g., Identify evidence-based training that teaches trauma-informed approach in behavioral health care settings	
		Activity 2: e.g., Offer evidence-based training that teaches trauma-informed approach in behavioral health care settings at 2 provider locations twice per year	
		Activity 3: e.g., Identify ways to sustain evidence-based training that teaches trauma-informed approach in behavioral health care settings	
	Objective 3: e.g., Increase number of classes that promote use of trauma-informed approaches within behavioral health care settings at local community college from 0 to 1 by end of Year 2	Activity 1: e.g., Identify relevant class(es) that would contribute to credits needed to graduate from various programs	
		Activity 2: e.g., Meet with leadership at collect to determine steps for incorporating course into class offerings	
	Goal 2:	Objective 1:	Activity 1:
Activity 2:			
Activity 3:			
Activity 4:			
Objective 2:		Activity 1:	
		Activity 2:	
		Activity 3:	
Objective 3:		Activity 1:	
		Activity 2:	
Objective 4:		Activity 1:	
Goal 3:	Objective 1:	Activity 1:	
		Activity 2:	

		Activity 3:	
		Activity 4:	
	Objective 2:	Activity 1:	
		Activity 2:	
		Activity 3:	
	Objective 3:	Activity 1:	
		Activity 2:	
Objective 4:	Activity 1:		
Goal 4:	Objective 1:	Activity 1:	
		Activity 2:	
		Activity 3:	
		Activity 4:	
	Objective 2:	Activity 1:	
		Activity 2:	
		Activity 3:	
Objective 3:	Activity 1:		
	Activity 2:		
Objective 4:	Activity 1:		

Logic Model

Sample Logic Model Structure:

Goals (What do we want to accomplish?)	Inputs (What do we have available to invest/contribute?)	Strategies/Activities (What are we going to do?)	Outputs / Process Measures (What happens as a direct result of what we do?)	Outcomes (What do we hope is going to happen in the long term as a result of what we do?)	Indicators (How will we know what happens?)

Plans for Meeting Data Collection, Performance Measurement, and Local Evaluation Requirements, and Persons Responsible

Below is a detailed description of our plans to collect all required data, and carry out all required evaluation methods.

(1) GPRA DATA

GPRA WD3: The number of individuals trained in behavioral/mental health trauma-informed approaches						Persons Responsible
How will you collect this data?						
Who will you collect this data from and at what time points?						
What are your annual targets for this measure?	Year 1	Year 2	Year 3	Year 4	Year 5	

GPRA TR1: The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings						Persons Responsible
How will you collect this data?						
Who will you collect this data from and at what time points?						
What are your annual targets for this measure?	Year 1	Year 2	Year 3	Year 4	Year 5	

GPRA PC2: The number of community organizations and agencies that are collaborating, coordinating, and/or sharing resources with each other as a result of the grant						Persons Responsible
How will you collect this data?						
Who will you collect this data from and at what time points?						
What are your annual targets for this measure? Note that annual targets and	Year 1	Year 2	Year 3	Year 4	Year 5	

obtained data/measures need to be submitted quarterly into the TRAC system.						
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GPRA T3: The number of individuals (youth and family members) referred to trauma-informed behavioral health services						Persons Responsible
How will you collect this data?						
Who will you collect this data from and at what time points?						
What are your annual targets for this measure? Note that annual targets and obtained data/measures need to be submitted quarterly into the TRAC system.	Year 1	Year 2	Year 3	Year 4	Year 5	

(2) Outcome Performance Measures

Outcome Performance Measure Focused on High-Risk Youth						Persons Responsible
What specific outcome performance measure will you focus on for high-risk youth?						
What tool will you use to measure/identify a baseline for this outcome (i.e., a tool that provides data that shows what the outcome was prior to program implementation)?						
What tool will you use to measure/identify the impact of the program (i.e., a tool that provides data that shows what the outcome will be after program implementation) ?						
Who will you collect the data from and when/at what time points?						

How will you establish that/when you have achieved your desired result/outcome?		
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Outcome Performance Measure Focused on Family Engagement	Persons Responsible	
What specific outcome performance measure will you focus on for high-risk youth?		
What tool will you use to measure/identify a baseline for this outcome (i.e., a tool that provides data that shows what the outcome was prior to program implementation) ?		
What tool will you use to measure/identify the impact of the program (i.e., a tool that provides data that shows what the outcome will be after program implementation)?		
Who will you collect the data from and when/at what time points?		
How will you establish that/when you have achieved your desired result/outcome?		

(3) Local Evaluation Plan

Below is a table that describes all proposed process and outcome measures that we plan to include in our local evaluation. We have provided a process measure for each of the proposed activities listed previously. We have also included proposed outcomes and associated indicators to assess achievement of each of the previously listed objectives. Lastly, we have included our assessment of our coalition of stakeholders.

Goals	Objectives	Activities	Process Measures	Outcomes & Indicators
Goal 1: e.g., Create more equitable access to trauma-informed community behavioral health resources	Objective 1: e.g., Increase number of behavioral health service providers in community from 2 to 4 by the end of Year 4	Activity 1: e.g., Identify physical location(s) where services could/should be provided	# of locations identified	e.g., # of behavioral health service providers added to the community each year
		Activity 2: e.g., Identify provider organizations that may be willing to expand their services	# of providers identified	
		Activity 3: e.g., Work with identified providers to recruit/identify staff for new sites	# of staff recruited/identified	
		Activity 4: e.g., Market new sites within target communities	# of marketing resources created; # of locations materials made available	
	Objective 2: e.g., Increase knowledge of trauma-informed approach within 2 behavioral health care service providers by end of Year 2	Activity 1: e.g., Identify evidence-based training that teaches trauma-informed approach in behavioral health care settings	Name and # of training(s) identified	e.g., Knowledge of trauma-informed approach within 2 existing behavioral health care services providers; as measured by survey distributed to staff present at trainings; survey to be administered directly before and directly after trainings are administered.
		Activity 2: e.g., Offer evidence-based training that teaches trauma-informed approach in behavioral health care settings at 2 provider locations twice per year	# of trainings offered; locations where trainings offered; # of individuals in attendance at each training	
		Activity 3: e.g., Identify ways to sustain evidence-based training that teaches trauma-informed approach in behavioral health care settings	# of sustainability options identified	
	Objective 3: e.g., Increase number of	Activity 1: e.g., Identify relevant class(es) that would contribute to	# of classes identified	e.g., # of classes that promote use of trauma-informed approaches within behavioral health

	<i>classes that promote use of trauma-informed approaches within behavioral health care settings at local community college from 0 to 1 by end of Year 2</i>	<i>credits needed to graduate from various programs</i> Activity 2: e.g., Meet with leadership at college to determine steps for incorporating course into class offerings	<i># of meetings; # of leaders who attended meetings; outline of next steps</i>	<i>care settings at local community college at end of Year 2.</i>	
Goal 2:	Objective 1:	Activity 1:			
		Activity 2:			
		Activity 3:			
		Activity 4:			
	Objective 2:	Activity 1:			
		Activity 2:			
		Activity 3:			
	Objective 3:	Activity 1:			
		Activity 2:			
	Objective 4:	Activity 1:			
	Goal 3:	Objective 1:	Activity 1:		
			Activity 2:		
Activity 3:					
Activity 4:					
Objective 2:		Activity 1:			
		Activity 2:			
		Activity 3:			
Objective 3:		Activity 1:			
		Activity 2:			
Objective 4:		Activity 1:			
Goal 4:		Objective 1:	Activity 1:		
			Activity 2:		
	Activity 3:				
	Activity 4:				
	Objective 2:	Activity 1:			
		Activity 2:			
		Activity 3:			
	Objective 3:	Activity 1:			

		Activity 2:		
	Objective 4:	Activity 1:		

Plans for Dissaggregating Data to Focus on Intended Population of Focus and Disparate Subpopulations

Our plans for disaggregating our data so that we can focus on our intended population(s) and subpopulations include the following:

--

Plans to Assess Changes in Disparities in Access to Care/Use of Care/Outcomes

Our plans for assessing changes in disparities in access to care, use of care, and related outcomes include the following:

--

Policies and Procedures for Health Disparities and Persons Responsible

Our plan, which aligns with the enhanced National CLAS Standards, for implementing policies and procedures that address behavioral health disparities for the populations indicated in our disparities impact statement include the following:

--

The persons responsible for overseeing and implementing this plan include:

--

Sustainability Strategies and Persons Responsible

The sustainability strategies and plans that we have identified in order to sustain the services, supports, and infrastructures developed through ReCAST include the following:

Sustainability Strategies	Timeframe for Implementation	Persons Responsible

Appendix H: ReCAST Reporting Guidance

ReCAST grantees have the following requirements for the reporting of information to SAMHSA:

1. Federal Financial Reports (FFR)
2. Annual performance reports
3. Final performance report
4. Electronic reporting of required performance measures data into a SAMHSA data platform

The guidance in this document will address the requirements for 1 through 6. Guidance about electronic reporting of required performance measures data into a SAMHSA data platform will be addressed separately.

Federal Financial Report

A Federal Financial Report (SF-425 FFR) must be submitted annually to SAMHSA's Division of Grants Management, with a copy to your Government Project Officer. Please refer to **Appendix J** of this Manual for information about completing this report.

If you have any questions about these reporting requirements, please contact your Government Project Officer who will be glad to help.

The reporting periods for the Annual Performance Report, the Final Performance Report, and the Federal Financial Reports, with the submission due dates, are represented in the table below:

Grant Year	Type of Report	Reporting Period	Due Date for Report
Year 1	Annual Performance Report	September 30, 2018 – September 29, 2019	Not later than October 31, 2019
	Federal Financial Report	September 30, 2018 - September 29, 2019	Not later than December 31, 2019
Year 2	Annual Performance Report	September 30, 2019 – September 29, 2020	Not later than October 31, 2020
	Federal Financial Report	September 30, 2018 - September 29, 2020	Not later than December 31, 2020
Year 3	Annual Performance Report	September 30, 2020 – September 29, 2021	Not later than October 31, 2021
	Federal Financial Report	September 30, 2018 - September 29, 2021	Not later than December 31, 2021
Year 4	Annual Performance Report	September 30, 2021 – September 29, 2022	Not later than October 31, 2022
	Federal Financial Report	September 30, 2018 – September 29, 2022	Not later than December 31, 2022
Year 5	Federal Financial Report	September 30, 2018 – September 29, 2023	Not later than December 31, 2023
	Final Performance Report	September 30, 2018 – September 29, 2023	Not later than December 31, 2023

ReCAST Annual Performance Report

The purpose of the Annual Performance Report is to share information about how grant funds have been used and how you have pursued your programmatic objectives to demonstrate program progress in meeting those objectives. This Annual Performance Report must be submitted by all ReCAST grantees.

The following identifies the necessary components of the Annual Performance Report:

Executive Summary

The Executive Summary should concisely address the overall progress towards meeting the project's goals and objectives during the reporting period. This summary should not exceed two pages.

Project Identification and Key Contacts

In this section, provide basic project information about key personnel positions designated within your grant. Provide an update that identifies if any staff positions were filled, vacated, or changed within the reporting period. Also identify if you anticipate any key staff changes during the next reporting period. Please note that any new or anticipated staff changes must be requested in advance as stated in the terms and conditions of award. You should also describe the change(s) and submit resumes and job descriptions, level of effort, and annual salary or hourly rate for each position.

Project and Program Narrative

This section is limited to no more than 15 pages and should describe progress, changes, and accomplishments for reporting period. The areas to be covered are as follows:

- Quantitative and qualitative progress towards meeting goals and objectives
- A revised projected timeline for project implementation
- A description of the approach and strategies proposed in the initially approved and funded application and if any changes or modifications were made
- A summary of key program accomplishments to date

- A description of any difficulties/problems encountered in achieving planned goals and objectives, including any barriers and actions taken to overcome difficulties
- A description of any anticipated milestones for the next reporting period

Required Performance Measure Reporting

You are required to report data and a corresponding narrative of the ReCAST-required GPRA performance measures, two performance measures required by the ReCAST FOA, and all other program-specific outcome performance measures that were selected.

The table below may be used to report data and corresponding narrative on the ReCAST-required and any additional program outcome performance measures. For the four required GPRA performance measures you will be reporting four quarters of data within each Annual Performance Report. The data reported for the required ReCAST measures should be the same as the data entered into SAMHSA’s data platform (SPARS). For all other outcome performance measures, you will be reporting data for the 12-month reporting period. The accompanying narrative for all measures should include information about whether the results are on track, ahead, or behind, and what is being done or was done if there are any deficiencies.

Performance Measure	Data	Narrative
REQUIRED GPRA Performance Measure WD2: The <u>number of individuals</u> in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.		
REQUIRED GPRA Performance Measure TR1: The <u>number of individuals</u> who have received training in trauma-informed approaches, violence prevention, mental health literacy,		

and other related trainings as a result of the ReCAST grant.		
REQUIRED GPRA Performance Measure PC2: The <u>number of organizations</u> and community representatives that are collaborating/ coordinating/ sharing resources with each other as a result of the ReCAST grant.		
Required GPRA Performance Measure T3: The <u>number of individuals (youth and family members)</u> referred to trauma-informed behavioral health services as a result of the grant.		
[Required Youth Outcome Performance Measure]:		
[Required Family Engagement Performance Measure]:		
[Other Program Outcomes]:		
[Other Program Outcomes]:		

[Other Program Outcomes]:		
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Budget Narrative

The Budget Narrative should describe how grant funds were expended during the reporting period. Please include an explanation if funds were not expended as originally planned. Describe any significant changes to the budget that resulted from any modification of project activities during the reporting period. You should address any changes to the budget that affected your ability to achieve your approved project activities and/or project objectives. If the grant application indicated that non-Federal funds (e.g., in-kind) would be used to support the project, a report on the level of non-Federal (e.g., in-kind) funds expended and any changes must be included.

Attachment A: SF 425 Federal Financial Report (FFR)

If completed, a copy of the SF-425 FFR should be included as Attachment A with the Annual Performance Report.

Attachment B: Budget Report

The Budget Report should identify the total amount budgeted for each cost category as compared to the amount expended during the reporting period. Obligated or encumbered funds should not be counted as expended funds and therefore should not be included in the Budget Report. Your Government Project Officer will send you a template which should be used for the Budget Report.

Attachment C: Detailed Budget and Budget Narrative

With each Annual Performance Report, you should include a copy of your detailed budget and budget narrative justification. Please highlight any changes made during the reporting period.

All Annual Performance Reports should be submitted in the eRA system and via email to your assigned Government Project Officer.

You should also submit an electronic copy of your Annual Performance Reports to SAMHSA's Division of Grants Management at DGMPROGRESSREPORTS@SAMHSA.HHS.GOV

Final ReCAST Performance Report

You are required to submit a final performance report within 90 days after the end of the Project ReCAST grant period, i.e., September 29, 2023. Please note that the Final Performance Report is a **cumulative report**, including information and data for the entire performance period of September 30, 2018 through September 29, 2023. The final performance report must be submitted not later than December 31, 2023.

The following outlines the required components of the Final Performance Report:

Executive Summary

The Executive Summary should concisely address the overall progress towards meeting the project's goals and objectives during the entire grant period. This summary should not exceed five pages.

Project Identification and Key Contacts

In this section, provide information about all key personnel positions designated within your grant throughout the entire grant period. Provide a description of all key staff position vacancies and changes. If personnel have changed over the course of the grant period, please list each person, the position/role that they played, and the date range of their participation.

Project and Program Narrative

This section is limited to no more than 20 pages and should describe progress, changes, and accomplishments during the entire grant period. The areas to be addressed are as follows:

- Quantitative and qualitative progress towards meeting goals and objectives
- A final timeline reflecting actual program implementation
- A description of all approaches and strategies proposed in the initially approved and funded application and a description of all changes or modifications that were made
- A summary of all key program accomplishments
- A description of any difficulties/problems encountered in achieving planned goals and objectives, including any barriers and actions taken to overcome difficulties

- A description of the sustainability actions taken throughout the grant period.

Required Performance Measure Reporting

You are required to report data and a corresponding narrative for the ReCAST-required GPRA performance measures, two additional performance measures required by the ReCAST FOA, and all other program-specific outcome performance measures that were included as a part of the funded grant application.

The Performance Section table used for annual reporting should be used to report data and corresponding narrative on the ReCAST-required and any additional program outcome performance measures. You should report the **cumulative data** for the GPRA and all other required and programmatic outcome performance measures. The accompanying narrative for all measures should include information about whether the outcomes were achieved, exceeded, or not met. For those that were “not met,” the narrative should provide a detailed explanation as to the reasons.

Budget Narrative

The Budget Narrative should describe how grant funds were expended during the entire grant period and provide a brief explanation if funds were not expended as originally planned. Describe any significant changes to the budget that resulted from any modification of project activities; this description should address the entire grant period. Address any changes to the budget that affected your ability to achieve your approved project activities and/or project objectives. If the grant application indicated that non-Federal funds (e.g., in-kind) would be used to support the project, a report on the level of non-Federal (e.g., in-kind) funds expended and any changes must be included.

Attachment A: SF-425 Federal Financial Report (FFR)

IA copy of the final SF-425 FFR should be included as Attachment A with the Final Performance Report.

Attachment B: Budget Report

The Final Performance Report Budget Report should identify the cumulative, total amount budgeted for each cost category as compared to the cumulative, and total amount expended during the entire grant period. Your Government Project Officer will send you a template which can be used for the Budget Report.

Attachment C: Tangible Personal Property Report (SF-428)

Please use this form to document any equipment purchased with ReCAST funds. Equipment is defined as a tangible item whose cost is \$5 thousand or more. Also list any tangible supplies purchased with ReCAST funds, e.g., computers, LED projectors.

The Final Performance Report should be submitted in the eRA system and via email to your Government Project Officer.

A copy of the Final Performance Report should also be sent electronically to SAMHSA at Grant.closeout@samhsa.hhs.gov

Performance Reporting Frequently Asked Questions (FAQs)

What is the difference between expended funds and obligated or encumbered funds?

Expended funds are those for which actual payment has already been made. Obligated or encumbered funds are those that have been committed for an immediate or future expense but have not been actually paid out.

Who is the authorized representative?

The authorized representative is the official within the lead agency awarded the grant funds with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the lead agency. The ReCAST Project Director or Program Manager is never the authorized representative.

Who do I send the reports to?

The Annual Performance Reports should be submitted to the eRA system and sent via email to your Government Project Officer. A copy should also be sent to the CMHS Resource Box at DGMPProgressReports@samhsa.hhs.gov

The Final Performance Report should be submitted to the eRA system, sent via email to your Government Project Officer and a copy should be sent to SAMHSA at grant.closeout@samhsa.hhs.gov

The annual SF 425-FFR report must be submitted to the eRA system and sent electronically to the following URL:
CMHSFFR@samhsa.hhs.gov

Do I submit a hard copy of the report or can I send it electronically?

Unless requested otherwise, the report and any attachments should be submitted electronically.

What should I do if I cannot submit the report by the due date?

If there are extenuating reasons for not being able to submit a report by the due date, you should contact your Government Project Officer and Grants Management Specialist prior to the due date. In a majority of circumstances, they will work with you to meet your needs.

Appendix I: ReCAST Required GPRA Performance Measures Guidance

ReCAST grantees are required to collect data on four performance measures. Data for these measures are to be reported quarterly through SPARS. These data are also to be reported annually in the ReCAST performance reports. The information below provides detailed instructions about the data to be collected and reported for each of the four required performance measures.

WD2: The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.

ReCAST Performance Measure: The number of individuals in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.

Data Collection Process: It is expected that instructors/training facilitators will report these data to the ReCAST Project Coordinator/Director whenever trainings are held. It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SAMSHA's data platform. Processes to collect, consolidate, and report these data will need to be established.

Data Reporting: The first data entry point must be entered by **January 31, 2019**. Data entered will cover annual goals and budget and IPP for the first quarter of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.

In the narrative section of SAMHSA's data platform, you should indicate the dates and location of the training(s). For example, to document a training that was held in Rockville, Maryland on April 15, 2019, please indicate, "30 people trained in CIT in Rockville, MD on 04/15/2019."

TR1: The number of individuals who have received training in prevention or mental health promotion.

ReCAST Performance Measure: The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.

Data Collection Process: It is expected that training facilitators will report these data to the ReCAST Project Coordinator/Director whenever trainings are held. It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SAMSHA's data platform. Processes to collect, consolidate, and report these data will need to be established.

Data Reporting: The first data entry point must be entered by **January 31, 2019**. Data entered will cover annual goals and budget and IPP for the first quarter of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.

In the narrative portion of SPARS, you should indicate the dates and location of the training. For example, to document a training that was held in Baltimore, MD on April 15, 2019, please indicate "30 persons trained and certified as YMHFA Instructors in Baltimore, MD on April 15, 2019."

PC2: The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.

ReCAST Performance Measure: The number of community organizations and agencies which are collaborating, coordinating, and sharing resources with each other as a result of the ReCAST grant.

Data Collection Process: It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SPARS. Processes to collect, consolidate, and report these data will need to be established.

Data Reporting: The first data entry point must be entered by **January 31, 2019**. Data entered will cover annual goals and budget and IPP for the first quarter of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.

In the narrative portion of SPARS, you should indicate the type of organizations that are collaboration, coordination or sharing resources.

T3: The number of people receiving evidence-based mental health-related services as a result of the grant.

ReCAST Performance Measure: The number of individuals (youth and family members) receiving trauma-informed behavioral health services as a result of the ReCAST grant.

Data Collection Process: It is expected that the ReCAST Project Coordinator/Director or Project Evaluator will collect this information on a frequent basis. It is recommended that you try to collect this information at least monthly. The data will then need to be entered into SPARS on a quarterly basis. You will need to establish and implement a process to collect, consolidate, and report this data.

Data Reporting: The first data entry point must be entered by **January 31, 2019**. Data entered will cover annual goals and budget and IPP for the first quarter of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.

In the narrative portion of SPARS, you should the evidence based practice or activity that was provider. For example, to document an evidence based-mental health-related service or activity that was provided as a result of the grant, please indicate that “25 youth received trauma focused cognitive behavioral therapy.”

Appendix J: Federal Financial Report and Carryover Request Guidance

Federal Financial Report

For all grant years, you must submit a Federal Financial Report (SF-425 FFR) to SAMHSA’s Division of Grants Management (DGM), with a copy to your Government Project Officer. The SF-425 FFR must be submitted no later than December 31 of the calendar year. The time period for each SF-425 FFR and the due date for this report are as follows:

Time Period	Report should cover	Due Date
Year 1	September 30, 2018 through September 29, 2019	Not later than December 31, 2019
Year 2	September 30, 2018 through September 29, 2020	Not later than December 31, 2020
Year 3	September 30, 2018 through September 29, 2021	Not later than December 31, 2021
Year 4	September 30, 2018 through September 29, 2022	No later than December 31, 2022
Year 5	September 30, 2018 through September 29, 2023	Not later than December 31, 2023

SAMHSA has developed a tool to aid you in completing the FFR. The tool can be found at <http://www.samhsa.gov/sites/default/files/guide-complete-sf-425.pdf>

To use the tool, scroll over the highlighted areas of the SF-425 FFR to reveal the instructions. Each section will have individual instructions to guide you in completing this document.

In Year 1, you entered into the SF-425 FFR the authorized amount for Year 1, the total of Year 1 expenses, the total Federal share of Year 1 unliquidated obligations, and then the unobligated balance of Federal funds. However, after Year 1, the information you enter into the SF-425 FFR is the total cumulative amount for each of the four categories. For example, if your Year 1 authorized amount of funding was \$1 million and your Year 2 authorized amount of funding was \$800 thousand, the total federal funds authorized would be \$1.8 million, and this amount would be entered into the SF-425 FFR form. If your Year 1 Federal share of expenditures was \$700 thousand and your Year 2 Federal share of expenditures was also \$700 thousand, the amount you would report on the SF-425 FFR as the Federal share of expenditures would be \$1.4 million.

Please note that you do not have to wait until December 31 to submit your SF-425 FFR. The SF-425 FFR may be submitted any time after the new grant year begins, i.e., between October 1 and December 31. There is an advantage to submitting the SF-425 earlier than December 31, because you then have an opportunity to submit a request to carryover funds into the current grant and budget period sooner than is typically expected by DGM.

Carryover Request

If you do not have a high-risk designation, you can submit a request to carryover funds into the current grant and budget period when you submit your SF-425 FFR.

You are allowed to carryover an unobligated balance of funds of up to 10 percent of the total federal share of the current grant year amount into the current budget period without prior approval from SAMSHA's Division of Grants Management. However, you are still required to state your intention to carryover funds (in dollars) in the remarks section (Section 12) for the SF-425 FFR. **VERY IMPORTANT:** You as the grantee are not required to submit a formal intent to carryover funds if there is no need or purpose for the funds in current grant and budget period.

If you intend to carryover more than 10 percent of the unobligated balance of funds, you will need to submit a formal request to SAMHSA's DGM. You must be very thoughtful in determining the amount of unobligated funds you anticipate using for carryover

because you are required to expend these carryover funds in the current grant and budget year. The following are examples of how different grantees reviewed their unobligated balance of funds, their need for carryover, and their subsequent actions:

- Grantee A has completed their Year 1 SF-425 FFR and has \$20 thousand as an unobligated balance of Federal funds. Grantee A would like to carryover \$10 thousand for use in the current grant and budget period, i.e., Year 2. Their Year 2 award amount was \$125 thousand. Since the amount of carryover (\$10 thousand) is less than 10 percent of the Year 2 award, Grantee A does not need to submit to SAMHSA's DGM a formal request to carryover funds. However, Grantee A should inform their GPO of their intent to use \$10 thousand in unspent funds in Year 2.
- Grantee B has completed their Year 2 SF-425 FFR and has \$25 thousand as an unobligated balance of Federal funds. Grantee B would like to carryover \$25 thousand for use in the current grant and budget period, i.e., Year 3. Their Year 3 award amount was \$125 thousand. Since \$25 thousand is greater than 10 percent of the Year 3 authorized amount of \$125 thousand, Grantee B must submit to SAMHSA's DGM a formal carryover request for review and approval.
- Grantee C has completed their Year 2 FFR and has an unobligated balance of Federal funds of \$30 thousand. They would like to carryover \$10 thousand of that amount to use in the current grant and budget period, i.e., Year 3. Grantee C's Year 3 award was \$120 thousand. Since \$10 thousand is less than 10 percent of the Year 3 authorized amount of \$120 thousand, they do not have to submit a formal carryover request to SAMHSA's DGM. However, Grantee C should inform their project officer of their intent to use \$10 thousand in unobligated funds in Year 3.

Please keep in mind that carryover requests can only be used for the following:

- Unmet needs
- One-time costs that align with your existing goals and objectives
- Recurring needs, e.g., services, activities, supplies. [NOTE: If this is the case, you must explain and justify it. Include a commitment for these recurring costs in the continuation application and/or reflect other sources of funding because of future year implications. Any project activities or related costs funded with carryover funds that will be recurring through the entire project period should be built into the continuation application budget.]

A formal carryover request should be submitted on official letterhead, signed by the authorized representative of your agency, and include the following information:

- A description of why available funds were not used
- The total amount of funds requested to carryover
- A detailed line-item budget and budget narrative of the requested use of carryover funds by direct and indirect costs

Once the carryover request has been submitted the eRA system, DGM will review both the FFR and carryover request and issue you a Notice of Award if the carryover request is approved.

Please note that there is no guarantee that an unobligated balance of funds will be available to carryover in the future. Also, there is no guarantee that a carryover request will be approved, partially or in full, nor is there a guarantee that you will be authorized to have a no-cost extension.