

# Fiscal Year 2018 Funding Opportunity Announcement

## TI-18-010: Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families

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U.S. Department of Health and Human Services



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Agenda

- Review of TI-18-010: Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families  
Ramon Bonzon, Public Health Advisor,  
SAMHSA/CSAT
- Grants Management Presentation  
Eileen Bermudez, Grants Management Specialist  
SAMHSA/CSAT

# Overview of TI-18-010

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

**Application Due Date:** April 10, 2018 at 11:59 pm EST

**Total Available Funding:** \$14,616,450 (At least \$5 million will be awarded to federally recognized American Indian/Alaska Native (AI/AN) tribes/tribal organizations if application volume from tribes/tribal organization permits.)

**Total Estimated Number of Awards:** 27

**Estimated Award Amount:** Up to \$541,350 per year

**Length of Project Period:** Up to 5 years

# Overview of TI-18-010 (continued)

- TI-18-010 can be accessed on SAMHSA's website at: <https://www.samhsa.gov/grants/grant-announcements/ti-18-010>
- You must respond to the requirements listed in the FOA in preparing your application.
- You must use the forms in the application package to complete your application.

# Appendix A – Application and Submission Requirements

Applicants are required to complete four registration processes (p.27):

1. Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
2. System for Award Management (SAM);
3. Grants.gov; and
4. eRA Commons. (p.29)

# Application Submission

- 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. (pgs. 33-35).
- The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page).

# Application Submission (continued)

- If no errors are found by Grants.gov, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further SAMHSA processing. If there are errors, the applicant will be notified of the problems found in the application. The applicant then must take action to make the required corrections, and re-submit 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. (p.36-37)

# Application Submission (continued)

## SCAM ALERT

- 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 and the "Federal Government Development Center" in Washington, DC. 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 their DUNS numbers and e-mail address.
- There are no costs for registering for DUNS, SAM, and Grants.gov. If you encounter this scam, please contact [spam@hhs.gov](mailto:spam@hhs.gov).



# Questions

# Eligibility

Eligible applicants are domestic public and private nonprofit entities.

For example (pgs. 5, 15-16):

- State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Governmental units within political subdivisions of a state, such as a county, city or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

# Eligibility (continued)

- Public or 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.
- Grant recipients funded under TI-16-006 FY 2016 Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation and TI-17-002 FY 2017 Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation are not eligible to apply for this funding opportunity.

# Attachment 1

Your application must provide in Attachment 1 (p.19):

(1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization;

(2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization;

(3) letters of commitment from these direct service provider organizations; (Do not include any letters of support.) and;

# Attachment 1 continued

Your application must provide in Attachment 1 (p.19):

(4) 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 (SF-424) of the application, that assures SAMHSA that all listed providers have met the two-year experience requirement, 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.

# 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 federally recognized AI/AN tribe/tribal organization. (p.19)

# Questions

# Expectations

Grantees are expected to provide a coordinated multi-system family centered approach that will enhance and expand comprehensive evidence-based treatment, including early intervention, and recovery support services to the population of focus.



# Expectations continued

With a comprehensive evidence-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 in 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.

(p. 7)

# Required Activities

Youth and Family TREE is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. At the latest, award recipients are expected to provide services to the population(s) of focus by the fourth month after the grant has been awarded. (p.7)

# Required Activities continued

## PHASE-IN PLAN (p. 8):

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.

# 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 wrap around services.
- Evidence-based practice (EBP) services must be provided in outpatient, intensive outpatient, or day treatment settings (p.8).

# Required Activities continued

Increase access to comprehensive treatment services to a larger number of unduplicated youth clients than your organization currently serves.

An applicant may also propose to expand services to family members of youth clients, who your organization currently serves.

(p.8)

# Required Activities continued

Recipients should serve a minimum of 50 youth in year one and 100 youth in each subsequent year(p.8).

If an applicant proposes to serve fewer than the minimum youth specified, then:

- They must provide a justification in Section B: Proposed Implementation Approach that details why they cannot meet the minimum expectation.
- They should consider applying for less than the maximum award amount of up to \$541,350 per year. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application, including the number of clients they propose to serve annually.

# Required Activities continued

- Provide tobacco use counseling and interventions as part of a standard of practice, as appropriate.
- Screen adolescents and/or transitional aged youth and their family members/primary caregivers, who are included in treatment planning, for alcohol misuse and illicit drug use.
- Have a comprehensive, coordinated, and integrated service system in place to meet the complex needs of the population of focus.
- Provide education and messaging on making healthy choices than includes no use of any substances. (p.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. (See Appendix H, Addressing Behavioral Health Disparities).



# Questions

# 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.

# Allowable Activities continued

## Recovery Housing

Recipients may provide recovery housing. Recovery housing is part of the SUD treatment continuum of care.

# Allowable Activities continued

## Medication

Recipients can provide medication as part of their SUD, specifically alcohol use disorder (AUD) and opioid use disorder (OUD), 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 the client has no other source of funds to do so.

# Allowable Activities continued

## Peer Recovery Support Services (PRSS)

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

# Allowable Activities continued

## HIV and Viral Hepatitis Testing

Recipients may provide HIV and Viral Hepatitis testing and vaccination for Hepatitis A Virus (HAV) and Hepatitis B Virus (HBV).

# Allowable Activities continued

## Training and Technical Assistance (TA)

Recipients may use up to \$25,000 of the annual grant award for the purchase of training and TA in 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.

# Questions



# 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 (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement (p. 12)

# Data Collection and Performance Measurement, contd

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.

(p. 13)

# Data Collection and Performance Measurement, contd

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 a face-to-face interview using this tool at four data collection points:

- intake to services,
- three months post intake,
- six months post intake, and;
- discharge.

Recipients will be expected to do a 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 (p. 13).

# Local Performance Assessment

- 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, barriers encountered, and efforts to overcome these barriers.  
(p.13)

# Questions

# FUNDING LIMITATIONS/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 services.

# FUNDING LIMITATIONS/RESTRICTIONS, CONTD

The funding restrictions for this project are as follows:

- 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 \$25,000 of the annual grant award can be used for the purchase of training and Technical Assistance (TA) in 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.

(pgs. 20-21)

# Questions



# Grants Management Tips

- Register in eRA Commons
- Budget breakdown of costs (Appendix L, p.70)

# SAMHSA Contact

**For programmatic questions contact:**

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**For questions on grants management and budget issues, contact:**

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Thank you.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

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