

**Technical Assistance Webinar:
RFA TI-12-006
Cooperative Agreements for State
Adolescent Treatment
Enhancement and Dissemination**

Twyla Adams, MHS
Doreen Cavanaugh, Ph.D.
Melissa Rael, RN, MPA

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

June 18, 2012

Agenda

- Basic RFA Information (*Melissa Rael*)
- Infrastructure Development/Improvement (*Doreen Cavanaugh*)
- Direct Services Delivery Components (*Twyla Adams*)
- Evidence-Based Practices (*Twyla Adams*)
- Data Collection and Performance Measurement (*Doreen Cavanaugh*)
- Evaluation Criteria (*Twyla Adams and Doreen Cavanaugh*)
- Technical Assistance Resources (*Twyla Adams*)

Basic RFA Information

Purpose

- The purpose of this funding opportunity is to provide funding to States/Territories/Tribes to increase/improve capacity to provide effective, accessible substance abuse treatment and recovery support services for adolescents and their families throughout the State/Territory/Tribe.
- The target population is adolescents 12 up to 18 years of age and their families/caregivers.

Purpose

- Specific activities include:
 - Creating a more integrated and collaborative treatment and recovery system for adolescents with substance use disorders and their families;
 - Providing direct services using an evidence-based practice to adolescents with substance use and/or co-occurring substance use and mental disorders at two provider sites; and
 - Developing a learning laboratory through a collaboration between local community-based treatment provider sites and the State/Territory/ Tribal level.

Purpose

- At the State/Territory/ Tribal level, all efforts will focus on improving the treatment and recovery system for adolescents with substance use and substance use and co-occurring mental disorders.
- At the local level, a provider may treat:
 - Only youth who have a substance use disorder diagnosis;
 - Only youth who have substance use diagnosis and co-occurring mental health diagnoses; or
 - Both youth with substance use disorder diagnosis and youth who have substance use disorder diagnosis and co-occurring mental health disorder diagnosis.

Eligibility

- Eligible applicants are:
 - Single State Agencies (SSA) within State/Tribal governments/Territories and the District of Columbia; and
 - Federally recognized AI/AN Tribes and tribal organizations.

Available Funding

- Anticipated total available funding is \$10M per year for 10 awards.
- Estimated amount of each award is up to \$1M per year, of which:
 - Up to 30% (i.e., \$300k) of the award may be used for infrastructure development/improvement at the State/Territory/Tribe level.
 - Up to 15% (i.e., \$45k), may be used for data collection and performance measurement and assessment.

Available Funding

- Not less than 70% (i.e., \$700k/\$350k per site) of the award may be used to expand and enhance treatment and recovery services for adolescents with substance use and/or co-occurring substance use and mental disorders and their families/primary caregivers at two local community-based treatment provider sites.
 - Up to 20% (i.e., \$140k/\$70k per site) may be used for data collection and performance measurement and assessment.
 - Up to \$80k (\$40k per site) may be used to purchase technical assistance for implementation of one evidence-based intervention and one clinical assessment in year one.
 - Up to \$50k (\$25k per site) may be used for any on-going use, training, certification, and licensure of the intervention in subsequent years.

Type of Award

- These awards are cooperative agreements, which unlike grants, require substantial post-award Federal programmatic participation in conducting the project.
- The role of the awardee is to comply with the terms and conditions of the cooperative agreement award and applicable Federal administrative requirements, which includes carrying out all required activities in the project and collecting, evaluating, and reporting awardee process and outcome data.
- The role of SAMHSA staff is to work collaboratively and methodically with the awardee in carrying out each activity in the project, which includes reviewing and approving each stage of the project's activities and providing guidance and technical assistance to the awardee.

Length of Award

- The award is up to three years.
- Within 45 days of award, applicants must select two local community-based treatment sites that provide treatment for adolescent substance use and/or co-occurring substance use and mental disorders.
- Service delivery in both local provider sites should begin by the fourth month of award at the latest.

Application Submissions

- The deadline to submit an application is July, 11, 2012 at 5 pm ET for paper submissions and 11:59 pm ET for electronic submissions.
- Electronic applications must be submitted via Grants.gov, which can be accessed at <http://www.Grants.gov>.
- If you have never submitted an application through Grants.gov, then you must complete three separate registration processes before submitting your application. Allow **at least 10** business days to complete these registration processes.

Application Submissions

- Paper applications may only be shipped by:
 - Federal Express;
 - United Parcel Service; or
 - United States Postal Service Express Mail.
- Dependent upon which one of the above carriers you select, closely review the RFA for the shipping address.
- SAMHSA will **not** consider paper applications that are hand carried or sent via facsimile.

Application Review Process

- Applications will be peer reviewed based on the evaluation criteria.
- Decisions to fund are based on:
 - Application's strengths and weaknesses;
 - Approval by the Center for Substance Abuse Treatment's Advisory Council;
 - Availability of funds; and
 - Equitable distribution in geography and balance among the populations of focus and program size.

Award Announcement

- Applicants will receive a postal letter from SAMHSA, which describes the general results of the application review.
- If an application is approved for funding, then it will receive an additional postal letter, which includes the Notice of Award.
- Awards are anticipated about September 30, 2012.

Infrastructure Development/Improvement

State/Territory/Tribe Infrastructure Development

- State Adolescent Treatment Enhancement and Dissemination cooperative agreements involve both State/Territory/Tribe infrastructure development/improvement and direct service delivery components.
- Awardees may use **up to 30% (i.e., \$300k)** of this award for infrastructure development/improvements at the State/Territory/Tribal level.

Expectations

- At the infrastructure level these cooperative agreements are designed to bring together stakeholders across the child-serving system to develop and enhance a coordinated network that will:
 - Develop policies;
 - Expand workforce capacity;
 - Disseminate evidence-based practices;
 - Implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, co-occurring substance use and mental disorders treatment, and recovery support system; and
 - Strengthen family and youth voice.

Required Activities

- Applicants are required to address the following areas of infrastructure development/improvements at the State/Territory/Tribal level.
 1. Develop at least one full-time staff position dedicated to managing the program.
 - This position should be under the supervision of a State/Territory/Tribal position vested with the authority to convene and coordinate all child-serving agencies that may provide funding and/or other support for adolescents and their families needing substance use and/or co-occurring substance use and mental disorders treatment services.
 - The individual must have the necessary skills and experience appropriate for the position, including an understanding of co-occurring substance use and mental disorders.

Required Activities

- Where the State/Territory/Tribe has existing personnel functioning as a Adolescent Treatment Coordinator, Federal funds must not be used to support a position in place before the award.
- Federal funds may be used to support a .5 FTE to complement this position in a supportive role and/or to support consultants with needed expertise to fulfill the requirements of this program.

Required Activities

2. Link and coordinate with other child-serving agencies through establishing a council or adding to an existing one.
 - The purpose is to promote comprehensive, integrated services for youth with substance use and co-occurring substance use and mental disorders.
 - Such service systems include, but are not limited to,:
 - mental health
 - education
 - health
 - child welfare
 - juvenile justice
 - Medicaid
 - Youth and family members must be key members of this group.

Required Activities

3. Develop memoranda of agreement (MOAs) with child-serving agencies.

- MOAs must describe the specific roles and responsibilities of each of the partners/agencies.
- These responsibilities include, but are not limited to,:
 - Identifying service gaps;
 - Developing and implementing a State/Territory/Tribal-wide inter-agency work plan;
 - Participating in infrastructure reform;
 - Policy development; and
 - Having youth and family involvement at the policy and practice levels.
- Signed MOAs are due no later than 4 months after award.

Required Activities

4. Create a State/Territory/Tribal-wide multi-year workforce training implementation plan to:
 - Provide training for staff in the substance use disorder and co-occurring substance use and mental disorder treatment/recovery system.
 - Provide cross-training to staff in other child-serving agencies.

Required Activities

5. Link and coordinate with funding sources, which include, but are not limited to,:

- Medicaid/CHIP;
- SAPT Block grant;
- Private health insurance; and
- Other funding streams that may provide treatment and recovery support services to adolescents with substance use and/or substance use/co-occurring mental health disorders and their families.

Required Activities

6. Develop a cross-agency State/Territory/Tribal-wide financial map that includes, but is not limited to, Federal and State/Territory/Tribal financial resources, such as:

- Medicaid/CHIP.
- SAPT Block Grant.
- Other funding streams available to deliver evidence-based substance use and/or co-occurring substance use and mental disorders treatment and recovery support services to adolescents and their families.
- States/Territories/Tribes will use the financial map to **track the increase of public insurance (Medicaid/CHIP) resources** used to provide treatment/recovery services for adolescents with substance use and/or co-occurring substance use and mental health disorders and the **redeployment of other public financial resources** to expand the continuum of treatment/recovery services and supports.

Allowable Activities

1. Workforce Mapping, which may include:
 - Knowledge, skills, and abilities of the workforce in providing evidence-based substance use and co-occurring substance use and mental disorders treatment to adolescents and their families.

Allowable Activities

- Types of data collected in workforce mapping may include:
 - Positions within the adolescent substance use and co-occurring mental disorders treatment and recovery services and supports structure (e.g. supervisor, clinician, case manager, recovery support worker).
 - Variables may include, but are not limited to,:
 - Education level;
 - Number of continuing education and college level credits in youth-family related areas,
 - Certification/endorsement to work with an adolescent population, certification in evidence-based practices; and
 - Types of eligibility for insurance reimbursement.

Allowable Activities

2. Recruit and prepare a qualified adolescent substance use and co-occurring substance use and mental disorders treatment workforce through:

- Preparing faculty in appropriate college and education settings to deliver curricula that focus on adolescent-specific evidence-informed practices.
- Developing and making accessible continuing education events throughout the State/Territory/Tribe that enhance the knowledge and skills of program directors, supervisors, direct treatment staff, and allied health professionals.

Allowable Activities

- Developing/improving State/Territory/Tribal standards for licensure/certification/accreditation of:
 - Programs that provide substance use and co-occurring mental disorders services for adolescents and their families; and
 - Adolescent and family substance use and co-occurring mental disorders treatment counselors;
- Promoting cross-agency training for staff of other child-serving agencies including primary care.
- Promoting coordination and collaboration with family support organizations to strengthen services for youth with substance use disorders and co-occurring problems.

Expected Outcomes

- Expected outcomes will include:
 - Needed changes to State/Territory/Tribal policies and procedures to support a coordinated treatment and recovery system for adolescents with substance use and substance use and co-occurring mental health disorders;
 - Development of financing structures that support this system and work in the current environment;
 - A State/Territory/Tribal workforce trained in an evidence-based practice and recovery services;
 - A blueprint for States/Territories/Tribes and providers that can be used to widen the use of effective treatment and recovery services going forward; and,
 - A strengthened voice for adolescents and family members at the policy and practice levels.

Direct Service Delivery Components

Direct Service Delivery Components

- Awardees may use **no less than 70% (i.e., \$700k, \$350k per site)** of this award to expand and enhance treatment and recovery services for adolescents with substance use and/or co-occurring substance use and mental disorders and their families/primary caregivers at two local community-based treatment provider sites.

Expectations

- Expectations at the local level include to:
 - Identify two local community-based treatment provider sites to enhance and expand the delivery of evidence-based practices for adolescents with substance use and/or co-occurring substance use and mental disorders and their families/primary caregivers.
 - Use the implementation of family informed evidence-based practices at the local level to serve as a model throughout the State/Territory/Tribe to be replicated throughout it.

Required Activities

- Within 45 days of award, awardees must select two local community-based provider sites, which provide treatment for adolescent substance use and/or co-occurring substance use and mental disorders and recovery services and supports.
- Providers could include, but are not limited to,:
 - Adolescent substance use treatment provider agencies;
 - School-based health centers;
 - Entities in juvenile justice or primary care; or
 - Other adolescent agencies.
- Within four months of award, service delivery should begin.

Required Activities

- Awardees must ensure that local community-based provider sites address each of the following required activities:
 1. Provide the evidence-based assessment and treatment intervention, selected, in consultation with the State/Territory/Tribe, for adolescents in need of substance use and/or co-occurring mental and substance use disorders treatment and recovery support services.
 2. Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families.

Required Activities

3. Offer recovery services and supports designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary.
4. Screen and assess clients for the presence of co-occurring mental and substance use disorders, using one of the three assessments in the RFA, 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.

Required Activities

5. Utilize 3rd party and other revenue for the provision of substance abuse treatment services to the extent possible and use SAMHSA award funds only for:
- services to individuals who are ineligible for public health insurance programs;
 - individuals for whom coverage has been formally determined to be unaffordable; or
 - for services that are not sufficiently covered by an individual's health insurance plan.

Awardees are required to include a payer of last resort stipulation in all contracts with partnering provider organizations.

Required Activities

- Ensure that data collection and performance measurement and assessment are executed at the prescribed time periods.

Expected Outcomes

- Expected outcomes will include:
 - An expanded pool of clinicians trained in evidence-based practices.
 - Improved access to adolescent treatment services.
 - Increased abstinence from substance use.
 - Reduced involvement in the criminal justice system.
 - Improved retention in services and social connectedness.

Evidence-Based Practices

Expectations: Intervention

- Applicants must use **one** family informed evidence-based treatment intervention for adolescents and their families/caregivers.
- In consultation with the two selected local community-based provider sites, applicants must select the evidence-based treatment intervention.

Expectations: Assessment

- Applicants must use **one** bio-psycho-social assessment instrument that is developmentally appropriate for youth and shown to be a reliable and validated instrument.
- In consultation with the two selected local community-based provider sites, applicants must select one from the following three assessment instruments:
 - Comprehensive Adolescent Severity Inventory (CASI);
 - Teen-Addiction Severity Index (T-ASI); or
 - Global Appraisal of Individual Needs (GAIN).

Assurances

- Applicants must certify that, if funded, they will:
 - Contact the developer/trainer of the assessment instrument and treatment intervention and provide cost estimates to SAMHSA, prior to implementation.
 - Provide a plan to SAMHSA for training, certification, and on-going support for the chosen assessment instrument and treatment intervention, prior to implementation.
 - Provide a letter to SAMHSA from the developer/trainer that indicates they can support the training, certification, and on-going monitoring requirements for each local community-based provider site, prior to implementation.

Usage of Award Funds

- Through sub-awards, each local community-based provider site may use:
 - **Up to \$40k** of the sub-award to purchase technical assistance for implementation of one evidence-based intervention and one clinical assessment in year one.
 - **Up to \$25k** of the sub-award for any on-going use, training, certification, and licensure of the intervention in subsequent years.
- No award funds may be expended on any site that is not in the process of reaching and maintaining certification/licensure and “train-the-trainer” capability in the intervention in accordance with available and published costs.

Expected Outcomes

- Expected outcomes of the evidence-based intervention and assessment will include:
 - A State/Territory/Tribal workforce trained in an evidence-based practice and recovery services.
 - Improved access to adolescent treatment services.

Data Collection and Performance Measurement and Assessment

Expectations

- All SAMHSA awardees 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 (GPRA).
- Awardees must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” in your application.
- **GPRA data is required for both the infrastructure and direct service delivery components.**

Expectations:

Infrastructure Development/Improvement

- Awardees will be required to report semi-annually on their progress and performance on infrastructure development.
- These reports will assess each awardee's progress as compared to both the target outcomes established by the awardee in its application and a common set of infrastructure measures (developed post-award) for the project.

Expectations:

Infrastructure Development/Improvement

- Awardees will have the opportunity to participate in a conference call with SAMHSA to build consensus around a common set of infrastructure development measures.
 - Further data requirements will be mandated based on the common set of performance measures developed from the conference call.
- At any time, awardees may choose to begin collecting more specific data related to the common infrastructure development measures to assist in building local support for continued sustainability for their activities once the period of Federal funding ends.

Expectations:

Infrastructure Development/Improvement

- Awardees may consider outcome questions, such as the following:
 - How has the array of publicly supported treatment and recovery services and supports for adolescents with substance use disorders and/or substance use/co-occurring mental disorders expanded over the grant period?
 - What treatment/recovery services for adolescents with substance use disorders were reimbursed by Medicaid/CHIP or other Federal/State/Territory/Tribal funds (please specify) at the outset and conclusion of the project? Was there an increase?

Expectations:

Infrastructure Development/Improvement

- To what degree has there been an increase in the number of clinicians trained, certified in evidence-based practices?
- How has the State/Territory/Tribe/provider partnership identified barriers and solutions to widen the use of effective evidence-based practices for adolescents and their families?

Expectations:

Infrastructure Development/Improvement

- Awardees may consider process questions, such as the following:
 - In what ways is the State/Territory/Tribe moving toward a more coordinated effort to serve adolescents with substance use disorders and their families? What are the drivers?
 - Is treatment capacity being increased? What has been the impact on health disparities in the population served?
 - Have evidence-based practices been adopted and disseminated State/Territory/Tribal-wide?

Expectations:

Infrastructure Development/Improvement

- Awardees must collect GPRA data at the infrastructure level.
- GPRA data must be collected on overall satisfaction with event quality and application of event information.
- These data will be collected using a customer satisfaction tool provided by CSAT.
 - Available at www.samhsa-gpra.samhsa.gov
- Data will be collected at the end of each event and 30 days post-event from all participants.
- Awardees will be expected to obtain an 80% follow-up rate.
- Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

Expectations:

Direct Service Delivery Components

- All data described below will be required of the local community-based provider sites and must be submitted to SAMHSA by the awardee.
 - Demographics (gender, age, race, and ethnicity);
 - Abstinence from use;
 - Housing status;
 - Employment /Education status;
 - Juvenile justice system involvement;
 - Access to services;
 - Retention in services; and
 - Social connectedness.

Expectations:

Direct Service Delivery Components

- Data will be collected at baseline (i.e., the client's entry into the project), discharge, and six-months post baseline.
- Awardees are expected to monitor and ensure that sub-awardees will obtain a 6-month follow-up rate of 80%.
 - For example, sub-awardees will be expected to complete a face-to-face interview with 80% of all clients served at intake.
 - Upon collection of the data, awardees will have 7 business days to submit the data to SAMHSA.

Expectations:

Direct Service Delivery Components

- All data will be submitted via the Services Accountability Improvement System, CSAT's online data-entry and reporting repository.
- Awardees and sub-awardees will be provided extensive training on the system and its requirements post-award.
- The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

Expectations:

Direct Service Delivery Components

- This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on 'Data Collection Tools/Instructions'), along with instructions for completing it.
- Hard copies are available in the application kits available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

Additional Information

- Complete information on SAMHSA reporting requirements can be found at:
<http://www.samhsa.gov/Grants/apply.aspx>
- GPRA training will be available for awardees who request it.

Evaluation Criteria

Section A:

Statement of Need

(10 points)

- Describe the nature of the problem and document the extent of the need for the population(s) of focus (e.g., current prevalence rates or incidence data).
- The statement of need should include a clearly established baseline for the project.
 - Provide sufficient information on how the data was collected.
 - May use a variety of qualitative and quantitative sources.
- Describe existing service gaps and how this project will eliminate health disparities in the population(s) served.
- Describe and justify the geographic areas to be served.
- Describe the needs of adolescent-specific substance use and co-occurring substance use and mental disorders throughout the State/Territory/Tribe.

Section B:

Proposed Evidence-Based Service/Practice

(25 points)

- Describe the purpose of the proposed project.
 - Include a clear statement of goals and objectives, which must relate to the performance measures.
- Identify the process for identifying the evidence-based intervention and assessment.
 - Discuss how they address the purpose, goal, and objectives of the proposed project.

Section B:

Proposed Evidence-Based Service/Practice

(25 points)

- Identify ways that the State/Territory/Tribe will work with their community-based providers in implementing a family informed assessment and intervention.
 - Provide an implementation timeline with milestones.
 - Clearly describe how the State/Territory/Tribe will monitor the sub-awardees' implementation of the evidence-based intervention.
 - Describe how any modifications or adaptations in the evidence-based practice will be identified and justified to meet the project's goals.
- Describe how the following issues will be addressed in the population(s) of focus:
 - Demographics;
 - Language and literacy;
 - Sexual identity; and
 - Disability.

Section C:

Proposed Implementation Approach

(30 points)

- Clearly describe the process that the State/Territory/Tribal will use to select the local community-based provider sites.
 - Provide a detailed description of the process that will be used.
- Describe how funds will be used at the State/Territory/Tribal level to enhance the existing services provided to adolescents.
 - Implementation of an evidence-based intervention and assessment.
 - Provide a description of the feedback loop between the State/Territory/Tribe and local community-based provider sites in all stages of implementation of the evidence-based intervention and assessment.
- Describe how the input of youth and families/caregivers will be ensured in planning, implementing, and assessing the project.
- Address sub-populations disparities, if any, in access, use, and outcomes of provided services and how they will be addressed.

Section C:

Proposed Implementation Approach

(30 points)

- Describe how adolescents and families/caregivers as a population of focus will be served.
- Describe how achieving the project's goal will produce meaningful results and support SAMHSA's goals for the funding opportunity.
- Provide a realistic timeline via a chart or graph for accomplishing the required activities of the funding opportunity.
 - Provide milestones and responsible staff.
 - Should be presented in the project narrative, not as an attachment.
- Clearly state the unduplicated numbers of individuals expected to be trained and number of training events expected to be convened.
- Clearly state the unduplicated number of individuals, who each local community-based treatment provider site will serve annually and over the entire funding period with award funds.
 - Include the types and numbers of treatment and recovery services to be provided.

Section C:

Proposed Implementation Approach

(30 points)

- Describe how, to the extent possible, the utilization of 3rd party and other revenue generated from the provision of adolescent substance abuse treatment services will be ensured and SAMHSA award funds will only be used for:
 - Individuals ineligible for public health programs;
 - Individuals for whom coverage has been formally determined to be unaffordable; or
 - For services that are not sufficiently covered by an individual's health insurance plan.
 - Describe how you will ensure that sub-awardees carry out the health insurance application and enrollment process for eligible, uninsured clients.
- Describe how you will work across other State/Territory/Tribal child-serving systems to ensure that adolescent services are coordinated and considered by multiple levels and systems.
- Describe how the project's components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.

Section C:

Proposed Implementation Approach

(30 points)

- Describe plans for financial mapping and potential areas for leveraging funds at the State/Territory/Tribe level.
 - Demonstrate how multiple funding streams may be utilized and leveraged for the provision of adolescent services at the Federal, State/Territory/Tribe, and local levels.
- Show that the necessary groundwork has been completed or is near completion so that the project can be implemented and service delivery can begin within four months of award at the latest.
- Describe the potential barriers to successful execution of the project and how they will be overcome.
- Describe plans to continue the project after the funding period ends.
 - Describe how program continuity will be maintained when there is a change in the operational environment to ensure stability over time.



Section C:

Proposed Implementation Approach

(30 points)

- Provide a per-unit cost for the program.
 - Refer to the RFA for potential approaches to calculate this figure.
 - Justify that this per-unit cost is providing high quality services that are cost effective.
 - Describe your plan for improving the provision of high quality, cost-effective services throughout the funding period.

Section D:

Staff and Organizational Experience

(15 points)

- List staff positions for the project.
 - Both the state, territory/tribal level and sub-awardee sites, if identified.
 - Include Project Director and other key personnel.
 - Show role of each, level of effort, and qualifications.
 - Demonstrated experience.
 - Qualified to serve the population(s) of focus.
 - Familiarity with their culture(s) and language(s).
- Demonstrate ability to hire a full-time position.
 - Or in state/territory/tribe, in which an Adolescent Treatment Coordinator position exists, a .5 FTE that may be added to complement the work of this program and or to support consultants.
 - Describe how the full time or .5 FTE position will be utilized.

Section D:

Staff and Organizational Experience

(15 points)

- Discuss capability/experience of the applicant and other participating organizations with similar projects and populations.
- Demonstrate that applicant organization and other child-serving agencies are committed to work together
- Demonstrate local partner sites, if identified, have linkages to the population(s) of focus and ties to community-based organizations rooted in the culture(s) and language(s) of the adolescent population and their families.
- Describe the resources available for the proposed project (e.g., facilities, equipment).
- Provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

Section D: Staff and Organizational Experience

(15 points)

- Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.
- **Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.**

Section E:

Performance Assessment and Data

(20 points)

- Document ability to collect and report on the required infrastructure and client level performance measures as specified in Section I-2.4 of this RFA.
- Describe plan for data collection, management, analysis and reporting.
- Specify and justify any additional measures or instruments you plan to use for your project.
- Describe how data will be used to manage the project and assure continuous quality improvement:
 - Include consideration, if any, of access/use/outcomes disparities of identified sup-populations.

Section E:

Performance Assessment and Data

(20 points)

- Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.
- **Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.**

Technical Assistance Resources

Resources

- This webinar will be available for replay for one month beginning an hour from now. It can be accessed at 800-945-5496 by using passcode 0618.
- By the end of this week, FAQs will be posted at: http://www.samhsa.gov/Grants/2012/ti_12_006.aspx.
- An RFA Q&A conference call will take place on June 25, 2012 from 3 pm to 5 pm ET. It can be accessed at 888-282-0363 by using passcode KTHOMAS. A replay can be accessed for one month at 800-454-0163 by using passcode 0625.

Resources

- Technical assistance on programmatic issues can be provided on an individual basis by contacting:
 - Melissa Rael at (240) 276-2903 and Melissa.Rael@samhsa.hhs.gov.
 - Twyla Adams at (240) 276- 1576 and Twyla.Adams@samhsa.hhs.gov.
- Technical assistance on grants management and budget issues can be provided on an individual basis by contacting:
 - Eileen Bermudez at (240) 276-1412 and Eileen.Bermudez@samhsa.hhs.gov.

The End

*Thank you for your
attention.*