NWX-SAMHSA CSAT

Moderator: Holly Rogers
April 4, 2012
1:00 pm CT

Coordinator: Welcome, everyone. Thank you for standing by. All parties are on a listen-only line until the question-and-answer portion at the end of today's call. At that time, please make sure that your phone lines are not muted, press star 1, and record your name clearly so that I can let you know that your line has been opened.

This call is being recorded. If you do have any objections, please disconnect at this time. And now I'd like to turn the meeting over to Mr. (Jon Berg). Please begin, sir.

(Jon Berg): Welcome, everyone. We appreciate you taking the time out to attend today's Webinar. On today's call is Ken Robertson. He is the Team Lead for the Center for Substance Abuse Treatment for our Criminal Justice Team. This is a Webinar for Substance Abuse and Mental Health Services Administration, covering the Offender Reentry Program, going over Request for Application.

Today's Webinar, as you heard, is being recorded and we will post the recording on SAMHSA's Web site by early next week. It will include the

audio, the PowerPoint and the transcript. Hopefully it will be up before then, but count on it by early next week.

Okay, this is a brief overview today of the ORP. And I will refer to the Offender Reentry Program as ORP often during this and the Request for Application as RFA. And it is TI12-003. And after we go over the RFA briefly, we will take questions and answers.

We do not have time to go over every element of the RFA. I want to make that very clear, that we will only be hitting the high points today and taking as many questions as possible. Please be sure to read the RFA carefully and respond to all requirements as stated in this document. Points outlined in this PowerPoint are excerpts from the RFA, so read each section that we refer to today thoroughly.

Okay, you can access, again, the handouts, PowerPoint - actually today, if you want a copy of the PowerPoint, you can go to the top of your screen -- up on the right -- there's a little icon that looks like handouts. And you can click on that and you can download today's presentation also, if you want to copy that way.

Okay, the purpose of this RFA is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced adult offenders returning to the community from incarceration for criminal offenses.

The due date is May 1, 2012. The available funding is $4.595 million. The estimated number of awards is up to 12. And the estimated award amount is up to $400,000. You do not have to put in for $400,000. Please put in for the amount that's appropriate for the proposal that you are submitting. That is the maximum amount that you can request is $400,000. The length of the project

period is up to three years. And the beginning date would be the beginning of next year's fiscal year -- October 1, 2012.

Okay, I would like to go over the access and review of the solicitation. The Offender Reentry Program 2012 Competitive Grant Announcement can be accessed on SAMHSA's Web site. And I have that listed there. You must respond to the requirements in the RFA in preparing your application. You must use the forms in the application package to complete your application. And there's a note. Additional materials are available to assist you in completing your application on this posting.

All these issues are on the solicitation. You can access these forms -- or the links to these forms and to these materials that will be helpful in preparing your application -- on the SAMHSA Web site, which is http://www.samhsa.gov/grants. And I'm reading some of this. I know you can see this, but so it's on the recording, in case somebody doesn't have the PowerPoint.

Okay, eligibility -- eligible applicants are domestic, public, and private nonprofit entities -- for example, state and local governments, federally recognized American Indian/Alaska native tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, community and faith-based organizations.

Okay, those not eligible are Federal Bureau of Prisons, institutions, and that - the various correctional community corrections institutions and programs and applicants that propose to serve federal offenders that are currently in the Federal Bureau of Prisons or its various correctional community corrections institutions and programs.

Applicants must propose to serve adult offenders -- ex-offenders 18 years of age and older -- or as defined by your state law under the jurisdiction of the Criminal Justice System, who have been sentenced to incarceration as adults. You must document if the state defines different age range for adult offenders. And you must submit a copy of the state's statute that defines adult at a different age.

Adult offenders must meet the following criteria to receive services funded under this grant program -- be assessed as substance using, abusing, or diagnosed as having a substance use and/or co-occurring mental disorder, must have been sentenced to and serving at least six months in a correctional institution, such as a jail, prison, or detention center.

Adult offenders must meet the following criteria to receive services funded under this grant program -- be within four months of scheduled release to the community in order to receive services in the correctional detention setting. You can see Section 1-2.3 -- allowable activities in the institutional correctional settings -- and upon immediate release from the correctional facility to the community, be referred to community-based treatment.

Grantees must provide a coordinated approach designed to combine transition planning, which includes screening and assessment of substance use and/or co-occurring mental disorders in coordination of continued care from institution to community in the correctional institution, with effective community-based treatment, recovery, and reentry-related services.

Under expectation, grantees are expected to begin allowable activities in institutional correctional settings and start transitional planning as soon as possible and provide community-based treatment services within four months of the grant award.

And this next bullet is very important, because it's a screen-out criteria. If you don't address this, your application will be screened out. Applicants must identify and provide services only to offenders within four months of scheduled release to the community from state and local correctional facilities or the application will not be reviewed. It will not be considered for an award. So remember that. That one's very important.

Expectations -- under Electronic Health Record Technology -- a certified EHR is an Electronic Health Record System that has been tested and certified by an approved Office of National Coordinators certifying body. All CSAT grantees are encouraged to demonstrate ongoing clinical use of a certified EHR system in each year of the SAMHSA grant. For more information and resources on EHRs, see Appendix K.

This activity is considered infrastructure development. See Section 1-2.7 -- Infrastructure Development. Not more than 15% of the total grant award may be used for infrastructure development activities. And there are other activities that are included within infrastructure.

In Section F -- Electronic Health Record Technology of the Project Narrative -- applicants are asked to either identify the certified EHR system that you have adopted to manage client level clinical information, include a copy of your signed, executed EHR vendor contract in Attachment 6 of your application, or describe your plan to acquire an EHR system. This plan should include staffing, training, budget requirements, and a timeline for implementation. Okay, and the point is that this section is encouraged. It's worth five points, depending on which of these areas you respond to.

Review of RFA required activities and services -- applicants must propose activities that improve the behavior or health of the targeted clients by providing comprehensive substance abuse treatment and recovery support services and by providing ancillary services designed for improving family functioning, helping clients develop job skills and find jobs, reducing the likelihood that clients will be re-arrested, and reducing the crime rate and the number of victims.

Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Allowable activities in institutional correctional settings -- the expectation is that most proposed treatment and related reentry services will be provided in the community. Grant funds may not be used to provide substance abuse treatment services within the correctional facilities. They may not be used, okay, within the correctional settings for those purposes.

Effective offender reentry requires assessment and release planning while the offender is incarcerated. Not more than 15% of the total grant award may be used for certain activities inside adult institutional correctional settings. And if you note, each one of these slides -- all this information -- I have the page numbers, so that you can refer back to the RFA.

Okay, continuing on with allowable activities, systems coordination planning and developmental activities that bring together all the key stakeholder agencies, organizations to form partnerships -- a very important point. The development of systems linkages and referral processes in both institutional and community settings, purchase and/or administration of brief diagnostic

and screening tools for identification of substance abuse issues, purchase and/or administration of substance abuse instruments for the targeted offender population.

Continuing on with allowable activities -- intake and/or case management staff with substance abuse treatment expertise to administer assessment instruments and to assist correctional staff in developing the individual offender transition plans and community organizations -- including faith-based groups -- to go inside the correctional institution to begin a wrap-around transition planning activities such as, but not limited to, job skills planning, building connections to social support structures, or educational program planning and for community follow-up upon release.

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 -- may refer to that as GPRA later on in this. You must document your ability to collect and report the required data in Section E -- Performance Assessment and Data -- of your application.

This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at http://www.samhsa -- S-A-M-H-S-A hyphen GPRA dot S-A-M-H-S-A dot gov -- G-O-V -- along with instructions for completing it. Note in the SAIS system, click on data collection tools, slash instructions. Then click on services. Unfortunately, in the RFA it does not mention to click on services. You may find it, but this will help you out a little bit. Click on services to find the tools and additional information that will help you understand all the information that you need to gather while working with these clients.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment such as activities required in Sections 1-2.5 and 2.6 above.

Grantees will be required to report performance on the following performance measures -- client's substance use, family and living conditions, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status.

Grantees are expected to obtain a six month follow-up rate of 80%, submit all data via the Services Accountability Improvement System -- the SAIS system -- which is GPRA also -- CSAT's online data entry and reporting repository. Grantees will be provided extensive training on the SAIS system and its requirements, post award. I encourage you to go back and look at the requirements for the six month follow-up - that you need to obtain a rate of 80%. That takes staffing and time with this clientele. They are difficult to track at times.

Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a Performance Assessment Report to be submitted at least annually. At a minimum, the Performance Assessment should include the required performance measures identified in Sections 1.2.5 and Section 1.2.6.

The project narrative describes what you intend to do with your project and includes the evaluation criteria in Sections A through F, Pages 24 through 29 of the RFA. Your application will be reviewed and scored according to the quality of your response to the requirements in Section A through F. So it's very important that you respond directly to the evaluation criteria outlined on Pages 24 through 29, Sections A through F. I can't overstate that.

Submission dates and times -- applications are due May 1, 2012. Two options for submission of these grant applications -- you can send it electronic or paper submission. Hard copy applications are due by 5:00 pm Eastern Time. Hard copy applications are due by 5:00 pm Eastern Time. And they are very rigid about that time. Electronic applications are due by 11:59 pm Eastern Time. Applications may be shipped using only Federal Express, FedEx, United Parcel Service, or the United States Postal Service. You will be notified by postal mail that your application has been received. Note -- if you use USPS, you must use Express Mail.

It's important to look over these instructions very, very carefully. Do not send them to me or to anybody else listed in the application. Send applications to the address below for United States Postal Service, okay? And that address is listed in the RFA. If you send it to anybody else, it will not be accepted.

Final points to the presentation -- read the RFA. Understand the RFA. And re-read the RFA very carefully and respond to each requirement directly and fully -- can't overstate that. It's critical that you read and address every issue that's pointed out in the RFA, especially applying them to Sections A through F, making sure you address each point that's going to be scored. Use appropriate forms as outlined in the RFA.

Okay, we are now going to open it up for questions and answers.

Coordinator: Thank you. Again, for those that may have joined late, if you would like to ask a question, please press star 1 on your phone. Make sure your phone line is not muted and state your name clearly. Your name is necessary in order for me to let you know that your line has been opened. Again, that's star 1 and

clearly record your name. And I will open up one line at a time for questions. We'll give it just a moment.

(Lane Jacobs), your line is open.

(Lane Jacobs): Yes, we currently have a SAMHSA grant and we were wondering if that precludes us from applying for this grant.

Kenneth Robertson: Are you there?

(Lane Jacobs): This is (Lane).

Kenneth Robertson: No, I'm - yes, repeat the question again, (Lane).

(Lane Jacobs): Okay, we currently have a SAMHSA grant.

Kenneth Robertson: Yes.

(Lane Jacobs): And I was wondering if that precludes us from applying for this grant. Obviously, it's a little bit different grant.

Kenneth Robertson: The only way you would be precluded from applying to this ORP grant is if you have an existing ORP grant right now that is ongoing and you're applying for the same services for the same population -- in other words, double dipping. Other than that, you're free to apply for this.

(Lane Jacobs): Okay, because ours is an HIV.

Kenneth Robertson: Yes. No, that does not preclude you from applying for this.

(Lane Jacobs): Okay, that's great. That's my question. Thank you.

Coordinator: And (Jim Barry), your line is open.

(Jim Barry): Yes, hi Ken. This is (Jim Barry) from Milwaukee. I noticed this year one thing that's new is the emphasis on behavioral health disparities. I know it would be nice to know if there's a policy - a context for this. But even more important is where - what you talked about when you talked about behavioral health disparities. I - they were mentioned about half a dozen times in the RFP.

In one place -- I think it's in the appendix -- it talks about it as if they're - it's the - essentially the disparity between the availability of treatment services and the demand -- in other words, the treatment gap -- where in other places, it seems maybe you're talking about racial disparities or gender disparities. So we - are you looking us - to talk about disparities in prevalence, access to treatment, outcomes, or -- as that one place suggests -- just simply the treatment gap, in relation to any specific populations? Thanks.

Kenneth Robertson: Hey, sure, (Jim). Yes, we're talking about all of that. And basically - I mean, in essence the general disparity is the fact that about 10% of people who are eligible for Substance Abuse Treatment and Recovery Services in the Criminal Justice System -- including those coming out of prison -- receive them. So we have about 90% of the individuals who do not receive them.

Secondly, any of us who work in the CJ System -- and I recognize your name, I know you've been around for awhile -- understand there are significant racial minority disparities in the Criminal Justice System. And we're asking you to take a look at that, given the data that you're using for your population. Someone in Montana's going to have a very different population than

someone in Philadelphia. So we're always talking about the particular area that you are involved in.

But when it comes to that, you really need to specifically just answer the questions that are in the review criteria, you know, that start on Page 24 and then run through Page 29. So we talk about justifying population of focus, talk about the demographic information. We talk about standards of data collection on race, ethnicity, sex, primary language, disability status.

And so all of that, I think, is pretty much laid out in terms of what we're specifically looking for. Each RFA's a little different in how it pinpoints what you're initially talk about -- specifically the minority, racial, ethnic disparities.

(Jim Barry): Okay, thanks Ken. Appreciate it.

Kenneth Robertson: You're welcome.

Coordinator: And (Sarah Steber), your line is open.

(Sarah Steber): Hi, Ken. This is (Sarah Steber) from Pennsylvania. I just had a question about the Electronic Health Records. It sounded that (Jon) was saying that we're encouraged to, versus required to?

Kenneth Robertson: That is correct, but you want to go to Page 7. And now, when I say Page 7, that's probably going to be Page 7 on most people's document. If you've printed it out and you have hard copy -- because every printer's a little different -- but basically we're talking about Section 2 -- expectations. And we talked about - specific languages, you know, we describe what an Electronic Health Record is. And then we provide more information on that.

And then we say -- you are asked to either A -- identify what that certified EHR system is that you've adopted already. And if you do that and you have a system, you have to provide a copy of your signed EHR vendor contract in Attachment 6 or describe your plan to acquire an EHR system. And then we give you further information, including staffing, training, budget requirements, and a timeline for implementation.

(Sarah Steber): I guess my second question was the timeline for implementation. Is there - is - it has to be a plan that has it in place within a certain timeframe or during the course of the grant?

Kenneth Robertson: It does not say either. Obviously, assuming that ACA -- the Affordable Care Act -- survives court challenges, by January 1, 2014, all of this must be in place.

(Sarah Steber): Okay.

Kenneth Robertson: (That a decision will) Be made in '12, so you would not escape -- assuming again, that it's not - there's not a major alteration of EHB provisions or that the court doesn't strike down key components or the whole law -- which at this point they've not, so that's the premise we're operating under -- by January 1, 2014, these must be in place. And if you're going to receive ACA benefits from the Center for Medicaid/Medicare Services, you must have an EHR in place by then. So what you have to do - you're encouraged to describe your plan and then, again, always go back to the specific review criteria itself, because the review criteria is five points.

And that, again, is on my hard copy Page 29. It's Section F. That first bullet says if you currently have an existing EHR, then you must provide the copy, blah, blah. If you do not currently have an existing EHR, describe your plan to

acquire an EHR system. And so there are five points that are in play for that - the response to that particular section.

(Sarah Steber): Thanks so much, Ken.

Kenneth Robertson: You're more than welcome.

Coordinator: And again, if anyone does have a question, please press star 1 and record your name. And if your question is answered and you would like to get removed from the queue, you can press star 2.

And (Allen Overman), your line is open.

(Allen Overman): Hello.

Kenneth Robertson: Hello. (Allen), I think we lost you.

Coordinator: I think we just lost him. Mr. (Overman), if you want to press star 1 again, I'll get you on next. In the meantime, (Barbara Hoffman), your line is open.

(Barbara Hoffman): Hi. This is (Barbara Hoffman) from New York. And I'm - I didn't see a particular per person cost mentioned in the RFP, so I wondered is there a target numbers to be served?

Kenneth Robertson: The FY 2012 RFAs don't contain cost bands. That's the first time we've done that in over a decade. So we do not have a cost band that stipulates for you that you must have a specific per capita cost. The field reviewers -- the expert reviewers -- are going to have expertise in both criminal justice, offender reentry specifically, and treatment - in treatment modalities.

So you, as the author, have to present a case for why you want the designated amount of funding that you want for the designated number of heads to be served using what specific modality, ie. if I'm asking for $400,000 to serve 200 clients that are in basic outpatient services where offender(s) may come by for day care treatment, for example, that's going to come out to X number of dollars and that's going to be reasonable for outpatient treatment.

If you're asking to put somebody in residential facilities and they're going to be in for any length of time whatsoever, your numbers obviously are going to drop. You're not going to be able to serve 200 people for that. Your cost per capita's going to go up as the residential facility's going to cost much more than just outpatient treatment. So that's the answer to that.

On page -- our printed-out Page 29 -- in Section C of the evaluation, we still have the basic formula that we've had in the RFAs previously, without the cost bands. And that provides a per unit cost for this and then we go about telling you how to calculate that, taking the total cost over the lifetime of the grant, subtracting 20% for data and performance assessment, dividing this number by the total unduplicated number of persons to be served.

And then another approach is a - calculate a per person or unit cost based on your organization's history of providing particular services. So we're still asking you, obviously, to be cost effective in your approach, in your application. But what you don't have is previously what were cost bands that stipulated the normal cost for inpatient, outpatient, residential, or these particular - this particular range of costs and making sure that you stay within that.

(Barbara Hoffman): Okay, and either of those methods would work -- either price it out or base it on history.

Kenneth Robertson: Correct.

(Barbara Hoffman): Okay. Thank you.

Kenneth Robertson: Okay. I'm going to take a second now just to answer some questions that came in. We had some questions while (Jon) was presenting that were posted up. And you can actually see these if you go to your little bar up on the top and click on Q&A. And I'm going to run through these very quickly while others are waiting to ask questions. It might answer some of the questions you have and it will eliminate this queue.

First question is what are expectations for research versus evaluation of process and outcomes for this grant? And are applicants expected to engage a third party research organization? The answer is, SAMHSA's discretionary grants are not research grants. We don't fund research here. That's the purview of the National Institute on Drug Abuse, but is indicated in Section 2.6 -- performance assessment.

(Barbara Hoffman): (overheard while Barbara spoke to co-workers listening with her) And so I'm on the Webinar. And I got some information. I just thought before they hang up, I would check with you. But I did ask the question about the per person cost. And they said that this is actually the first time in a decade that they didn't...

Kenneth Robertson: Ma'am, whoever you are, you're not on mute and you - every - all 200 some - 400 some people are hearing you. So if you could go back on mute in talking to your colleagues about my response...

Coordinator: I re-muted her, sir.

Kenneth Robertson: Thank you. So my response to the question about evaluation versus research is, again, SAMHSA's discretionary grants are not research grants. But Section 2.6 -- performance assessment, which is on Page 12 and 13 of the RFA -- indicates what our expectations are. We do, obviously, have expectations that you'll collect GPRA data for performance and that you also will do an assessment of the performance of your grant against goals and objectives. And this also would include process and outcomes questions.

The next question is -- we did not see any notice of cost bands. I just answered that question.

There was the next question asking how you could get – (if) you could print this PowerPoint. So for those of you who would like to print the PowerPoint, you go up to the top where you see your toolbar. Go over to the right. And to the left of feedback, you click on the little icon that has three pages there. And when you do, it says handouts. You click on that. It'll take you to a box and the ORP RFA is listed there. You click a box right beside that and that will allow you to download. You just click on download and once you download the PowerPoint, then obviously you can print it.

Somebody was frustrated because they thought that this Webinar was just going to be the presenter reading the slides. Well, obviously that part's done and now we've opened this up to anyone who has questions. And as long as we're able to be online, we'll answer questions.

Let me see. I think there are a couple more here and then we're going to go back to the phones. Okay. Are expenses associated with housing clients -- such as halfway houses -- allowable? No, the only expenses that would be

associated with housing would be those individuals who were in residential substance abuse treatment facilities.

Somebody who's in a correctional halfway house or step-down house is not something we would pick up. In fact, when you go to the funding restrictions in the RFA, you'll see that the SAMHSA grants do not allow funding to be used for housing costs. That's the purview of the Department of Housing and Urban Development.

Are private not-for-profit organizations eligible? Yes they are. You can find that up front in the eligibility criteria. This is considered an open solicitation. That means that all units of government and tribal units of government -- as well as tribal organizations and not-for-profit community-based organizations -- may apply.

Can a not-for-profit community-based reentry service provider already partnering with the Criminal Justice System in a community-based substance abuse mental health treatment provider be the applicant? I just answered that. Yes, they can.

Can initial GPRA be done in the community or does it need to be done in facility? It can be in the community but, obviously, in order to be a successful applicant, the whole crux of the RFA is that the screening, assessment, transition, planning, and linking with the community organizations must begin in the correctional facility. If your approach is to begin the process and service of these people when they hit the community, you're not going to be successfully - successful in your review process.

Can the funds be used for mental health medications? They can be - there is a prohibition in here. Let me just find the page number for you. I want to stick

specifically with the SAMHSA language on that to address that issue. We have funding restrictions and - yes, on Page 46, Appendix F -- funding restrictions. We don't allow for pharmacologies for HIV anti-retrovirals -- sorry about that -- therapies, sexual diseases, et cetera. We can provide services for mental health medications if the individual that you're dealing with is somebody that is presenting with - presenting with a co-occurring disorder. And let me enumerate on that for a second.

These grants -- as indicated in the RFA -- are for individuals who are presenting with substance use issues or co-occurring diseases -- disorders of mental health and substance use. Individuals who strictly have mental health disorders -- these congressional funds may not be used for that.

I'll read just a couple more and then we'll go to - we have several, so I think we'll throw the lines back open in just a second. Okay, define inpatient and residential treatment. Inpatient treatment is medical facilities, such as medical detox in a hospital, hospitalization. And those are covered through other funding sources at the federal and state level. And these funds may not be used for that. Residential treatment is different. Residential treatment refers to an individual facility where the client is living 24/7 and is receiving intensive therapy inside that facility. That's different than hospitalization.

(Do) You have to have a third party evaluator? Previous RFAs indicated the need for an independent and separate evaluator. You will not find that language in this RFA. So obviously, you don't need a third party evaluator. However, an applicant who comes in, for example -- and we've seen this in the past -- who proposes someone to be the project director and the evaluator is not going to score very well, for obvious reasons.

I'm going to stop here at this point, open the lines back up, and then we'll go back and forth on this.

Coordinator: Okay, perfect. One moment. (Chris) -- I believe you said your name is (Coletti) -- your line is open.

(Chris Vaciletti): (Chris), yes -- (Chris Vaciletti). We're in California here. A simple question -- for electronic submission, the deadline is 11:59 pm on May 1?

Kenneth Robertson: Correct. Eastern Time.

(Chris Vaciletti): Eastern Time, okay. And when we do electronic submission, do we get an immediate notification that the application was received? We've never done it electronic before.

Kenneth Robertson: Some -- I'm not trying to be facetious -- sometimes you will, sometimes you will not.

(Chris Vaciletti): Okay, all right, good enough.

Kenneth Robertson: But please --if you've not submitted electronically before -- please make sure you read very closely the section in the RFA that talks about electronic submission.

(Chris Vaciletti): Right, yes.

Kenneth Robertson: Sometimes submission's much more difficult in some ways than written, hard copy, although we are encouraging people to apply electronically, because the government is planning to move towards electronic submission for all grant programs eventually. It's just that you can't just go on the day that

you want to submit this. You must go online. You must get a CCR number and certification, be registered. This takes time and I believe we talk about at least a minimum of two weeks ahead to make sure you're registered.

You can't just go to the grants.gov, for example, two days before the application's due and say -- oh, we want to submit this. You have to go on to get registered, get a number, and without that -- which takes a little time -- nothing will happen. And all of that is in Appendix B -- guidelines for electronic submission of applications.

(Chris Vaciletti): Right. And there's also electronic forms for that to be used and filled out for the submission.

Kenneth Robertson: They are different than the hard copy.

(Chris Vaciletti): Right, yes. Okay, thanks.

Coordinator: And (Wally), your line is open. (Wally)? Your line is open.

Kenneth Robertson: You may be on mute.

Coordinator: Okay, (Justice Smith), your line is open.

(Justice Smith): Well, I thank you ma'am for my - hello?

Kenneth Robertson: Yes, we're there.

(Justice Smith): Already - I think you've answered my question, but -- that was before -- but is this basically where we have to - I mean, we came in late on the conference

call. But does the four month period that - to start with the inmate they're in prison - to work with the program from there till the time they come out?

Kenneth Robertson: Yes. What we're saying -- and there's a reason for it -- obviously, offender reentry transition starts the minute the person walks in the gates of the prison or the jail. That should be the ideal, because it's a continuum. And from the time they're assessed in the diagnostic center -- if there is one -- until they leave the institution, all of that should be geared towards transition planning.

But because we're required by Congress to -- for these and all of our SAMHSA discretionary grants at CSAT -- to administer a tool -- the GPRA tool -- that's client level - that collects client-level data so that we can measure that six months later and at end of treatment. The RFA states that all services must begin within four months of grant award.

So if you're picking somebody up 12, 14 months before release, you can see real quickly where that's heading. That person's not released. You can't provide services. You're not going to meet your GPRA numbers. So what we're saying is -- you can in your other programs be working with a person all you want before. But the person's got to be within four months of release for these grant funds to kick in, in order to get them out of the facility into the community so you can begin providing services shortly after they're in the community.

(Justice Smith): Okay.

Kenneth Robertson: Okay. I'm going to read one. Does the requirement of 180 days of incarceration have to be continuous days? Yes. It says many of our offenders will be sentenced 30 days, 60 days in some offenses. And they reoffend and

are incarcerated again. No, they must be sentenced to and serving a minimum of a six month sentence.

Coordinator: And (Keely Foster), you line is open.

(Keely Foster): Hi. I'm (Keely) from Atlanta. And my question is about - on Page 7 it talks about not more than 15% of the total grant awarded must be for infrastructure development activities.

Kenneth Robertson: Yes.

(Keely Foster): Is that 15% of the three year total amount given or do we take that year by year?

Kenneth Robertson: No, that's year by year. So it would be 45% of your total amount. Let's just say you were applying for a $400,000 award for three years. That's $1.2 million. No more than 45% of that over a three year period. However, you've got to recognize -- and when you write your application, you would want to do that -- after your first year, your infrastructure costs should begin to go down a little bit, especially if you're doing things like systems linkage and computer connections and things like that. (Correction: This would still only be 15% over the course of a three-year period, not 45% - see posted clarifying questions and answers for further clarification to this question.)

(Keely Foster): Thank you.

Kenneth Robertson: You're welcome.

Coordinator: And (Susan Soward), your line is open.

(Susan Soward): Thank you. My question's been answered.

Kenneth Robertson: Okay.

Coordinator: And again, for those of you if your question does get answered, please press star 2 so you can be removed from the queue.

(Ken Simpleton), your line is open.

(Ken Simpleton): (Ken Simpleton), Program Evaluator, Tacoma, Washington. Concerning the clientele, they must be sentenced for six months. And is that in a county jail or state prison or detention center?

Kenneth Robertson: It's in a correctional facility, which we define in the RFA as a jail, a prison, detention center. They must be sentenced, though. For example, someone who is in a detention center in a detainee status -- meaning they've not been adjudicated or sentenced yet -- is not eligible. The person has to be charged with an offense, have been tried for that offense, sentenced to a minimum of no more - no less than six months. That can be in a jail. It can be in a county detention facility that holds sentenced defenders. It can be a state correctional system.

(Ken Simpleton): And second part of my question -- does the offense have to be a felony or can it be a misdemeanor? Does it matter?

Kenneth Robertson: As long as the person meets the requirement of having been sentenced to at least six months, it doesn't matter if it's a misdemeanor or a felony.

(Ken Simpleton): Thank you so much.

Kenneth Robertson: And just piggybacking on that, one of the questions says -- does SAMHSA have a preference that grantees serve offenders who are incarcerated in state prisons or local jails? I think I just answered that. We don't care, but what we are looking for is a person who's serving at least six months. Nine million people cycle through our jails in the U.S. on a daily basis. Many of them are there for two or three days, ten days. That is not the population that we're seeking with this limited funding to reach.

(Ken Simpleton): Thank you.

Coordinator: And (Donna Wood), your line is open.

(Donna Wood): Yes, hi. I'm from Oklahoma. And my question is this. We have been a - we received a SAMHSA grant for recovery support community projects in the Second Chance from the Criminal Justice Department. So we are a recovery community organization in the community with peer recovery support services. My question is - is there - in reading this, my concern is is that this is more a pull from CSAT to get your substance treatment providers as leads on all of these projects.

The one thing that I was wondering about is are we talking about a separateness here? I mean, I know - I'm not talking about eliminating partners. What I'm talking about is separate - can they go from the prison to the treatment center and in order to keep it - reentry into the community, allow a separate entity to be doing that recovery support, as far as reentry into the community. Or are treatment centers able to have that case manager or that recovery support right on the same property?

I mean, okay, you understand where I'm coming from here? I'm not going to be...

Kenneth Robertson: I'm not sure I understand your question, but let me see if I - if this answer explains it. If not, then you can ask, you know...

(Donna Wood): Okay.

Kenneth Robertson: We're not trying to create any kind of a separate treatment system. We're actually trying to unify treatment systems. There are BJA funds and other funding systems through the state that deal with the Department of Corrections when one's in an institution itself. SAMHSA funds are not used for the institution. They're community-based services, but we recognize that transition must begin in the institution.

So what we're talking about is whomever is providing services in the institution and is beginning transition planning -- the applicant here is not restricted to a community-based treatment provider. That's -- we will get, you're right -- probably most applications from them. But a parole agency could apply. A probation agency could apply. We're not trying to - we're actually trying to encourage the continuation of existing resources. And if you have Second Chance Act funds there, these would be great to augment them.

We do not want to supplant any existing funding. That's not the purpose of the grant. Where there is existing funding, those sources should be used. But how you deliver the particular treatment approach is up to your community, your resources. Some resources are going to have a plethora of treatment facilities out there. And they'll come up with a screening system to farm these individuals out to multiple different agencies. Some will have one-stop

shopping, where community corrections and everything is all together. We don't care.

(Donna Wood): Okay, okay. Because I was just concerned that - we've seen a lot of successes when - and forgive me for using the word separateness. I'm not trying to say that. I'm talking about the different modalities that - along the pathway of their journey of recovery - getting long term recovery from the Criminal Justice System into a treatment center and then back - and then into the community to another provider for those peer recovery support. That's what I was talking about. So you don't care how that's done, though.

Kenneth Robertson: No. We - what - as (Jon) said in his presentation -- what we're looking at is two things. We're looking for the expansion and enhancement of treatment services and recovery services for these individuals, but we're also expecting the applicant to form stakeholder partnerships that will plan, develop, and provide a transition from incarceration to the community. We're looking for everybody to partner together to leverage what resources may exist and to use the SAMHSA funds where there's a gap in treatment.

Coordinator: And (JR Mustard), your line is open.

(JR Mustard): Hey, from beautiful Iowa here -- I understand that the EHR systems are our choice as long as it's an approved system. My question is -- does the department have a preferred EHR system or systems to be used?

Kenneth Robertson: Not at this time, no. No, you just have to - if you have an existing EHR system, it has to be certified by the Office of National Coordinators at HHS.

(JR Mustard): I understand that. I was just wondering whether there was something that was a little more effective for your use or...

Kenneth Robertson: No, we are - the whole process of developing EHR standardization and whatnot is something that's underway at HHS and other places. That's not been defined yet, and so we're not being prescriptive at this point.

(JR Mustard): Thank you much.

Coordinator: (Mary Maddingly), your line is open.

(Mary Maddingly): Yes, I'm calling from Texas. Regarding the EHR system, is there - I'm confused about even what to ask.

Kenneth Robertson: You're the one who asked the question -- (Rona Huckleby) -- about we use EHR in Texas from the Texas DSHS?

(Mary Maddingly): Yes.

Kenneth Robertson: Okay. How do we know if that meets EHR for this grant?

(Mary Maddingly): Thank you, yes.

Kenneth Robertson: Okay, you have to go back to that agency and see if that EHR has been certified by the HHS Office of National Coordinators. If it has been, then it meets the EHR requirement.

(Mary Maddingly): All right. Thank you so much.

Kenneth Robertson: You are more than welcome.

Coordinator: And (Valerie Simmons), your line is open.

(Valerie Simmons): Thank you. Yes, my question is regarding - the applicants are being encouraged to provide HIV - the rapid testing.

Kenneth Robertson: Yes.

(Valerie Simmons): We currently administer the OraSure. So would we be able to include in our application as part of infrastructure - am I correct? I think I read somewhere where we might be able to get some technical assistance to be trained for rapid testing?

Kenneth Robertson: That's correct. Those -- Page 9 on my hard copy, but under systems linkages -- grantees are encouraged to provide HIV rapid preliminary antibody testing. Those that are going to provide the testing, obviously, have to do so in accordance with state and local requirements and no more than 5% of grant funds can be used for this. But should you decide to do this, one -- you have to respond to the evaluation criteria in the RFAs that talk specifically about your rapid testing or what you're proposing as rapid testing.

And then if you propose that and you've been awarded, we will provide technical assistance to train grantee staff in HIV rapid testing -- also, to acquire - to obtain required state certification.

(Valerie Simmons): Right.

Kenneth Robertson: So - and also agreements with state and local health departments. So if an applicant proposes this, is - scores well and is funded, you can request TA and we will provide that free of charge.

(Valerie Simmons): Thank you and I have one other question, if you would, please. Could you just re-clarify for me -- we were thinking about contracting an evaluator. And did I misunderstand when you said there is no evaluation?

Kenneth Robertson: No, that's not what I said. What I said -- there's no research. SAMHSA does not fund clinical research in these. So you very well should have an evaluator. What we - what the issue was was people were asking about third party evaluation.

(Valerie Simmons): Oh, thank you very much.

Kenneth Robertson: You're more than welcome, ma'am.

Coordinator: (Cindy Mercury), your line is open.

(Cindy Mercury): Hi. I'm from Brockton. I have two quick questions. One is concerning the Electronic Health Record. So we are close to adopting an Electronic Health Record. It's in the public domain. I don't believe we're going to end up having a contract with them. They are qualified, but what would we provide in lieu of a contract?

Kenneth Robertson: Well, if you don't have a contract with them, basically you have to have a signed copy of the executed vendor contract. That tells us you do have a certified system in place. If you don’t have that, you don't have one in place yet and so you need to describe your plan in terms of how you would acquire that system.

(Cindy Mercury): Okay, and the other question is around the restriction of provision of services to people who are incarcerated. So here in those four months prior to release, are there any dollars that could be subcontracted to a community corrections

facility for any of the services? Are you describing that 15% cap as a cap for the community-based services that are provided in the jail?

Kenneth Robertson: I'm not sure I understand your question, but infrastructure services and activities including any of the things we've listed in the RFA that we say you can do in the correctional facility -- they all fall within 15% of that. Infrastructure in and of itself pertains to the whole award. So, for example, if you're buying diagnostic and screening forms and one of the requests is you've brought a new screener on and they need to have a monitor and a PC, that's not necessarily in the correctional facility. That's in the community or the correctional facility. That falls within that 15%.

But anything you're going to do in the correctional facility -- and we've talked about screening and assessment and transition planning and linkages -- that all has to be part of the total 15%. So I'm not sure I understood your question and I'm not sure I answered it. If not, please go ahead and ask me again.

(Cindy Mercury): It's just are there any monies that can be subcontracted to a community correction facility or not? Are we restricted from...

Kenneth Robertson: What would you do in the community corrections facility, for example, with our funding?

(Cindy Mercury): If there were any collaborative meetings for discharge prior to, should there be any support for that?

Kenneth Robertson: Oh yes, sure, sure. We're just saying these are services that need to begin in the correctional facility. And you can do this in the facility, but you can't provide, for example, substance abuse treatment services.

(Cindy Mercury): Right.

Kenneth Robertson: Yes. No, I mean, it's part of your basic infrastructure. Now let's just say, for example, you created a coordinating council. And that coordinating council was a member of institutional corrections who's dealing - a case manager who's dealing with transition who brought in a probation officer, if your particular state - we'll just call it community corrections.

Probation, parole have no meaning anymore like they used to. But a community corrections officer's going to supervise this individual in the community and a couple of treatment facilities are going to be a part of this continuum. The infrastructure includes the ability to bring these folks together and have these meetings. They could be held in a community correction center.

(Cindy Mercury): Okay, thank you.

Kenneth Robertson: Yes.

Coordinator: (Amanda Turin), your line is open.

(Amanda Turin): Hi, thank you. I just had a quick question. You mentioned about the electronic submission. I was cross-referencing some of the documents that were required on the paper submission versus the electronic submission. And I was trying to place where the SAIS page would go, as well as whether or not the checklist was required with the nonprofit status documents, if you were going to do the electronic submission. I didn't see it in the...

Kenneth Robertson: Yes, you know what? We're going to delay that question. That's a question for you directly to email (Jon) or I. That's a really complicated question and

you can do one of two things. One, you can email support@grants.gov, although they tend to deal more with technical issues. And my fear is what's going to happen is they're just going to refer you back to us, you know? But you can email (Jon). (Jon) is the contact -- program contact person -- for this and I'm the Team Leader. And between the two of us, we'll have answers for specific issues like that. That's a - really a technical issue that I can't spend time on today.

(Amanda Turin): Okay, thank you.

Kenneth Robertson: But thank you for asking.

Coordinator: (George Phillips), your line is open.

(George Phillips): Hello, I'm from Maryland. I had a question. So I'm in Section C -- proposed implementation approach. It's regarding - describing our plan to continue the project after the funding period ends.

Kenneth Robertson: Right.

(George Phillips): Is there any expectation -- anything that you're actually looking for -- with this in terms of how long we would be able to cover it or whether we'd be able to service the same amount of people? Is there any expectation in that - in this area?

Kenneth Robertson: Well, the expectation on all of these grants -- regardless of whether it's criminal justice, HIV, pregnant and postpartum women or anything else -- is that these federal funds are seed dollars. These funds were provided to communities to implement these programs with the expectation that when these federal funds end, that you will have secured other funding sources -- be

it state legislative funding, county funding, charitable organization funding, whatever the funding source is -- fee for service -- to carry these programs on so yes, I mean you're writing a - you're responding to that review criteria from the standpoint that, you know, you want to be able to outline even at this early point how you intend to carry this project forward for it to be sustained.

(George Phillips): Okay, so then probably we should make our requests based on what we think we can accomplish after the funding goes rather than - say, for example, we get $400,000. We may not be able to get that amount to sustain so are you suggesting that we should maybe request a lower amount in that regard?

Kenneth Robertson: Well, I mean in the idea we would hope you'd be able to continue at $400,000. That's not realistic, I mean you're doing one of two things.

You're either going to lower your award amount that you're requesting like you just described or you're going to be realistic and say, we can serve this many clients through - during this three year period and we believe that research, you know, part of the need in the community.

But reality is that legislative funding or whatever your funding source is are not going to be able to sustain this at that level. You know, you just want to be upfront and lay out the situation as it is. I can't really tell you which way to go because it depends on your particular situation and your application.

(George Phillips): All right, thank you.

Kenneth Robertson: You're more than welcome.

Coordinator: The next question comes from (Christine Nullen). Your line is open.

(Christine Nullen): Hi, I'm calling from New York City. I have a question about whether you can be both a primary applicant and also a subcontracted applicant on someone else's application.

Kenneth Robertson: Okay, now wait a minute. You're asking if you can be a...

Woman: So you would apply and then alternatively or additionally be a subcontractor on someone else's application.

(Christine Nullen): So it's - so we're on two applications but we're only a primary applicant in one.

Kenneth Robertson: There's nothing that prohibits that as long as you're not for profit. You obviously could not be a for-profit, you know, but - yes, I mean you're covering your bases, but yes.

(Christine Nullen): Right, okay. And then just a second and unrelated question, are we allowed to pay for subsidized psychotropic medications for dually diagnosed patients who are served by this grant?

Kenneth Robertson: You are but, again, with anything else you need to read the RFA in terms of what the context, what we're looking for is. Substance abuse treatment is the primary focus of the grant. Everything else around it is ancillary.

So if your proposal came in saying we have a need for mental health medications, psychotropic medications for a population of co-occurring disorders and that's what the crux of what you're doing and the bulk of the funding you're asking for, you're not going to score well.

(Christine Nullen): Right, okay. Thank you very much.

Coordinator: (Ann Cracraft), your line is open.

(Ann Cracraft): Yes, Columbus, Ohio. I'm going to assume based on our current experience that some clients after they leave the prison are later awarded Medicaid. And therefore when you talked about supplanting I would assume that they would need to have their services, their outpatient services, paid for through Medicaid versus the grant. Is that correct?

Kenneth Robertson: Assuming that this law stands and it's former - and it's current construct, yes. We will deal with that as we move closer to it in terms of what then happens with these funds.

(Ann Cracraft): And then my next question with that would be if they have become Medicaid do you still count them in your numbers for outcomes?

Kenneth Robertson: No, all you're counting for outcomes in this are SAMHSA funds but let's just take this scenario for example that (ACA) passes and you're providing a plethora of treatment and recovery services. And you're - what State are you calling from?

(Ann Cracraft): Ohio.

Kenneth Robertson: And Ohio decides that as part of their (ACA) coverage and Medicaid they do this, this, and this. You can bet for the most part given the financial state of the federal and the State governments that for the most part they're going to probably provide direct behavior - pay for direct behavioral health services.

And many of the ancillary wrap around services that we would normally pay for in a grant including things like transportation costs, GED costs are not going to be reimbursable under this.

So you would begin to shift your funds to the wrap around services that often are not paid for because - you know, without getting into a whole (unintelligible) thing. Every State will have a different list of reimbursable services. Every State will have a total different agreement with the Center for Medicaid and Medicare services.

(Ann Cracraft): So if the person becomes medicated and is getting their alcohol - their substance abuse treatment paid for by Medicaid but are getting some of those other gap services like peer support services, they would still be a part of the grant.

Kenneth Robertson: As long as SAMHSA funds were paying for those other services, yes.

(Ann Cracraft): Okay, thank you.

Coordinator: The next question is from (Pat Andrews).

(Pat Andrews): Hello, I'm calling from South Carolina. I have a dual question about documenting information that we include in the narrative.

When I give a reference to a source do you prefer footnotes or end notes? And where do I put the full reference list, the bibliography? Does it go in the narrative or would it be in the appendix - an attachment in the appendix?

Kenneth Robertson: That's a good question. We go to Appendix A, which is the checklist for formatting requirements and screen out criteria. And we talk about - let's see, you know, I don't know. I should know.

I've been answering these questions for 19 years. I don't know the answer to that. If you would email (Jon) we will get you an answer on that as quickly as possible.

My guess is going to be that everything has to be part of the 30-page limitation, you know, but I don't want to answer that definitively until I, again, just research all of our guidance to see if we have a particular section that talks about bibliography.

(Pat Andrews): Right, and I'm sorry but I don't know how to get your email.

Kenneth Robertson: It's on the PowerPoint, at the end of the PowerPoint it has (Jon)'s.

(Pat Andrews): I have that then. Thank you very much.

Kenneth Robertson: Sure, you're more than welcome.

Coordinator: (Lay Grader), your line is open.

(Lay Grader): Hi, Ken, (Jon).

Kenneth Robertson: Hi, (Lay).

(Lay Grader): My understanding after the grantee meeting was that halfway houses were also included along with jail and detention and prison. Am I correct or wrong?

(See posted clarifying questions and answers on SAMHSA website for answer to this question.)

Kenneth Robertson: Halfway houses in the sense that somebody's actually coming - somebody's already in the community in a halfway house, no. Somebody who's coming from a correctional facility and you've started there and picked them up and they're moving into the community in the halfway house, yes.

(Lay Grader): Right, my second question is could you elaborate a little more about the educational programming that is allowable?

Kenneth Robertson: Well, all of ancillary services and - again, I think we give a listing in there when we talk about treatment services.

Wraparound services are critical to the recovery of these individuals and so things such as assistance in trying to find a job, educational opportunities, all of those kinds of things - transportation to get from one place to the other, all of those kinds of things are wraparound services that support treatment.

So they are - you may fund those. You know, you may put those down as allowable cost, however, going back to one of the questions that someone asked earlier, if in fact that's all you're doing - so you have a population that is young adults and their primary deficit is the educational deficit then you want to fund GED for them. And the vast majority of what you're asking for for SAMHSA funds are solely that you're not going to score well.

(Lay Grader): No, that's not what I mean. I mean while they're in jail the RFA states that we can provide some educational programming. And could you give us some examples of what that would be? Like a specific curriculum, is seeking safety or helping women recover appropriate or inappropriate?

Kenneth Robertson: You can't do anything that would be considered treatment or therapy. I think the - on Page 11, the dot point that you're talking about is under allowable activities.

It says community based organizations including faith-based groups to go inside the correctional institution to begin wraparound transition planning activity such as but not limited to job skills planning, building connections to social support, or educational programming for community follow up.

So for example, while a person's still in the institution you can have your community-based organization that's helping with transition go in and begin lining up programming for this individual in the community to obtain his GED or to go to a community college. It's the planning aspect because it says educational programming planning for community follow up.

So the expectation is not that you're administering an educational program to them while they're in the institution. You're setting the stage for helping enroll them in programs, identify programs that they may be interested in, those kinds of things.

(Lay Grader): Okay. So if a client's - back to my other question, sorry. So a client's being released from jail for DOC into a halfway house can the services begin when they are - enter the halfway house?

Kenneth Robertson: Treatments, no.

(Lay Grader): So it has to start in DOC or jail.

Kenneth Robertson: That's correct, that's - you're talking about the screening and assessment and transition planning?

(Lay Grader): Yes.

Kenneth Robertson: Yes, yes.

(Lay Grader): Okay, have a great day.

Kenneth Robertson: Thank you.

Coordinator: (Chris Abate), your line is open.

(Chris Abate): Thank you. Syracuse, New York. I have a follow up question to the initial (GPRA) administration. Can you do the screening assessment and transitional planning in the correctional facility but yet for that same person do the initial (GPRA) in the community after release?

Kenneth Robertson: Wait a minute, repeat the question because I thought I heard one thing and then I'm not sure is what I heard. Repeat the question again, please.

(Chris Abate): Can we do screening assessment and transitional planning for an eligible individual in the correctional facility but yet administer the initial (GPRA) after release?

Kenneth Robertson: Correct, because for a lot of those people you may discover they're not going to be somebody that you're going to end up follow up or not interested or doesn't want to participate in this program for a variety of reasons. So you'd be administering a lot of (GPRAs) to people that then you'll have no follow up on.

(Chris Abate): I was concerned about that 80% mark since we've done the SAMHSA program before.

Kenneth Robertson: Right.

(Chris Abate): Thank you.

Kenneth Robertson: Sure, you're welcome.

Coordinator: (David Fostinger), your line is open.

(David Fostinger): Hi yes, this is (David Fostinger). I'm calling from Philadelphia. Two questions, one is on - and this may just - I don't know if this is a typo but in the application it says estimated award amount up to $400,000 per year.

Kenneth Robertson: Correct.

(David Fostinger): And that is the - so that's not total for the three years.

Kenneth Robertson: No, I mentioned that earlier. The total for three years if you requested $400,000 would be $1.2 million.

(David Fostinger): Okay, very good. I'm sorry that I missed that.

Kenneth Robertson: That's okay.

(David Fostinger): Secondly, our group is a nonprofit research organization and it's not - it's a 501-3c nonprofit. And it's not specifically listed as an eligible applicant although it's not listed as an ineligible applicant either.

Kenneth Robertson: Okay, say the first part again about the 501c3?

(David Fostinger): We're a nonprofit research organization that we're affiliated with - we have - with University of Pennsylvania but we're a nonprofit organization. And...

Kenneth Robertson: So you're a nonprofit domestic organization.

(David Fostinger): Yes, we do research, mostly national institution (unintelligible) research and other.

Kenneth Robertson: You're eligible but you need to read the - in the budget area you need to pay close attention to indirect rates because we will not allow research in direct rates. So you may be a research not for profit but you'll have to charge a service indirect rate.

(David Fostinger): Okay. Thank you very much.

Kenneth Robertson: You're welcome.

Coordinator: The next question comes from (Kathy Wise).

(Kathy Wise): Yes, I'm calling from Arizona. And this is another question regarding medication. Can funds be used for medications for medically assisted treatments such as Suboxone and naltrexone?

Kenneth Robertson: Yes, absolutely.

(Kathy Wise): Thank you.

Kenneth Robertson: I believe - I could be wrong, I have so many RFAs. I normally have language in there specifically about that. I'm pretty sure it's in there. I know we've very, very specific language. All of our core grants about that and the limitation, but it absolutely can be. Those are validated, evidence-based substance abuse treatment regimens.

(Kathy Wise): Excellent, thank you.

Coordinator: The next question is from (Amanda Stone). Your line is open.

(Amanda Stone): Hi, good afternoon. This is (Amanda Stone) from Atlanta, Georgia. I have two kind of linked questions. First of all, what emphasis is SAMHSA putting on integrated primary and behavioral healthcare within this particular RFA if any?

Kenneth Robertson: Well, there's always an emphasis - and, you know, all of our approaches to any of these populations in an integrated behavioral health approach - excuse me, an integrated behavioral health model or approach.

But again, you have to remember, this is not - we've put out these CMHS adult treatment drug court collaboratives that was a braiding of CMH - mental health systems transformation dollars and CSAT services dollars that allowed a community to provide services for individuals with either substance abuse issues or needs, co-occurring or mental health.

These funds are congressionally appropriated for substance abuse. So they may only be used for individuals with substance abuse treatment needs or individuals who have a co-occurring disorder of substance abuse and mental health.

But if you have an individual presenting solely with mental health issues they may not be used for that individual.

(Amanda Stone): No, no, I understand that. And sort of another tag question that is this, we know that lots of our folks are coming out of jails and prison who have had long term care for such things as diabetes, kidney - well, you know the gamut of health concerns.

Kenneth Robertson: Yes.

(Amanda Stone): Is there any provision or would you approve limited funds being used to help those that are not Medicaid eligible or insured persons who are in the community and need short courses of critical meds during their transition?

Kenneth Robertson: Well, I mean these funds really aren't designed for primary medical assistance. And the reason that we allow psychopharmacology is because it's directly related to behavioral health issue, not a primary health issue. And so it is not the norm in these grants to provide funds for health services, that's the purview of the county, the State, Medicaid, Medicare, Social Security, whatever is there.

So...

(Amanda Stone): So if we choose to address that and if we identify that as a need for our offenders...

Kenneth Robertson: Well, can you give me an example of what you might...

((Crosstalk))

(Amanda Stone): Just provide an alternate funding resource for them but show the integration of services?

Kenneth Robertson: So were you saying that if you find an alternate funding source for these...

(Amanda Stone): Well, no, we would simply identify how we are going to handle it if in transition planning we find out that Jon Smith is a substance abuser who has X, Y, and Z needs. And also is a diabetic with, like, let's say, clinical dental needs then we would want to make sure that we can tap in to local resources or State resources for those clients.

Kenneth Robertson: You could do that. The RFA does not prohibit that and you always have to go from the promise of what's prohibited and what's allowed.

It's not prohibit that but by word of caution, again, is that any time you're stepping outside of the realm of specific substance abuse treatment recovery services and wraparound ancillary services directly related to that you're beginning to get into an area where the reviewers basically will look at that probably and not score it as highly as they would others.

(Amanda Stone): I see. Okay, well, thank you.

Kenneth Robertson: Okay, I mean for example, we don't allow food costs unless it's part of a particular program like children's program where somebody's there all day long and they need to be fed or they're in a resident facility for example. And like I said, we don't pay for pharmacologies for any infectious diseases.

And actually in answer to one of the previous questions, I said I thought this was somewhere, I was actually in error when I talked about psychotropic drugs.

Well, I wasn't because I said the psychotropic drugs in terms of somebody has a co-occurring disorder but we don't pay for pharmacologies or HIV, STDs, TB, Hepatitis B and C, or psychotropic drugs just for mental health needs.

So using that as a premise and no food, other kinds of things, you can see that, again, you're sort of on shaky ground. I mean I can give you an example. We used to fund methamphetamine, criminal justice programs and we didn't prohibit dental costs. Well, we know what that population is and pretty soon our grant funds were absolutely being devastated by solely dental costs.

And so we have to prohibit, like, use for dental care for example. I hope I've answered that. Some of these are not...

(Amanda Stone): No, I think if there's a need there and your funds will not dedicate to that we just find other funds that do and can.

Kenneth Robertson: There you go.

(Amanda Stone): Thank you. Thanks very much.

Kenneth Robertson: You're welcome.

Coordinator: (Gary Niquest), your line is open.

(Gary Niquest): This is (Gary). Can you hear me?

Coordinator: You have a lot of background buzz on there. Are you close to, like, a computer or something? Are you there? Mr. (Niquest), are you still there?

(Gary Niquest): Okay, this is (Gary).

Coordinator: Go ahead.

(Gary Niquest): All right, I still need clarification on the definition of correctional facility? (Unintelligible) Harris County (unintelligible). We operate a couple of (unintelligible) correctional facilities (unintelligible) lockdown programs (unintelligible).

Coordinator: Mr. (Niquest), we're not able to hear you. You've got a very, very loud buzzing over your voice. I don't know if you're on speakerphone or if it's your connect.

Kenneth Robertson: Yes, we can't - I'm sorry, I can't hear you at all. Maybe we could take a few more phone questions and I have a lengthy list of written questions that I want to speed through here. So...

Coordinator: Okay, (Alan), your line is open.

(Alan): Hello, this is (Alan) over at Midatlantic City. Unless I missed it, when is the award date?

Kenneth Robertson: The award date will most likely be sometime the last week in September with the start date normally October 1. Fiscal year runs October 1 to September 30.

(Alan): All right, another question, I'm assuming we submit the whole three year budget and year one has different costs because it's the start up year then possibly year two and three might.

Kenneth Robertson: That's correct. And the specifics on that including a budget that details all of that are in the RFA.

(Alan): Right, thank you.

Kenneth Robertson: You're more than welcome.

Coordinator: I'm sorry. (Neil Gary), your line is open.

(Neil Gary): Hello, my question is once an offender is released into the communities is there any prohibition to use access to recovery funds for wraparound services?

Kenneth Robertson: So you would use the SAMHSA funds for the direct clinical services and then you would use the ATR funds that might exist in the community for wraparound.

(Neil Gary): Correct.

Kenneth Robertson: No problem, that's actually an effective leveraging of existing resources.

(Neil Gary): Perfect, thank you.

Kenneth Robertson: Or quite frankly you could do it the other way around since ATR services also for the most part include direct clinical services that give the client the ability to use a voucher here and there. You could use a good amount of the grant funds for the wraparound services as well. That's something you have to decide.

Coordinator: (Karen Taylor), your line is open.

(Karen Taylor): (Karen), Atlanta, Georgia. I have a question surrounding eligibility.

Kenneth Robertson: Yes.

(Karen Taylor): I noticed that in the RFA that it states that the providers have to have at least two years of relevant services. Does the 501c3 have a minimal number of years of existence in order to apply for this grant?

Kenneth Robertson: Yes, on Page 17 of the RFA we talk about experience. It begins on 16, experience of evidence and credentials. We talk about you have to have a provider organization for direct services.

(Karen Taylor): Right.

Kenneth Robertson: And then we talk about each mental health substance abuse treatment provider organization must have at least two years experience as of the due date of the application posting relevant services in the geographic area. Official documents unless established at the organization as provided relevant services for the past two years.

So, yes, your 501c3 is going to need to be for a two year period of providing those services. If you haven't been a 501c3 for at least two years then you don't really meet the criteria. (**NOTE:** See posted clarifying questions and answers on SAMHSA website for clarifying answer to this question as the answer posted in the transcript in imprecise and not correct.)

(Karen Taylor): Okay, so if the 501c3 as a nonprofit is attached to our for-profit agency we're still out of the running if we don't have two years under the 501c3?

Kenneth Robertson: You have to have a 501c3, yes, for two years. **NOTE:** See posted clarifying questions and answers on SAMHSA website for clarifying answer to this question as the answer posted in the transcript in imprecise and not correct.)

(Karen Taylor): Okay. All right, thank you.

Coordinator: (Carol Buckles), your line is open.

(Carol Buckles): Yes, calling from Missouri. Our agency has an existing SAMHSA ORP and I wanted to clarify an earlier question that you answered. If - can we use these funds to expand or enhance that program?

Kenneth Robertson: It has to be a totally different population. In other words, you can't have an existing ORP grant where you say we're serving (Ken Robertson)'s correctional facility and we're serving 200 grantees.

And then come back in for this grant program to serve (Ken Robertson)'s facility to expand to another 100. That's the same grant program, you're just expanding the catchments area.

(Carol Buckles): Okay. So if it's...

Kenneth Robertson: Maybe a different population for example, let's say that you're doing real well in (Ken Robertson)'s correctional facility but the local jail, you know, the local county jail has unmet needs and they have a lot of people on that are serving a minimum of six months and you come back with a different population. You can apply the different approach, the different population, different needs, etc.

(Carol Buckles): Okay, thank you.

Coordinator: And (Zee Travis), your line is open.

(Zee Travis): Thank you so much. I'm calling from Philadelphia, PA. And is it necessary to get a letter of support of - from the correctional facility that I would like to partner with?

Kenneth Robertson: You certainly need to - I mean if you don't have letters of support from them then, again, one of the things that's going to happen is that you don't - your application doesn't really demonstrate that you have, you know, an existing relationship with them.

Now remember, it goes back to a question somebody asked early on about was the focus on community-based treatment providers. It's not but the threshold's a little higher for community-based treatment, facility because they have to really demonstrate that they have the ability to go into an institution and access these people.

If there's anything we've found in previous ORP grants that the major weakness is that applicants state all the time, we have wonderful relationships with the corrections system but we don't have, you know - but when they get funded all of a sudden, you know, they can't get anybody into the program.

And so what we say on Page 9 is the specific language is in order to effectively address the expansion and/or enhancement of treatment and recovery services to the offender returning - reentering the community from correctional settings applicants are expected to demonstrate a collaborative

partnership between the institutional corrections agency and the community-based organization.

And then we give a listing of ways that you can do that. And we do talk about letters of support.

(Zee Travis): Okay, thank you so much.

Kenneth Robertson: Yes, sure. But again, if you haven't read it do go back and read the entire RFA just so you get better understanding of what I'm talking about.

Coordinator: Okay, (Ruth Cox), your line is open.

(Ruth Cox): Yes, I'm from Virginia and I'm wondering about - on Page 7 under services and treatments, the improving family functioning, if this would allow for - prior to the individual getting out of prison, whether it be a male or female to be able to do some family work prior to that happening?

Thus working with the family and the children of the offender prior to them getting out. Will this grant help pay for those services?

Kenneth Robertson: It depends on what those services are because, again, until that offender gets out he or she is in an incarcerated setting and the funds are not designated, you know, for any services per say to that individual until they hit the community.

You can do screening and assessment and things like that so if you're talking about providing clinical service, therapeutic intervention with the family not until the person gets out.

(Ruth Cox): But after the person does get out to do some family intervention work with the offender and the family members, that's acceptable?

Kenneth Robertson: Sure.

(Ruth Cox): Okay, thank you.

Kenneth Robertson: Completely, yes. I mean in fact that would be a key component of offender reentry, therapeutic intervention.

Coordinator: Okay, (Henry Hertzman), your line is open.

(Henry Hertzman): (Henry Hertzman), Albany, New York. Page 5 references trauma and justice and this whole concept of a trauma informed system of care but throughout your presentation I haven't heard the word trauma used once.

Kenneth Robertson: Well, that's because basically we lay out in that the purpose of the grant - and we talk about the fact that it falls under SAMHSA's strategic initiative trauma and justice. And we talk about that.

And that is incorporated basically into, you know, treatment approach. For example, those individuals - those grants that are awarded we will require all staff to be trained in trauma informed care. In fact, we will provide technical assistance and training free to all grantees.

(Henry Hertzman): Okay, so you actually go to - the grantee will receive technical assistance and trauma informed care. On what page is that?

Kenneth Robertson: It's in there because this is about applicants not - these are grantees that have actually been awarded.

(Henry Hertzman): Got you, thank you, that was very helpful.

Kenneth Robertson: Okay, more than welcome.

Coordinator: (Gary Newport), your line is open.

(Gary Newport): Yes, I'm from - (Gary Newport) from Ohio. For the - I think I know the answer to the question but for the - for screening tools that would be allowable in the prison setting, would the Global Assessment of Individual Needs, say, like the GAIN Quick, be allowable?

Kenneth Robertson: Yes.

(Gary Newport): As service in the jail.

Kenneth Robertson: Absolutely, and Chestnut Health Systems has actually worked on a correctional screener tool that's probably even more appropriate.

(Gary Newport): Okay, okay. Excellent, thank you.

Kenneth Robertson: You're welcome.

Coordinator: And I have two parties left, (Carla) and (Jackie). If your name is not one of those it is because you're on there and your name did not get recorded. So if you still have a question other than (Carla) or (Jackie) please press star-1 and make sure your line is not muted and record your name again. And (Carla), your line is open.

(Carla Kingston): Hi, I'm (Carla Kingston), Denver, Colorado. I have two questions, let me ask the first one because that might get me out of the second one. A caller a while ago asked about being a non for profit.

Kenneth Robertson: Yes.

(Carla Kingston): We are non for profit - we've operated for the past four years as LLC and just got our not for profit status I think a couple months ago. It's the same organization. We've got the background and we do the work but does that mean we can't apply because we just got the non for profit status?

Kenneth Robertson: Well, that's been the norm, yes, that you had to have been a not for profit organization, you know, for a two year period. (See posted clarifying questions and answers on SAMHSA website for answer to this question.)

(Carla Kingston): (Unintelligible) operating with (unintelligible) certification for years as an LLC? We just switched.

Kenneth Robertson: Yes, I mean you were for profit at that period of time, right?

(Carla Kingston): Yes, it was an LLC, yes.

Kenneth Robertson: All right, anybody who has specific questions about the two year not for profit thing should contact (Jon) and we'll send out something specific on that.

(Carla Kingston): And that's the email address that's at the bottom?

Kenneth Robertson: Yes, (Jon Berg) at SAMHSA.HHS.gov.

(Carla Kingston): (Jon Berg), okay. Well, I'll do that. Then let me ask a second question. I've been an evaluator before I owned this facility and have worked on previous SAMHSA grants and have done the baseline exit and follow up.

Eighty percent is high, it's hard to reach. It's hard to get 80% of that population through the treatment more or less through the six month follow-up. So I wonder, this is an awkward question, but I wondered how rigid that 80% follow up is?

Kenneth Robertson: The criminal justice team that I head up is extremely rigid about that.

(Carla Kingston): Okay. Thank you very much.

Kenneth Robertson: That is a congressionally mandated government performance and results act requirement mandated by the President's Office of Management and Budget and we take that very seriously. Our expectation knowing everything that you just said is true, is that in fact our grantees will perform at intake and follow up intake at 100% and follow up at 80%.

And if they're unable to do that then we begin technical assistance, corrective action plans, and then whatever actions need to happen including reducing the award or terminating the award.

(Carla Kingston): Thank you, that clarifies that, thank you very much.

Coordinator: (Jackie), your line is open.

(Jackie): Good afternoon, calling from Georgia. Just for clarification, we are a nonprofit and - but we do not have our 501c. Are we still eligible as a community-based organization?

Kenneth Robertson: Not if you're not able to provide that you're a not for profit because our congressional authorization prohibits awards to for profit organizations. So you've got to be able to prove, you know, through your licensing or accreditation or something that you're a not for profit organization.

That's why I say, we'll take these because we're having so much questions specifically about nonprofit status, we're encouraging folks who have questions about that because every organization's going to be different to contact (Jon) and we'll individually respond to them.

Coordinator: (Danielle), your line is open.

(Danielle): Hi, can you hear me?

Kenneth Robertson: Yes.

(Danielle): Okay, great. I just want to clarify the issue to eligibility if we currently provide the ORP services. We're a current contractor and our contract is up September 29 of this year.

Kenneth Robertson: You mean you're a grantee?

(Danielle): Yes, grantee. So we therefore are eligible to apply for this given the fact that it starts October 1, 2012.

Kenneth Robertson: That's correct.

(Danielle): Okay, wonderful. Thank you so much.

Coordinator: And (Richard Hayden), you line is open.

Kenneth Robertson: And just going to - I'm going to let this be the last call in for a second. We have this - understand for a while so we will stay with people but I have a lot of written questions here. And after this call I'm going to run through some of these.

Some of those have been answered and I'll simply say we've answered it but I'll take this call right now. And then after these written ones, again, we'll go back to whoever's still on the line.

(Richard Hayden): Excuse me, this is (Richard) from Lincoln, Nebraska.

Kenneth Robertson: Okay.

(Richard Hayden): Hello?

Kenneth Robertson: Yes.

(Richard Hayden): I own part of a psych-based organization and I have a partner who has been doing reentry work for about seven years now. So should one or the other of us file? Can we file jointly?

Kenneth Robertson: All right, didn't quite understand the question. Do you have a not for profit organization that's providing?

(Richard Hayden): Yes, I have a partner that's been providing reentry services. And my question is do we have to file either my organization or her organization or can we file jointly?

Kenneth Robertson: You mean as a co-applicant?

(Richard Hayden): Right.

Kenneth Robertson: Two separate organizations applying jointly?

(Richard Hayden): Right.

Kenneth Robertson: No, it's got to be one entity.

(Richard Hayden): Okay, thanks.

Kenneth Robertson: It has to be one EIN number, one identifier number, one tax number. It's got to be one entity applying.

(Richard Hayden): Okay.

Kenneth Robertson: Okay. Okay, so let me begin to run down some of these questions here. Does using SharePoint software constitute as a suitable system for meeting DHR requirements? I don't know what this question means. I think they were talking about EHR. No, it does not.

Okay, are costs associated with providing GED classes and testing allowed? I answered that, they would be in the context of ancillary services.

Are private, non profit organizations? Yes.

Can an initial (GPRA) be done in the community? Does it need to be done in the facility? I answered that.

Can you explain more about EHR? If the plan to acquire a system how much time is allowed for actual signed agreement to purchase the system? Obviously, you'd need to have that in place by January 1, 2014.

Did I say 45% over the life of the grant for infrastructure? Yes, because it's 15% on an annual basis. (See posted clarifying questions and answers on SAMHSA website for answer to this question.)

I've already answered this one, third party evaluator. I've answered that. Do you have to serve all adults who meet the substance abuse and/or co-occurring criteria or can you designate a subsection of adults based on certain age, span, gender? Yes, but any time you restrict or narrow a population you have to justify why you would exclude others from that population.

Doesn't mean you can't do it. For example, you may say we have a specific demographic need for women who are severely underserved here and your plan would be to propose - to provide services for female offenders coming out of a particular facility. You need to explain why that is a priority population versus males and females.

I've answered the 180 days incarceration. Does this grant pay for recovery support housing post completion of residential substance abuse while the clients continued participating? No, they still must be in residential substance abuse treatment facilities for us to pay for housing services.

I answered the EHR Texas question. Can funds be used for residential treatment? Yes.

For the February - January 2014 date regarding EHR, if your plan is in place (unintelligible), can the vendor be identified at that time or does it need to be

up and running? No, you need to be up and running by that time assuming that the (unintelligible) right now or you're not going to be able to enroll people and provide services.

I've answered the 501c3 question. I would like to know if funds can pay initial costs for participants to get into a substance abuse residential (unintelligible) living house? Most are faith-based but there are also Oxford houses. Yes, as long as it's a residential facility where therapeutic intervention is taking place.

If a correctional facility has a special substance abuse unit and this unit completes a substance abuse assessment with the inmate does the applicant have to duplicate and complete another substance abuse assessment? It states several times in the RFA that a substance abuse assessment must take place.

No, you don't have to duplicate that but you're probably going to have a problem in the community where the treatment facility relying solely on a previous substance abuse screening or assessment. Most are going to want to screen and assess unless it's the same facility.

If you're Ken's program and you do screening and assessment inside the facility and you're then going to transfer that person over to your community based program you don't have to turn around and do the same exact screening and assessment again.

Is the GAIN tool recommended or required for this? No, that requirement is - that recommendation was removed from this RFA. You are certainly free to use the GAIN, if you have not used the GAIN before I would not propose using the Global Assessment of Individual Needs tool unless you've gone to

the Chestnut Health Systems website and looked at all the requirements of that.

Is there a national cross site evaluation to be done which impacts what's expected at the local evaluation? No, we are not doing a national cross site of this.

Is there a specific number of unduplicated service recipients that you'd like us to see us serve per year? I answered that early on when I talked about cost per capita has to totally be based on what your modality is, what the needs of the individuals are, what the cost is in your community.

Is there any way to get the information presented in this webinar in a written form? Yes, I talked about that earlier on. You go to the top of the toolbar, click on Handouts. That will take you to a little Handouts box. You click on the little empty box beside ORP and then a download box will open up.

You can download that and once you download it you can read it from your PC or you can print it.

Man: And the transcription will be posted?

Kenneth Robertson: Also, there will be transcription of this posted for those individuals who either want to come and revisit this or were not able to participate on this call. The website - we'll have a website up, the address and what not, that will have the transcription.

You'll go to where you went to the RFA to find this information.

Is this a new grant program? If it is not are there previous grantees that will receive the grants first? I don't understand that question but no, this is continuation of existing ORP grant programs with some modifications. So there is no priority in terms of who would get grants. If you are a previous grantee you have no more priority over anyone else.

Can funding requested be less than the $400,000? Absolutely, especially if the population numbers that you're talking about are not equal to $400,000.

I think I answered this, is utilizing the GAIN Q3 a requirement? No, it is not.

Please clarify using funds for medications, and I'm assuming they're talking about psychotropic medications. Is this - is it okay for co-occurring disorder treatment? Yes.

Regarding medications, can funds be used for Suboxone, I answered that, yes.

Texas has a substance abuse treatment system funded through the Texas Department of Criminal Justice. We want to target those in residential treatment who have been released to the treatment facility from prison and provide reentry services and then outpatient. Is this an allowable population?

No, the RFA talks about that and says that the RFA is not designed to treat those individuals who are already in residential treatment facilities.

The CSAT HIV TC grants allow revenue to be generated and maintained throughout these programs. Throughout the program this must be reported through the financial status report. There are two ways of managing revenues. This person, (Jenny), you need to contact us directly. This is long and I'm not sure I understand it.

In essence, there's standard HHS language for reporting revenue and, yes, you're allowed to generate revenue that's separate in addition to the SAMHSA funds but certainly not supplants the SAMHSA funds. But you need to contact (Jon) directly.

Okay, question regards housing. Is standard housing okay or does it need to be set? I've answered that. The only housing that can be provided is in a residential substance abuse treatment facility.

The first one was having problems printing and downloading this. Can we locate this or the transcript online next week? You can locate the presentation and the transcript by going back to the SAMHSA website and going to the ORP Grant RFA Announcement. And just like you went there and saw the posting for this webinar there will be a transcript and a presentation there.

What are typical funding amounts per year given in the past? I can't answer that. Typical funding amounts relate directly to the number of clients that you're serving. That may be $400,000, that may be $180,000. It could be in an extremely rural area where there's one treatment provider and the numbers are very small.

We do not rate and score applications against each other. They stand on their own merit. So a small rural application asking for $150,000 is based on the same review criteria scoring as one asking for $400,000.

This question was asked already about the electronic, they really need to talk to (Jon). We'll get the information back to them.

Where has this grant been previously awarded geographically? All over the country. We've put out 50, 60 (some) ORP grants in the past and they're everywhere.

Where should letters of commitment be sent? That's in the RFA.

Will a comprehensive FAQ be available after the webinar? This is the comprehensive FAQ and, again, the transcript and the RFA webinar will be posted.

Will this award require recipients to record progress toward SAMHSA designated indicators in addition to the goals and objectives we've proposed? I don't know what they mean by SAMHSA designated indicators so I can't answer that question.

Will the court as the lead in a collaboration? Is an EHR system required of all partners? Anyone that's providing medical or behavioral health treatment services is going to need that and the court is going to need it in order to move information from one point to the other.

Can applicants provide gender specific services? I answered that already. Can you provide (Jon)'s email again? That would be (Jon) - J-O-N.BERG - B-E-R-G@SAMHSA - S-A-M-H-S-A.HHS.gov. It's the last - next to last slide or last slide.

Jon: Last slide.

Kenneth Robertson: Last slide in the thing and actually we will move that to that so you'll have it right there.

Last question, what type of documentation is required to support collaboration for services both in prison, detention center, and the community? We talked about this.

The most prevalent type of documentation that you would provide in this case would be a situation where you have a memorandum of understanding, letters of specific support, not just a generic letter saying, yes, we support this application, you know.

They need to stipulate out what the partnership is, what partners will provide, what's the criminal justice system in the institution going to do, what's the provider going to do.

And I believe I have answered all the questions in the queue. So we have a few more minutes if there are any other questions that people have back online - back on the call we'll take them.

Coordinator: We do. (Jeff Berry), your line is open.

(Jeff Berry): Yes, hello, this is (Jeff Berry) from Texas. An individual that has been convicted and sentenced and is on but - is on probation and may serve some time and may serve six months on a probation violation in County jail or perhaps in a lockdown treatment setting, but they're on probation and serving jail. Would that client be eligible for services?

Kenneth Robertson: No, because I'm assuming what you're saying is the person was not adjudicated to incarceration. They were sentenced to a probation community supervision setting. They violated, came in for a short period of time.

Now somebody who was on probation, let's say they had a four year probation and they came in on a violation and they actually are going to serve a year in prison, they then are sentenced to prison. Somebody that just comes in for a couple of days on a technical and goes right back out doesn't meet that definition.

(Jeff Berry): Thank you.

Kenneth Robertson: Yes.

Coordinator: (Baron Sandlin), your line is open.

(Baron Sandlin): Yes, my question's already been answered, thank you.

Kenneth Robertson: Thank you.

Coordinator: And (Donna Bond), your line is opened.

(Donna Bond): This is (Donna Bond) from Oklahoma.

Kenneth Robertson: Yes.

(Donna Bond): I would just like to clarify one of the questions that came up earlier about community corrections. Community corrections, when someone obviously is still in the custody of DOC but they go out and do work during the day but they have to come back in the evening, that would still be considered incarcerated. Am I correct?

Kenneth Robertson: So they're locked up there at night?

(Donna Bond): Yes.

Kenneth Robertson: Yes, they can't - not free to go about in the community and they were sentenced to that facility?

(Donna Bond): No, they were sentenced - normally they step down or, you know, they transition down to that security level. Normally they don't start although some may but they're sentenced to the Department of Corrections.

It's just based on their security points, you know, what level of security they will be housed at. But (unintelligible) if they left and didn't come back they would be charged with felony at the State. So that would keep them in the same category as incarcerated, correct?

Kenneth Robertson: Yes, yes. As long as they're not free - as long as they're within the - they've been sentenced and they're in the confines of the Department of Corrections, they're incarcerated in the sense they can't leave the facility. And they go out and go to work and come back.

(Donna Bond): Yes.

Kenneth Robertson: But they're still locked up.

(Donna Bond): Yes, that's correct. Okay, thank you.

Coordinator: And I'm showing no more questions.

Kenneth Robertson: Okay, last call for any questions anyone may have. I see we still have 182 people. Really appreciate very much you taking the time to be with us today

again. There will be a transcript of this that will be posted as well as a recording of this webinar.

It will be posted on the SAMHSA website under Grants - you then go to the Center for Substance Abuse Treatment and where you see the Offender Reentry Program RFA then you'll see that information posted there just like this information was posted.

Again, thank you very much.

Coordinator: And we did get two more questions on the phone. Do we have time for those?

Kenneth Robertson: Sure.

Coordinator: Okay, Mr. (Haynes), your line is open.

Mr. (Haynes): Yes, you mentioned about someone being released from prison to a halfway house, I thought it had to be only a residential setting to be considered - to be paid for.

Kenneth Robertson: Well, we're not paying for the housing of that individual in a halfway house. No, we're just talking about housing. Now the question about residential facility was about paying for housing.

We won't pay for anybody's housing in jail or prison or a halfway house, that's the State or County's responsibility. We're talking about housing costs directly related to somebody who's been admitted into a 24/7 substance abuse treatment residential facility.

Mr. (Haynes): Thank you.

Kenneth Robertson: You're welcome.

Coordinator: We have one more question, your name was not recorded so if you have a question your line is open. Please make sure your phone line is not muted.

(Calvin Tred): Yes, this is (Calvin Tred). And my question has to do with the (unintelligible) of people who are said as using or abusing drugs.

Kenneth Robertson: Yes.

(Calvin Tred): And I need an explanation of that. They don't need to be addicted, they just need to be using?

Kenneth Robertson: Correct, yes. We're not just dealing with people who are dependent. I mean people are dependent - have a dependency diagnosis need a specific, specified type of treatment intervention. People that are substance using or abusing have varying levels of needs that need to be dealt with.

Again, the difference between somebody who's dependent on heroine and needs to be detoxed and placed into a medical facility versus someone who is using substances that's impairing their life, they probably, you know, committed the crime.

If it wasn't a drug crime per say under the influence of alcohol or drugs and they need a certain level of much less intensive super - not supervision but therapeutic intervention.

(Calvin Tred): Thank you very much.

Kenneth Robertson: Sure.

Coordinator: (Vern Ryan), your line is open.

(Vern Ryan): Hi, how are you?

Kenneth Robertson: Good, how are you doing?

(Vern Ryan): Great, we're currently finishing up a 2009 ORP study here in Philadelphia and our population of focus is individuals coming out of the prisons with substance abuse problems, histories of recidivisms, mental health, co-occurring things.

Kenneth Robertson: Yes.

(Vern Ryan): We want to apply or we're applying for this new ORP. Are we able to maintain our focus on that core group of individuals?

Kenneth Robertson: No.

(Vern Ryan): No.

Kenneth Robertson: That is a separate grant. That's a separate grant that funds were provided for.

(Vern Ryan): Okay. All right, thank you.

Kenneth Robertson: Yes. Especially since your grant's going on through at least this year, right?

Coordinator: I'm sorry. I cleared the question because he said thank you.

Kenneth Robertson: No problem, that's all right.

Coordinator: And we don't have any other questions.

Kenneth Robertson: Okay, I think this time we'll call it to an end. And again, thank you very much for taking the time to be with us this afternoon. And Operator, thank you very, very much.

Coordinator: You're welcome. Everyone have a great day, thanks for participating. You may now disconnect your lines.

Kenneth Robertson: Take care, bye.

END