

**SAMHSA FOA TI-18-010  
Youth and Family TREE  
Pre-Application Webinar  
February 26, 2018  
2:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During today's Q&A session, if you would like to ask a question, please press star then 1.

Today's call is also being recorded. If you have any objections, you may disconnect at this time. Now I would like to turn today's meeting over to your host, Mr. Ramon Bonzon. Thank you. You may begin.

Ramon Bonzon: Thank you. Good afternoon, everyone. My name is Ramon Bonzon. And I am the government project officer for the Substance Abuse and Mental Health Services Administration, also known as SAMHSA.

I'm joined by my branch chief, Twyla Adams, for the Targeted Population Branch. Also my colleague Linda White Young, who is a government project officer, and my colleague Eileen Bermudez, who is a grants management specialist for this FOA.

Again, you will automatically enter the webinar in listen only mode. We will have opportunities for you to ask questions throughout the webinar. When we reach the question and answer portions of the webinar, the operator will prompt you to submit your questions.

Questions can be submitted verbally. Due to a limited amount of time for the webinar, some questions may not be addressed. We welcome any questions

about the Funding Opportunity Announcement via email or phone. So let's begin today's program.

I thank you for joining today's pre-application webinar for SAMHSA, Center for Substance Abuse, Treatment, Funding Opportunity Announcement Number TI-18-010, Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Age Youth and Their Families. The short title is Youth and Family TREE, Treatment and Recovery Enhancement and Expansion.

The agenda for the pre-application includes a review of the FOA, TI-18-010. And then we're going to provide information concerning grants management. Again, we will pause for questions throughout today's webinar and at the very end of the webinar.

An overview of the TI-18-010, the purpose. The purpose of this program is to enhance and expand comprehensive treatment, early intervention and recovery support services for adolescents' ages 12 to 18, transitional aged youth ages 16 to 25 and their families/primary caregivers with substance use disorders, SUD, and/or co-occurring substance use and mental disorders.

Applications will be due April 10, 2018 at 11:59 pm Eastern Standard Time. Total available funding for this FOA is \$14,616,450 in which at least \$5 million will be awarded to federally recognized American Indian/Alaska Native tribes/tribal organizations if application volume for tribes or tribal organization permits.

The total estimated number of awards is 27, estimated award amount up to \$541,350 per year and the length of project period is up to five years.

Overview continued. The TI-18-010 can be accessed on SAMHSA's Web site. You must respond to the requirements listed in the FOA in preparing your application and you must use the forms in the application package to complete your application.

In Appendix A, Application and Submission Requirements, applicants are required to complete four registration processes. This can be found on Page 27. We have the Dun & Bradstreet data universal numbering system to obtain your D-U-N-S number, two, system of awards management system, also known as the SAM, three, grants.gov and four, eRA Commons.

So if you haven't started these processes, start today. If you have already completed registration for the D-U-N-S, SAM or grants.gov, please ensure that your accounts are still active. Afterwards register in eRA Commons.

You must submit your application through grants.gov. All applications that are successfully submitted must be validated by grants.gov before proceeding to the NIH/eRA Commons system and validations.

If, for some reason, your application is not accepted, you will receive a subsequent notice from grants.gov indicating that the application submission has been rejected.

Correct any errors and resubmit through grants.gov. You can find this on Pages 33 through 35. The person submitting your application must be properly registered with grants.gov as the authorized organizational representative for the specific D-U-N-S number cited on the SF424, which is on the first page.

If no errors are found by grants.gov, the application will be assembled in the eRA Commons for reviewing by the applicant before moving on for further SAMHSA processing.

If there are errors, the applicant will be notified of the problem found in the application. The applicant then must take action to make the required corrections and resubmit the application through grants.gov before the application due date and time.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and correct errors identified in the validation process.

Applicants are encouraged also to check the status of their application submission to determine if the application is complete and error free. This can be found on Page 36 and 37.

We want to bring attention to a scam alert that others have notified SAMHSA about. On January 2, 2018, an applicant informed SAMHSA that after recently completing their sam.gov registration, they received a telephone call from someone who stated that they worked with sam.gov in the Federal Government Development Center in Washington, D.C.

The caller told the applicant that their sam.gov registration could not be completed until they paid \$1,000. The caller asked the applicant to confirm the D-U-N-S number and email address.

There are no costs for registering for D-U-N-S, SAM and grants.gov. If you encounter this scam, please spam@hhs.gov.

I'll stop now to see if there are any questions about this applicant submission process. (Frederick), you can open the lines.

Coordinator: Sure. As a quick reminder, if you would like to ask a question, please press star then 1. Remember to unmute your line and record your name clearly when prompted. If you would like to withdraw that question, you may press star 2. Once again, if you would like to ask a question, please press star then 1. One moment to see if we have any questions.

And a question comes from (Elizabeth). Your line is open.

(Elizabeth): Yes. I have a question regarding the number of awards and the award amount. You indicated that \$5 million would be federally designated towards American Indians. And I'm wondering if you have an idea of how many of those awards will be awarded to tribes out of the 27 total.

Ramon Bonzon: Yes. For our estimates, almost a third of the total number of awards will be provided to American Indians or Alaskan Native tribes.

(Elizabeth): Okay. I do have - oh, go ahead.

Ramon Bonzon: It's about nine.

(Elizabeth): Okay.

Ramon Bonzon: We're expecting about nine awards.

(Elizabeth): And also regarding the estimated award amount, when it says up to \$541,350 per year, is that per awardee or per the total number of awards given?

Ramon Bonzon: That is per awardee per year so.

(Elizabeth): All right. Thank you.

Coordinator: I'm showing no further questions in queue.

Ramon Bonzon: Thank you. We'll move on to the next portion of our agenda, which is on eligibility. Eligible applicants are domestic public and private non-profit entities. For example, this could be found on Pages 5 and also on 15 through 16.

For example, state governments, the District of Columbia or Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, America Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau are also eligible to apply.

Government units within political subdivisions of state, such as a county, city or town, federally recognized American Indian, Alaskan Native, AI/AN tribes, tribal organizations, urban Indian organizations and consortia of tribes or tribal organizations.

Continued public and private universities and colleges, public/private non-profit health care systems such as health maintenance organizations, HMOs, preferred provider organizations, PPOs, federally qualified health care systems or hospital systems, community and faith-based organizations.

Also grant recipients funded under TI-16-006 FY2016, Cooperative Agreements for Adolescent and Transitional Age Treatment Implementation, and TI-17-002 FY2017, Cooperative Agreements for Adolescent and

Transitional Age Youth Treatment Implementation are not eligible to apply for this funding.

In Attachment 1, your application must provide identification of at least one experienced licensed and mental health/substance abuse treatment provider organization.

Number two, a list of all direct service provider organizations that have agreed to participate in the proposed project, including the application agency if it is a treatment or prevention service provider organization, and three, letters of commitment from these direct service provider organizations.

You do not need to include any letters. And reviewers will not consider them if you do.

And four, the statement of assurance provided in Appendix C of this announcement signed by the authorized representative of the applicant organization identified on the first page of the application that assures SAMHSA that all listed providers have met the two year experience requirement and are appropriately licensed, accredited and certified and that if the application is within the funding range for an award, the applicant will send the government project officer the required documentation within the specified time.

In Attachment 4, your application must provide a letter to the State Substance Abuse Agency, SSA, or designated representative in Attachment 4, unless the applicant organization is the SSA or a federally recognized AI/AN tribe/tribal organization. You can find this on Page 19.

Operator, we can open this up for questions around eligibility.

Coordinator: Another quick reminder, if you would like to ask a question, just please press star then 1. And our next question comes from, I believe, it was (Greta). Your line is open.

(Greta): Hello?

Ramon Bonzon: Yes, your question.

(Greta): My question is what's the difference to SAMHSA between a letter of commitment from an organization that is participating in the network and a memorandum of understanding or agreement? And that was Attachment 5, the MOAs.

Ramon Bonzon: Hold on a second. I'm going to ask my colleague, Linda, to answer that question.

Linda White Young: Hi, good afternoon. So the letter of commitment is basically demonstrating a party who is interested in supporting your work, not necessarily giving very specific details of the services they will provide or their willingness to participate in trainings and sharing of information and where the MOU will provide that guidance.

(Greta): So we may, in fact, be asking an organization for both a letter of commitment and an MOU?

Linda White Young: I would suggest that if the organization is going to be a person under MOU and give those specifics then you don't necessarily need the letter of commitment.

(Greta): Okay. Okay. Great, okay. Thank you.

Ramon Bonzon: You're welcome. Any other questions?

Coordinator: Our next question comes from (Nazareth). Your line is open.

(Nazareth): Great, thank you. My question is regarding about the requirement of having a license or being a licensed facility for substance abuse or mental health.

Ramon Bonzon: Yes. And your question is about?

(Nazareth): Yes. Well, clarification, licensing mental health/substance use, is it one or the other or both or is it just depending on the intervention being used?

Linda White Young: Hi. Again, this is Linda White Young. The license should reflect the requirements of your state. For example, if your state required you to have a specific license to provide substance use treatment, then you need a license for that. And then if they require another license to provide mental health services, you need to provide that.

And some states may just require one license because they're going to be called a behavioral health license or what have you. But you should follow the state requirement.

(Nazareth): Got it. So whatever our state requirement says what we need in order to do the treatment provider services we provide is good enough. Because I know it says license certifications and accreditation, but there wasn't an and and/or so I wasn't quite sure if it was and and/or.

Linda White Young: Follow the state requirements.

(Nazareth): Perfect. Follow the state requirements. Okay. Great.

Coordinator: Thank you. Our next question comes from (Sarah). Your line is open. (Sarah), your line is open.

(Cara): This is (Cara).

Coordinator: (Cara), sorry.

(Cara): Did you hear (Cara)? Okay. That's okay. I just wanted to make sure it was the right person.

So I also have a question about the MOU or MOA requirement. Typically, we have never been required to provide that and we weren't with the previous adolescent grant. We were allowed to submit letter of commitments.

And so I just wanted to - I think it has been clarified. But I just wanted to make sure that we would not be allowed to provide a letter of commitment even if it included the items that you have indicated today that are required as far as how that organization will participate in trainings or the specific services that they would provide.

I'm just asking because the MOU or MOA process from the state standpoint is very in-depth and requires many additional steps.

Linda White Young: They don't have to - it's a clarifying question she's asking.

Ramon Bonzon: Okay. Thank you, (Cara). So your clarifying question is around, again, letters of commitment, which is listed in Attachment 1, and the memorandum of

understanding or agreements in Attachment 5. And if - I think your question is whether or not if you have the MOU, do we still need a Number 3 in Attachment 1, the letters of commitment. Is that your question?

(Kara): Well, we have never - actually my question is - it's looking like we must in fact provide an MOU, correct, or MOA?

Ramon Bonzon: Yes.

(Kara): As opposed to just a letter of commitment.

Ramon Bonzon: Correct.

(Kara): Because it's a much different process from our state standpoint so.

Ramon Bonzon: Correct. So in the attachments - you'll see on Page 19, Attachments 1 through 5, we do request in Attachment 1, those letters of commitment for these direct service provider organizations. And in Attachment 5 we do request the memorandum of understanding of agreement with these key agencies that are going to be partners and providing services.

(Cara): Okay. Thank you.

Coordinator: I'm showing no further questions in queue.

Ramon Bonzon: Thank you. We're going to move on to the next portion, expectations. Grantees are expected to provide a coordinated multisystem family centered approach that will enhance and expand comprehensive evidence-based treatment, including early intervention and recovery support services to the population of focus.

With a comprehensive evidenced-based treatment, early intervention and recovery support system, youth and family TREE projects will increase the unduplicated number of individuals served with evidence-based services and practices, increase abstinence from the use of alcohol, marijuana and other substances, increase access, engagement and retention and treatment, improve parenting skills and family functioning, improve educational employment and housing stability, decrease involvement in and exposure to crime and violence, improve mental health and increase access to health services for underserved populations. This can be found on Page 7.

Required activities. Youth and Family TREE is one of SAMHSA's services grants programs. SAMHSA intends that its service programs result in the delivery of services as soon as possible after the award.

At the latest, award recipients are expected to provide services to the population or populations of focus by the fourth month after the grant has been awarded.

Phase-in plan. The recipient will be expected to submit a detailed phase-in plan that at a minimum includes key activities, milestones, a detailed budget and identify the staff responsible for implementing the activities within 30 days of the project start date. This can be found on Page 8.

Required activities continued. Provide a comprehensive family centered trauma informed evidence based coordinated and integrated outpatient system of care which includes early intervention and recovery support services to meet the complex needs of the population of focus.

The services should include evidence-based screening, assessment, treatment and wraparound services. Evidence based practice, EBP, services must be provided in outpatient, intensive outpatient or day treatment settings. This can be found on Page 8.

Required activities continued. Increase access to comprehensive treatment services to a large number of unduplicated youth clients that your organization currently serves. An applicant may also propose to expand services to family members of youth clients who your organization currently serves.

Required activities. Continued recipients should serve a minimum of 50 youth in year one and 100 youth in each subsequent year. If an applicant proposes to serve fewer than the minimum youth specified, then they must provide justification in Section B, proposed implementation approach, that details why they cannot meet the minimum expectation and/or they should consider applying for less than the maximum award of up to \$541,350 per year.

Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on activities proposed in their application, including the number of clients they proposed to serve annually.

Required activities continued. Provide tobacco youth counseling interventions as part of a standard practice as appropriate. Screen adolescents and/or transitional aged youth and their family members/primary caregivers who are included in the treatment planning for alcohol misuse and illicit drug use.

Have a comprehensive coordinated integrated service system in place to meet the complex needs of the population of focus and provide education and messages on making healthy choices that includes no use of any substances. This can be found on Page 9.

Required activities continued. Health disparities impact statement. If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. You can find more information on Appendix H addressing behavioral health disparities.

I'll stop now for any questions. So we'll open up the line.

Coordinator: All right. And our next question comes from, I believe it was, (Jim). Your line is open.

(Jim): Yes, hi. On Page 8, as you already mentioned, it says an applicant may also propose to expand services to family members of youth clients which your organization currently serves.

So, for example, can grant funds be used to - let's say, you know, you admit a youth. And he's got a family member, say a parent, who also has a substance abuse problem. Can grant funds be used to pay for the parent?

And if the answer is yes, I assume that would not count as a minimum of 50 youth or 100 youth in subsequent youth. That would be in addition to the minimum required youth. So it's kind of a two-part question.

Ramon Bonzon: So to answer your question, that is correct. You can use funds under this FOA to support the services for family members of the youth being treated.

And also to answer your second part of the question, you still are expected to serve the minimum number of 50 youth for the first year and 100 youth for every subsequent year.

So the family members are not included in those numbers of 50 youth and 100 youth for a subsequent year if that's clear.

(Jim): Yes. It is clear. Thank you.

Coordinator: Our next question comes from (Arlene). Your line is open.

(Arlene): Hi. On Page 9, Number 5, it talks about providing education and messaging on making healthy choices. That includes no use of any substances. Does that mean that harm reduction approaches are not allowed under this funding announcement where we're talking to young people around reducing their substances with the goal of abstinence, but it may not be immediate abstinence?

Ramon Bonzon: I have to take that question if you can send that to me directly. My contact information is at the end of the FOA. But that is a great question. So I can respond to you directly with that question on Page 9, Number 5.

(Arlene): And where is your contact information?

Ramon Bonzon: It will be - my contact - this is Ramon Bonzon. My contact information is at the end of the FOA. It's on Page - let me find the exact page number. I'll also have it up at the end of this webinar. It's on Page 25 of the FOA.

(Arlene): Okay. Thank you.

Ramon Bonzon: Yes. Great question. Great question. Thank you.

Coordinator: Thank you. Our next question comes from Ms. (Raymond). Your line is open.

(Ms. Raymond): Hi. I had a couple more questions about what clients would be contacted in the 50 or 100 for the second year. So you already answered the first one about including family members. Can we include clients that were screened but never received treatment?

Ramon Bonzon: Yes. They have to have an intake GPRA. GPRA is the data collection interview that SAMHSA requires. So if you have a GPRA intake, they would be counted towards that 50.

And just to clarify, if you do serve a family member who needs services - family member of the youth who needs services, that family member is not counted towards the minimum number of 50 for the first year or 100 for every subsequent year. So you can't count them towards that.

(Ms. Raymond): Right.

Ramon Bonzon: Yes. The FOA says youth. So thanks for that question.

(Ms. Raymond): Okay. And then I had another one. So it's on the same line of questioning though. So what about clients that received prevention services only?

Ramon Bonzon: Yes. Unfortunately, this FOA focuses on treatment even though we recognize prevention, early intervention, recovery are critical pieces of the comprehensive treatment system. But we do not - since they do not get a GPRA intake, they're not counted towards that 50 or 100 for a subsequent year.

(Ms. Raymond): Okay, great. Thank you.

Ramon Bonzon: Yes. Good question though.

Coordinator: Our next question comes from (Jerry). Your line is open.

(Jerry): Yes. This is also following up. If a recipient receives the education and prevention programming -- and I think you already answered this -- would they count as an individual served by the program? And if they did a GPRA intake, then, yes would be the answer, I think, from following the questions I've heard.

Ramon Bonzon: Yes. Can you repeat that question one more time? You mentioned prevention.

(Jerry): Right. So we have a client. And they receive education and prevention programming. And would they count as individuals served by the program? And I believe so your answer is if they would still have to do a GPRA intake, which would probably involve more than just prevention programming.

Ramon Bonzon: Correct. Yes. If they received treatment, they would be counted towards that number of 50 and 100 every subsequent year. So the FOA does focus on treatment. So they need - to be counted they need to get that GPRA intake, which would mean they would receive treatment.

(Jerry): Got it. Okay.

Ramon Bonzon: If you need more clarification, feel free to send an email.

(Jerry): I most certainly will. Is there going to be some, maybe later in this FOA announcement, some examples of tobacco cessation activities?

Ramon Bonzon: I think we would refer you to resources on SAMHSA's Web site and feel free to send, again, an additional question for that.

(Jerry): I will.

Ramon Bonzon: But we definitely do have some examples of current grants or current programs that may address that question.

(Jerry): Great.

Ramon Bonzon: We're going to move on to the next part of the agenda just to make sure we get to the end. Now we're going to talk about allowable activities.

Fetal alcohol spectrum disorders, FASD, screening, assessment and treatment. Recipients may screen and/or assess adolescents and/or transitional aged youth and their family members/primary caregivers included in treatment for FASD.

Recovery housing. Recipients may provide recovery housing as part of the SUD treatment, continuum of care. Up to 25 percent of the grant award may be used for recovery housing.

Medication. Recipients can provide medication as part of their SUD, specifically alcohol use disorder and opioid use disorder treatment approach.

Funds may be used to pay for Food and Drug Administration, FDA, approved medications for the treatment of SUDs and/or co-occurring substance use and mental disorders when a client has no other source of funds to do so.

Up to 10 percent of the annual grant award may be used for medication to treat SUD and/or co-occurring substance use and mental disorders.

Peer recovery support services, PRSS. Recipients may provide peer recovery support services. The PRSS system includes individuals who have experience in SUD or co-occurring substance use and mental disorder and are in recovery to design and deliver services.

HIV and viral hepatitis testing. Recipients may provide HIV and viral hepatitis testing and vaccination for hepatitis A virus and hepatitis B virus.

Training and technical assistance, also known as TA. Recipients may use up to \$25,000 of the annual grant award for the purchase of training and TA implementing the grant program. If grantees opt not to use this for training and TA, the funds can be used for any other required/allowable activities of the grant.

We can open up the lines again to discuss any of the allowable activities.

Coordinator: As a quick reminder, if you would like to ask a question, please press star then 1. If you would like to withdraw your question, you may press star 2. Our next question comes from (Susan). Your line is open.

(Susan): Hi. Regarding the recovery housing that's allowable, does that need to be, like, a freestanding so-called recovery housing? Or can it be a residential facility that is a substance-free living environment?

Ramon Bonzon: I think there are - let me find the specifics because it does in the FOA refer to more information about recovery housing. We do have some requirements and limitations. Let me find them.

You can find the standard funding restrictions under Appendix I. But we do have - what we describe is pretty broad. So if that doesn't clarify - in Appendix I, if that information doesn't answer your question, you can go ahead and send that question directly to me.

(Susan): Okay. Thank you.

Coordinator: Thank you. Our next question comes from (Elizabeth). Your line is open.

(Elizabeth): Yes, actually, my question was regarding the prior segment and expectations you covered regarding the service of youth. Is that unduplicated, the subsequent 100 youth each subsequent year? You said the first year 50 and then the following year is 100 youth each year is that...

Ramon Bonzon: That's correct, unduplicated.

(Elizabeth): ...simply served or in addition to? So the first year is 50 and then the next year you add.

Ramon Bonzon: It's in addition to. Yes, unduplicated. So, yes, the first year is 50 youth. The next year is 100 different youth.

(Elizabeth): All right. Thank you. And I also have a question regarding - you just referenced -- I didn't catch what you said -- something about 10 percent allowable activities?

Ramon Bonzon: Yes. I'll get that at - there's another portion of the agenda about funding limitations. But I mentioned that for medications up to 10 percent. So I'll mention that again.

(Elizabeth): All right. Thank you.

Ramon Bonzon: No problem. One last question.

Coordinator: Okay. And our next question comes from (Natasha). Your line is open.

(Natasha): Yes. So my question was, are you able to do your analysis under the recovery support services piece? And are you able to pay for incentives?

Ramon Bonzon: The answer is yes.

(Natasha): Oh, okay. Okay. And just to have clarification on the - I think we pretty much have clarification that the clients that we are looking at have to currently be in our system because they have to have the intake GBRA.

So even if we had clients in 2017 who crossed over into 2018, as long as unduplicated, they would still be able to be counted towards the 50 minimum for the first year?

Ramon Bonzon: Yes. I probably need a little bit more detailed information to answer that question because the purpose of the FOA is to expand the population you are currently serving. And, you know, we describe that as unduplicated as well. So I think we need a little bit more information than the time allows.

But the goal of the FOA again is to expand the population that you're currently serving and they must be unduplicated. And I guess the question of how that transfers from year to year, 2017 to 2018, that's where I kind of need a little bit more clarification and more detail on that specific question to answer it.

But it's a good question. I think others probably on the phone may need some more clarification on that. But I think, again, the goal of this FOA is to expand who you're currently serving and that includes, you know, they must be unduplicated.

So I'm going to move onto the next part of our agenda just to make sure we finish on time. Thanks for that question.

(Natasha): Thank you.

Ramon Bonzon: Data collection and performance measurement. All SAMHSA recipients 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, also known as GPRA.

You must document your plan for data collection and reporting in Section E, data collection and performance measurement. You can find this on Page 12.

Data collection and performance measurement continued recipients are required to report performance on measures such as the following, numbers of individuals served, diagnosis, abstinence from use, housing status, education/employment status, criminal/juvenile justice system involvement, social connectedness, risky behaviors, access to services, emergency department use, hospitalization for mental/SUD, suicide attempts, utilization of services and retention in services. You can find this on Page 13.

This information will be gathered using SAMHSA's performance, accountability and reporting system, SPARS. Access will be provided upon award.

Data will be collected via face-to-face interview using the tool at four data collection points, intake to services, three months post intake, six months post intake and discharge.

Recipients will be expected to GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent.

GPRA training and technical assistance will be offered to recipients. You can find this information on Page 13.

Local performance assessments. Recipients are required to report on their progress addressing the goals and objectives identified in B.1. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project.

Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities.

You will be required to submit an annual report on the progress you have achieved, the barriers encountered and efforts to overcome these barriers.

Any questions on data collection and performance?

Coordinator: Another quick reminder, if you would like to ask a question, please press star then 1. If you would like to withdraw your question, please press star then 2. And our next question comes from (Tina). Your line is open.

(Tina): Hi, there. Our questions really go back to the previous portion. We had a question specifically about the \$25,000 restriction for technical assistance and whether that includes training folks in evidence-based treatment. So, in other words, are we limited to spending \$25,000 only on getting folks trained in an evidence-based treatment to meet the first activity requirement?

Ramon Bonzon: That's a good question. The training in the evidence-based treatment would not be included in that \$25,000.

(Tina): Okay. Thank you. Thank you so much. And then another question, if the state is the applicant agency, is there an expectation that the key personnel would be hired at the state level or would they be positions that should be hired at the local level? For example, if we had two implementation sites, would the expectation be that they would hire those folks at that level?

Linda White Young: Give us a minute. What is...

Ramon Bonzon: Hold on a second. Let me look that up real quick.

(Tina): Sure.

Linda White Young: Hi. This is Linda. Thank you for allowing us to chat amongst ourselves. So if you are state model and you have two different sites, the intent was that there would be an evaluator and a project director that theoretically could be at the state level.

You still have to figure out how to hire a youth coordinator and a family coordinator with the idea that they need to be available to ensure well-coordinated and integrated care.

So you could have all four of those positions at the state level, but you still would want to make sure that those two positions, the youth coordinator and the family coordinator, is available to ensure services are well coordinated and integrated.

(Tina): Thank you. Thank you. That makes a lot of sense. We appreciate that.

Linda White Young: Okay.

Coordinator: Thank you. Our next question comes from (Richard). Your line is open.

(Richard): Hi. Yes. My question actually has to do with a previous section as well. When you talk about peer supports, with adolescence there's kids with lived experience but there's also parents that have lived through their kids having drug or alcohol problems. Would the peer include the parents as well?

Ramon Bonzon: Yes.

(Richard): Okay. Thanks.

Ramon Bonzon: We're going to move on to the next part of the agenda. I apologize. We are running out of time, but we appreciate all of the questions. We're going to get into some of the funding limitation and restrictions.

The funding restrictions for this project are as follows. Up to 25 percent of the annual grant award may be used for recovery housing. No more than 20 percent of the annual grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

No more than 15 percent of the annual grant award may be used for developing the infrastructure necessary for expansion of the services.

Up to 10 percent of the annual grant award may be used for medication to treat SUD and/or co-occurring substance use and mental disorders.

Up to 25 percent of the annual grant award can be used for purchase of training technical assistance as I stated earlier in the implementing of the grant program. If grantees opt not to use this for training and TA, the funds can be used for any other required allowable activities of the grant.

We can open up again for any questions around this or previous portions.

Coordinator: Our next question comes from (Arlene). Your line is open.

(Arlene): Yes. Regarding the GPRA, is it available in any other languages besides English?

Ramon Bonzon: Yes, it is.

(Arlene): Okay.

Ramon Bonzon: You can go to - you can look it up in the SPARS systems help desk. And there are numerous translations there. Or directly contact the SPARS help desk and they can provide that information to you. Next question?

Coordinator: Our next question comes from (Stephanie). Your line is open.

(Stephanie): Thanks. My question is about the 15 percent for infrastructure. I'm wondering if it would be allowable to spend money on things like refurbishing, like meeting rooms where groups meet and things like that.

One thing we've observed in our community is that a lot of spaces that are used for recovery services are usually very shabby and they are not just very great places to be. So we're wondering if that would be something we'd be allowed to include in the budget.

Eileen Bermudez: So this is Eileen Bermudez. Alterations and renovations are allowable costs. Construction, of course, is not allowable if you are, maybe, fixing the rug so no one trips or fixing the rest room or things like that.

Minor repairs are allowable. However, they wouldn't be considered infrastructure. Infrastructure basically are costs to get your operations started and so forth, like certain training that you might need, maybe certain operating systems that you need, those types of things. A&R are allowable under other cost category. However, it's not part of infrastructure.

(Stephanie): Thank you.

Eileen Bermudez: You're welcome.

Coordinator: Our next question comes from (Stephanie). Your line is open.

(Stephanie): Hi, yes. Could you tell me if there are restrictions on the use of funds for client assistance?

Ramon Bonzon: Could you further expand that question for us?

(Stephanie): Sure. So if we're looking for client assistance funds, for example, for transportation to treatment, possibly deposits for rental units for sober living, those types of assistance.

Eileen Bermudez: So those types - again, this is grants management's perspective of this response. That type of assistance is not allowable.

Linda White Young: Transportation.

Eileen Bermudez: However, we do allow for transportation, bus passes, different types of incentives also. However, housing is not an allowable type of cost.

(Stephanie): Thank you.

Eileen Bermudez: Mortgage and things like that, no.

(Stephanie): Okay. Thank you.

Coordinator: I show no further questions in queue at this time.

Ramon Bonzon: Thank you. So I'm going to turn it over to my colleague, Eileen, who you just heard talking, to share some grants management tips.

Eileen Bermudez: So this is kind of a good segue, the fact that we had several grants management questions. So good afternoon, everyone. I want to share with you several questions that I've been receiving from other announcements from applicants, key grants management tips. Very important concerns that come up quite often.

It is super important that you begin this registration process. In the announcement, we identify that it takes approximately six weeks. It really does if you're totally brand new.

If you don't have a SAMHSA's account, if you don't have a D-U-N-S number, if you're starting from scratch, it really does take quite some time. The earlier that you begin the registration process the better. It is super important. I can't stress that enough.

As far as the funding limitations that Ramon just went over, it is important that you identify within your budget. There is a sample budget in Appendix L. It is highly recommended that you follow that structure.

You don't have to have to, but I strongly encourage it because it will identify the different types of budget items, how it needs to be specified, the detail that we look when we review budgets. All costs are reviewed to determine the costs are reasonable, allowable and allocable.

We need clear breakdowns of how you came up with all these different amounts. We need as much detail as you can provide so that we can review your budget adequately.

As far as the funding limitations, it is very important that within your budget you identify each of these. I wouldn't necessarily be able to determine what 20 percent of your data collection or performance measurement is unless you identify it within your budget.

It's very important that when you go through the funding limitations, the various percentages, you identify within your budget, in your budget narrative, what specific costs those are.

There are different ways of doing it. At the end of your budget, you can have a chart for each of these limitations. Or within your budget narrative you can include what these costs are.

Some other concerns that come up, when you prepare certain forms as far the application package, please keep in mind that several agencies use this application package and that not all the information within these forms are required when you submit your SAMHSA application. They are very specific things that you need to fill out. That is within the announcements.

If you receive - if when you submit your application you receive any warning, your application will still go through. However, if when you attempt to submit you receive any errors, you must respond. You must correct all the errors or else your application will not go through.

One of the forms, the SF424A, the non-construction budget form, it is very important that - that has several sections. It has, I think, it's Section A through E. There's a section in the back that identifies future years.

Some of the concerns that I received is if I'm applying for all five years, but there are only four spaces. Please keep in mind the first future year is your Year 2. Super important. I get that question a lot. Of course, if you have the question and you want to submit an email, it's okay. But I just want to remind you of things that do come up.

When you fill out the future years, your first future year is Year 2. When you're submitting the SF424 information Section B, that is for your Year 1. Super important.

There was a question as far as incentives. Yes, incentives are allowed. They are capped at \$30.

Other things that I wanted to go by, super important, please read your announcement very carefully. In it you will see what the expectations, what the requirements are.

Going back a little bit to the funding limitations, when your application is received and it's reviewed and scored, if your application is funded and you become a recipient of this grant, we will always refer back to this announcement.

You need to have this with you close at hand because if your application is funded, we will always verify these expectations and these limitations and the percentages when you submit your future budgets. So please have this handy.

Another important thing to note in the announcement, we identified key personnel. All of the SAMHSA grants have a project director. The project director is the person who handles the day-to-day management of the grant. That is grants management primary contact.

You must identify even if it's in kind or somewhere in your budget under personnel. You need to identify a project director. If you don't have one identified yet, you do at least have to include the position, the level of effort and the analyst's salary.

Same as for the other key personnel in this announcement, the project director, as Linda had mentioned, the youth service recovery support coordinator, the family coordinator and the lead evaluator. Those are going to be considered the key staff.

Again, if you don't have these staff already determined, at least include the position and what you estimate to be the level of effort in the annual salary to each of these positions.

These would be considered key staff. Therefore, we would need their resumes or their biographical sketches as well as the job descriptions for each of these positions.

Very important, I can't stress it enough, please make sure that your project director, your authorized representative and your business official, at least those three people, have a Commons ID registered in eRA.

If your application is awarded, these three positions will receive either the Notice of Award, any correspondence that we have that grants management sent to you. Super important. Those three people within your organization must be registered with a Commons ID.

I have another - I just want to - I think those are all the major tips that I wanted to include as far as grants management. We can open up for questions.

Ramon Bonzon: Thanks, Eileen. We can open up for questions at this time.

Coordinator: Okay. As another quick reminder, if you would like to ask a question, please press star then 1. Remember to unmute your phone and record your name clearly when prompted. If you would like to withdraw that question, you may press star 2. Thank you. Our next question comes from (Adori). Your line is open.

(Adori): All right. Just to clarify, can we procure Naloxone as a treatment, a form of treatment?

Eileen Bermudez: That would be a treatment question.

Linda White Young: Is it by itself or?

Ramon Bonzon: Are you combining Naloxone with a behavior health treatment?

(Adori): Yes, take-home Naloxone. Well, we've done a lot of research on the benefits of take-home Naloxone. And so providing Naloxone to people that come out of residential programs tends to support abstinence because they can be a supplement to their peer or their returning to or you could use it in case they - well, someone can use it on them in case they overdose.

Linda White Young: Hi. Yes, you can provide it part of the treatment continuum. Not as an only, but as part of the treatment.

(Adori): And what about for training? So on the training on emergency response, I'm providing training participants with a dose of Naloxone.

Linda White Young: Yes. That could be part of your training. It can be included in, you know, your training plan.

(Adori): Okay. Thank you.

Coordinator: Thank you. And our next question comes from (Amy). Your line is open.

(Amy): So when you say that the incentive is capped at \$30 each is that for each client over the...

Eileen Bermudez: The incentives, I'm sorry, is capped at \$30. And it's basically every, I want to say, different programs - I don't want to say the wrong things. Sometimes it's six months follow-up. Am I saying this correctly? How often do you programmatically expect? Is it...

Linda White Young: So from a treatment perspective, it's a \$30 cap. And it can be provided as part of your evaluation incentive or it can also be as part of the incentive to participate in treatment.

(Amy): Okay, great. And that actually was part of my question. But I'm still not clear on is it \$30 per incentive or is \$30 the max per client that they can receive?

Linda White Young: It's the episode, you know.

(Amy): Per episode, okay.

Linda White Young: Yes.

(Amy): So we could use it as an incentive for treatment. It's just each time that is given to a client, it can't be more than \$30.

Linda White Young: Correct, correct.

(Amy): Thank you.

Coordinator: Thank you. And the next question comes from (Sherry). Your line is open.

(Sherry): Hello. On Pages 81 and 82, it talks about the indirect costs or what we might call administrative overhead. And I'd like a little bit of clarification. Our

agency does not currently have, nor have we ever requested, as said earlier, an approved indirect cost rate. So would I then be restricted to the 10 percent on the select cost categories for that?

Eileen Bermudez: Yes. If you've never had indirect negotiated rates, you can take advantage of the de minimis rate.

(Sherry): Okay. And then that only goes to a handful, maybe six categories, are what derives the 10 percent, not such things as client incentives? You know, what would I base that 10 percent on? I'm still kind of lost.

Eileen Bermudez: I'm sorry. The second part of your question was a little fuzzy. I don't quite understand.

(Sherry): All right, in Section J, where it's indirect cost rates and it indicates the 10 percent, and there's a listing of six categories, direct expense categories, that looks like it is the base of the 10 percent of which things such as building rent, client incentives.

Eileen Bermudez: Regional reimbursements, college of participants...

(Sherry): (Unintelligible) are not included. So in calculating my 10 percent, my question is in calculating my 10 percent, am I to exclude the cost of rent, utilities, communication?

Eileen Bermudez: Yes. What you're going to do is when you prepare your budget, you're going to add all your direct costs including fringe, materials, supplies, services, travel and the subcontract, the first \$425 of each subcontract.

And then take that times 10 percent, times .10, and then you can direct that amount as indirect costs. So you wouldn't be including the equipment, the patient care, rental costs. That wouldn't be part of your indirect costs.

(Sherry): You're saying that would not be part of the base that my 10 percent of the price is, correct?

Eileen Bermudez: Yes.

(Sherry): I would expect to cover my rent, communications and utilities with that 10 percent?

Eileen Bermudez: So you're going to calculate all the costs and you're referring to Page 81. You're going to take all your direct costs, your fringe, your material supplies and so forth, that number, once you add it, multiply it times .10 and then that amount would be your allowable indirect.

(Sherry): I understand that. Where I don't see where I would be able to charge rent or utilities or telephone. I see it up in the sample on Page 80, but I don't see that it's part of the basis that I work my 10 percent from. I just wanted to clarify that.

Eileen Bermudez: Correct. So when you prepare your budget narrative, if you have utilities and so forth, you could put it under the other budget category. It's just that when you were calculating your de minimis you're not going to include it.

(Sherry): I am not including that other. Okay. Thank you.

Coordinator: Thank you. Our next question comes from (Richard). Your line is open.

(Richard): Yes. Can we either purchase or maintain vehicles? We live in a suburban county where there's poor transportation.

Eileen Bermudez: So the purchase of vehicles requires prior approval. It's not that we don't allow it, but we ask a series of questions. What I can do is refer you to our Web site under post-award request. You'll see it will say equipment.

You need to answer all those questions because there's several - like I said previously, we have to make sure that all costs are reasonable, allowable and allocable. So it's not that we don't approve equipment. However, we do have to make sure we do our review of what's most cost effective.

(Richard): Sure. Thank you.

Eileen Bermudez: Maybe it's better to lease rather than to purchase.

(Richard): Yes.

Coordinator: Thank you. Our next question comes from (Kathy). Your line is open.

(Kathy): Hi. I wanted to ask if it's possible to apply not knowing or needing to hire your project director?

Eileen Bermudez: You have to have a project director identified for - I want to say all SAMHSA grants have a project director because that's really our primary contact. That's the person who handles the day-to-day management of the grant, of the program.

You have to have at least the position budgeted for included within your budget. You may not know who the project director is as of yet. You could be put TBD. However, you do have to budget for the position.

And if you have someone that you think you know who can be assigned to that, when you prepare your checklist form, there's a contact information where you also have to identify the project director. It's a key staff position so it is required.

(Kathy): Okay. So we tried to apply one time doing that, that we were going to hire in that position. And when it came down to it where you have to provide that login information for their eRA Commons, it seemed like it was not possible to apply with that to be determined.

Eileen Bermudez: They can - you know, they can. I'm saying they, like - you can identify - if you don't have a project director identified, you can use the business official. And then if your application is funded then you can request a key staff change. Someone has to be identified.

(Kathy): Okay. That is very helpful. Thank you.

Eileen Bermudez: You're welcome.

Coordinator: Thank you. Our next question comes from (Amy). Your line is open.

(Amy): Hi. I was wondering if you could repeat which specific three positions need to be registered in the eRA Commons. I understand it's the project director, the organization and then who are the others?

Eileen Bermudez: So as an organization you can decide whoever. However, we require because notifications that go out and so forth, the authorized rep who is totally responsible for the whole program, the project director who handles the day-to-day management of the grant and the business official.

The business official is the person who receives most - I want to say almost all, including the Notice of Award, of anything the grants management sends. So at least those three positions have to have a Commons ID.

(Amy): Okay. Thank you very much.

Coordinator: Thank you. Our next question comes from (Sandra). Your line is open.

(Sandra): Hi, there. My question is regarding the residential services. In the language here about providing recovery in housing, are you saying that is the same thing or are those two different things? I'm confused.

Linda White Young: Hi. Could you just repeat your question again? I apologize.

(Sandra): There was a question earlier about recovery housing. And I understand the language with the restriction that we can cover residential services. But my question is, are you considering that the same thing as far as recovery housing? Or is that something different from residential?

Linda White Young: Residential treatment is a formal definition of your state. Your state defines what is residential treatment. And your state defines what is recovery homes.

So, again, you know, it varies from state to state what they call things. So you need to work with your single state agency. But in most states, they are two separate things.

(Sandra): Okay. Thank you.

Coordinator: I'm showing no further questions in queue at this time.

Ramon Bonzon: So here is our SAMHSA contact information. For programmatic questions, you can contact me, Ramon Bonzon. Here is my phone number and my email address, which is the preferred method of receiving your questions, is [ramon.bonzon@samhsa.hhs.gov](mailto:ramon.bonzon@samhsa.hhs.gov).

And for any of the grants management and budget issues, you can contact Eileen, who is on this webinar, at FOACSAT - that's [foacsat@samhsa.hhs.gov](mailto:foacsat@samhsa.hhs.gov). You can pose those questions there.

So we thank everyone who was very interested in this FOA. You will see our slide here where SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Feel free to again contact us if you have additional questions following this webinar. This webinar will be provided to you on SAMHSA's Web site once it's finished. And we will also provide a transcript as well.

So thank you for your interest. You may now disconnect. Thank you.

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