STATE ADOLESCENT SUBSTANCE ABUSE TREATMENT ENHANCEMENT AND DISSEMINATION

Short Title: SAT-ED
Request for Applications TI-12-006

FREQUENTLY ASKED QUESTIONS (FAQs)

06/22/12
See 7/03/12 updates at the end of this document.

The organization of the Frequently Asked Questions (FAQs) mirrors the format of Request for Application (RFA) TI-12-006.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Where can I find general information about the SAT-ED TI-12-006?
Information related to applying for the SAT-ED can be found electronically at: http://www.samhsa.gov/Grants/apply.aspx.

2. What is the purpose of the SAT-ED cooperative agreement?
The purpose of the SAT-ED cooperative agreement 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 State/Territory/Tribe-wide. 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.

An inconsistency exists in the RFA around phasing of "substance use and/or co-occurring substance use and mental disorders." The correct phasing at the State/Territory/Tribal level is "substance use **and** co-occurring substance use and mental disorders." The correct phasing at the local community-based provider level is "substance use **and/or** co-occurring substance use and mental disorders." At the State/Territory/ Tribal level, this means that all efforts will focus on improving the treatment and recovery system for adolescents with either substance use or substance use and co-occurring mental disorders. In other words, the work at the State/Territory/ Tribal level must include adolescents with co-occurring disorders.

SAMHSA realizes that at the local level some adolescents may present with only substance use disorders or some providers are not co-occurring capable or enhanced. Thus, at the local level, a provider may treat:

1) only youth who have a substance use disorder diagnosis,

2) only youth who have substance use diagnosis and co-occurring mental health diagnoses or

3) both youth with substance use disorder diagnosis and youth who have substance use disorder diagnosis and /co-occurring mental health disorder diagnosis.

The applicant must clearly state in its application which of the three possible options it will select for this funding opportunity.

If a provider treats only adolescents with substance use disorders the provider must identify how co-occurring mental health disorders are addressed. Please be aware that the design of this cooperative agreement creates a learning laboratory between the local sites and the State/Territory/Tribal level, which will need to address treatment/recovery for adolescents with co-occurring disorders.

3. What is the target population for the SAT-ED cooperative agreement?
SAT-ED serves youth 12 to 18 years of age and their families/primary care givers.

4. What are the expectations for the program?
These cooperative agreements are designed to work on two levels- enhance the system infrastructure on the state/territory/tribal level and enhance and expand service delivery at the local level.

Expectations for infrastructure improvement at the state/territory/tribal level include:

- Bring together high level representatives of stakeholders across the child-serving system.
- Develop and/or enhance a coordinated network of treatment and recovery support services for adolescents with substance use and/or co-occurring substance use and mental health disorders and their families throughout the state/territory/tribe.
- Develop policies to support the treatment/recovery system for adolescents with substance use disorders and/or co-occurring substance use/mental health disorders.
- Expand capacity of the workforce in both the specialty sector and other child-serving agencies.
- Disseminate evidence-based treatment/recovery practices for substance use disorders and/or co-occurring substance use/mental disorders statewide.
- Implement financial reforms to improve the efficiency and integration of the adolescent substance use and co-occurring substance use and mental disorders treatment and recovery support system.
- Support and include family and adolescent voice at the policy and practice levels.

Expectations at the local level include:

- Identify <u>two</u> local community-based treatment provider sites (two providers) 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/family-centered evidence-based practices at the local level to serve as a model throughout the State/Territory/Tribe to be replicated.

5. How is "treatment" defined in this program? Are services allowed limited to outpatient treatment? Or is residential treatment also allowed?
The RFA supports community-based outpatient treatment.

6. What are the required elements for infrastructure development/improvement?

Applicants are required to address the following areas of infrastructure development/improvement at the State/Territory/Tribe level:

- Develop at least one full-time staff position dedicated to managing this program. For the purpose of this cooperative agreement, 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 awardee must hire an individual who has the necessary skills and experience appropriate for the position. The person in this position must also have expertise in co-occurring substance use and mental health disorders. Where the State/Territory/Tribe has an existing person functioning as an Adolescent Treatment Coordinator, Federal funds must not be used to support an existing position. 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.
- Link and coordinate with other child-serving agencies systems through establishing an interagency workgroup, council or cabinet or enhancing an existing one. The purpose is to promote comprehensive, integrated services for youth with substance use and/or co-occurring substance use and mental health disorders. Such service systems include but are not limited to: (e.g., mental health, education, health, child welfare, juvenile justice, and Medicaid). Youth and family members must be key members of this group.
- Awardees will be required to develop memoranda of agreement (MOAs) with child-serving agencies. The 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 for adolescents with substance use disorders and/or co-occurring substance use/mental health disorders, developing and implementing a State/Territory/Tribal-wide inter-agency work plan, participating in infrastructure reform, financing redesign, policy development, and adolescent and family involvement at the policy and practice level.
- Create a State/Territory/Tribal wide multi-year workforce training implementation plan to provide training in the substance use disorder and/or co-occurring substance use and mental disorder treatment/recovery sector and providing cross-training in other child-serving agencies.
- 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.
- Develop a cross-agency State/Territory/Tribe-wide financial map of Federal and State/Territory/Tribe financial resources which include but are not limited to Medicaid/CHIP, SAPT Block Grant, and 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.

7. How may award funds be used for infrastructure development?

SAMHSA is requiring States/Territories/Tribes to use award funds for the following infrastructure improvements:

- Develop and improve State/Territory/Tribal capacity to increase access to and quality of treatment and recovery services for adolescents ages 12 up to 18 with substance use disorders and/or co-

occurring substance use and mental health disorders and their families/primary caregivers (e.g., foster care parents, extended family members, etc.) at the State/Territory/Tribal level through:

- Involving families and youth at the State/Territory/Tribe and local levels to inform policy, program and effective practice;
- Expanding the qualified workforce;
- Disseminating evidence-based practices;
- Developing funding and payment strategies that are practical and doable in the State/Territory/Tribe given the current funding environment; and
- Improving interagency collaboration.

Funds may be used to disseminate the evidence-based practices implemented at the local provider site level to providers throughout the State/Territory/Tribe (this is to be understood as the training and licensure/certification as required by the developers of the evidence-based practice and not merely knowledge exposure training) to equip an increasing number of sites and clinicians to be trained/trainers in the intervention.

8. How is it best documented that states are providing treatment on co-occurring substance abuse and mental health disorders, substance abuse, and mental health?

Documentation is not required at the time of application submission.

9. The RFA references applicants linking and coordinating with child-serving agencies at the State/Territory/Tribal level through Memorandums of Agreement (MOAs)/Memorandums of Understanding (MOUs). What is an MOA/MOU?

An MOA/MOU is a formal document of agreement signed by officials at the partnering agencies, outlining specific roles and responsibilities of each partner in the collaboration.

10. Do I need to include the signed MOAs/MOUs in the application?

No. Because SAMHSA understands that the process for obtaining MOA/MOUs can be lengthy, you are not required to submit signed MOAs/MOUs in your application. However, if funded, within four months of award, you must submit signed MOAs/MOUs to SAMHSA.

11. Can we submit one combined MOA/MOU for our partners or should we submit separate MOAs/MOUs for each partnering agency?

You will be required to submit separate MOAs/MOUs from each partner child-serving agency within four months of award.

12. If our State/Territory/Tribe has an existing Adolescent Treatment Coordinator, may Federal funds be used to support that existing position?

Federal funds may not be used to supplant existing duties assumed by an individual responsible for the oversight of the adolescent treatment/recovery system for youth with substance use disorders.

13. Can I use funds to hire support staff for the Adolescent Treatment Coordinator?

Yes, you may use resources to support the Adolescent Treatment Coordinator to a total of 1.0 FTE.

14. What are the allowable activities for infrastructure development/improvement?

The allowable activities include:

- *Workforce mapping:* This is similar to financial mapping. It will give you a snapshot of the adolescent workforce capacity at baseline and may be used to track change over time. The mapping will capture 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. Types of data collected 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.

- *Recruitment, education and training:* This activity encourages working proactively with colleges and other educational settings to interest students in working in the adolescent substance use disorders treatment field, and to include content on adolescent substance use disorders (neurobiology, pharmacotherapy, psychosocial evidence-based treatment, and continuing care and recovery services) in the curriculum. It also allows support for 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 as well as staff of other child-serving agencies and encourages outreach and education for primary care providers.
- *Other allowable activities* include developing/improving State/Territory/Tribal standards for licensure/certification/accreditation of programs and/or individuals who provide substance use and co-occurring mental disorders services for adolescents and their families; and to promote coordination and collaboration with family support organizations to strengthen services for youth with substance use disorders and or/or substance use/co-occurring mental health disorders.

15. What are the expected outcomes for infrastructure development/improvement?

The 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/or substance use/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 throughout the State/Territory/Tribe 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.

16. What are performance questions for infrastructure development/improvement?

Awardees will be required to report every six months on the progress achieved, barriers encountered, and efforts taken to overcome these barriers. Awardees may consider the following examples of process and outcome questions, such as the following:

Process Questions

- 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/Tribe-wide?

Outcome Questions:

- How has the array of publicly supported treatment and recovery services and supports for adolescents with substance use disorders expanded over the funding period?
    - What treatment/recovery services for adolescents with substance use disorders were reimbursed by Medicaid/CHIP at the outset and conclusion of the project? Was there an increase?
    - What treatment/recovery services for adolescents with substance use disorders were reimbursed by other Federal/State/Territory/Tribal funds (please specify) at the beginning and ending of the project? Was there an increase?

- 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/solutions to widen the use of effective evidence based practices for adolescents and their families?

17. What are required elements of the direct service component?

Awardees must ensure that the two local community-based treatment sites address each of the following required activities:

- Provide 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. Provide services that support adolescent recovery to include family services.

- Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families.

- Offer recovery services and supports (e.g., peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors, behavioral health consultation, vocational, educational and transportation services) designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary.

- Screen and assess clients for the presence of co-occurring mental and substance use disorders, using an assessment instrument from the list provided in this 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. [For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].

- Utilize 3rd party and other revenue for the provision of substance abuse treatment services to the extent possible and use SAMHSA cooperative agreement 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.

  It is expected that through this funding opportunity, providers will increasingly over the three year project period utilize 3rd party and other revenue sources for the provision of substance use disorder and/or co-occurring substance use and mental disorders for the provision of treatment and recovery services. As a result, SAMHSA's award funds will be available to expand the continuum of care for adolescents to include the provision of recovery support services, continuing care, and other services that support adolescent recovery to include family services.

18. What is the maximum number of local community-based provider sites that can be selected to participate in SAT-ED?

Two. The provider sites must be two different organizations- not part of the same organization.

19. How may funds be used for the direct service delivery component?
Awardees **must** use not less than 70% (i.e., $700,000; $350,000/site) of award funds for the provision of direct treatment for substance use and/or co-occurring substance use and mental disorders and recovery support services for adolescents ages 12 up to 18 and their families/primary caregivers.

Awardees may use funds to purchase technical assistance for implementation of the intervention and clinical assessment. The amount of award funds that may be expended to fully implement an intervention and clinical assessment in the first year while training and certification are in process may not exceed $40,000 per site. The cost to the award for any on-going use, training, certification/licensure in the intervention in subsequent years may not exceed $25,000 per year/site. These costs apply only to the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention. No award funds may be used on any site that is not in the process of reaching or maintaining certification/licensure and "train-the-trainer" capability in the intervention in accordance with available and published costs from the intervention developer/trainer.

Local treatment provider sites may use no more than 20% (or $70,000) of their sub-awards for data collection, performance measurement, and performance assessment, (e.g., activities required in Sections I-2.4 and 2.5 of the RFA).

20. Are we required to use an Evidenced-Based Practice(s) (EBP)?
Yes, applicants must use **one** EBP; a list of family-informed EBPs is cited in Section I, 2.1, "Using EBP." Although applicants are not required to use the specific examples provided, they are required to explain how the selected EBP will meet the needs of the population of focus. Appendix C in the RFA provides additional information about using EBPs. Applicants must sign the Statement of Assurance found in Appendix D of the RFA to 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 of the intervention. The Statement of Assurance must be included in Attachment 1 of the application.

Applicants must also demonstrate how local community-based treatment providers/sites will implement a full bio-psycho-social assessment instrument that is developmentally appropriate for the population of focus, and has been shown to be a reliable and validated instrument for youth. Applicants must select from the following three assessment instruments:

- Comprehensive Adolescent Severity Inventory (CASI),
- Teen-Addiction Severity Index (T-ASI),
- Global Appraisal of Individual Needs (GAIN).

Applicants must sign the Statement of Assurance in Appendix D of the RFA to certify that, if funded, they will provide a plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer that indicates they can support the training, certification and on-going monitoring requirements for each local community-based provider site to SAMHSA, prior to implementation of the assessment. The Statement of Assurance must be included in Attachment 1 of the application.

Awardees may use funds to purchase technical assistance for implementation of the intervention and clinical assessment. The amount of award funds that may be expended to fully implement an intervention and clinical assessment in the first year while training and certification are in process may not exceed $40,000 per site. The cost to the award for any on-going use, training, certification/licensure in the

intervention in subsequent years may not exceed $25,000 per year/site. These costs apply only to the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention. 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.

For additional information regarding this question, please refer to Section I, 2.1, "Using EBPs," in the RFA.

21. Is the Comprehensive Health Assessment for Teens (CHAT) allowed as an assessment instrument for the RFA? Is MET/CBT an allowable EBP for the RFA?

No. CHAT is not an allowable assessment instrument. Applicants can only select one of three listed in the RFA. MET/CBT is allowable when coupled with a family-informed evidence-based practice.

22. Can we use the ASI-MV, which is the multi-media version of T-ASI?

Yes.

23. The RFA makes mention of the importance of recovery support services for adolescents in addition to evidence-based treatment services. Would it be acceptable to propose coupled use of the A-CRA and ACC?

Yes. It should be complemented with other recovery support services.

24. Do you have to have the two local programs prior to submission?

No. An applicant does not have to select the two local community-based provider sites at the time of application submission; they must be selected within 45 days of award. Because the evidence-based practice must be selected in consultation with the two local community-based provider sites, an applicant must have selected the two provider sites at the time of application submission in order to select the EBP in the application. Otherwise, if an applicant has not selected the two local community-based provider sites at the time of application submission, then it should propose an EBP in its application.

25. Can we have the EBP selected ahead of time?

Yes. Note that because the evidence-based practice must be selected in consultation with the two local community-based provider sites, an applicant must have selected the two provider sites at the time of application submission in order to select the EBP in the application. Otherwise, if an applicant has not selected the two local community-based provider sites at the time of application submission, then it should propose an EBP in its application and post-award select the EBP in consultation with the two local community-based provider sites.

26. What are the expected outcomes of the direct service component?

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.

27. Is data under the Government Performance and Results Modernization Act (GPRA) required for both the infrastructure and service delivery components?

Yes. GPRA data is required for both infrastructure development/improvement and direct service delivery components. With regard to the former, if applicants convene events (e.g., training), data must be collected on overall satisfaction with event quality and application of event information. With regard to

the latter, in addition to demographic data on all clients served, awardees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, education/employment status, criminal justice system involvement, access to services, retention in services and social connectedness. Data will be collected at baseline (i.e., the client's entry into the project), discharge, and six-months post baseline.

28. Will there be any other required measures?
Yes. Within two months of award, awardees will participate on a call to develop and agree on common data elements and measures for the infrastructure component.

29. Will there be training on GPRA?
Yes. There will be GPRA training available to awardees. Logistical arrangements will be provided following award.

30. With respect to GPRA service delivery component measures, is entry into service considered the "point of intake?"
This will be discussed with awardees at the GPRA training.

31. Please clarify whether GPRA records for single distinct client are counted for that client's entire evidence-based treatment experience or whether a new GPRA record has to be established for each treatment episode that the client may have during the three years of the project period.
This will be discussed with awardees at the GPRA training.

32. The guidelines call for baseline data, which would apparently need to be for the two target jurisdictions. However, it also states you do not need to name the jurisdictions until 45 days after the award. It would seem that you need to go ahead and select the jurisdictions in order to include the baseline data in the grant proposal. Please comment.
You should provide baseline data reflective of your State/Territory/Tribe. If you have already selected your two local community-based provider sites, then you should also include baseline data for that specific area.

II. AWARD INFORMATION

33. What is the award amount for the SAT-ED cooperative agreement?
SAT-ED awards are for up to $1 million per year for up to three years, which is a total of up to $3.0 million per awardee over the course of three years. All funding beyond year one is contingent on continued Federal support of the program. Up to 30% (i.e., $300k) of the award may be used for infrastructure development/improvement at the State/Territory/Tribe level. 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.

34. What is the difference between a grant and cooperative agreement?
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.

Here are specific roles conveyed in the RFA:

Role of Awardee:

- Comply with the terms and conditions of the cooperative agreement award;
- Monitor and ensure that sub-awardees collect and report GPRA data and agree to provide SAMHSA with the data required for GPRA;
- Collaborate with CSAT staff and SAMHSA Contractor(s) in project design, implementation, and monitoring;
- Demonstrate links to and coordination with child-serving agencies at the State/Territory/Tribe level through MOA, MOU, etc.;
- Collect, evaluate, and report grantee infrastructure process and outcome data;
- Respond to requests for program-related data;
- Document intended and actual systemic changes resulting from the project's activities; and
- Preparation of SAMHSA/CSAT required reports.

Role of SAMHSA Staff:

- Provide guidance and technical assistance to grantees in implementing project activities throughout the course of the project;
- Review and approve each stage of project activities;
- Work collaboratively and methodically with the grantee on the activity involved with the infrastructure, process, and outcome evaluation development and implementation; oversee with grantee on the maintenance of the sub-awardees GPRA data activity;
- Conduct site visits to monitor the development and implementation of adolescent services infrastructure and substance use and co-occurring mental disorders treatment service provision at local community-based treatment provider sites (sub-awardees);
- Provide guidance on how to access resource allocation strategies; and
- Work cooperatively with the grantee to sustain the system changes achieved through the project.

III. ELIGIBILITY INFORMATION

35. Is my organization eligible for the SAT-ED cooperative agreement?
Eligible applicants are:

- SSAs (Single State Agencies) within State/Tribal governments/Territories and the District of Columbia; and

- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations.

IV. APPLICATION SUBMISSION INFORMATION

36. When is the deadline to submit an application for the SAT-ED cooperative agreement?
The deadline to submit an application is July, 11, 2012 at 5pm EST for paper submissions and 11:59 pm for electronic submissions.

37. Is there any chance of getting an extension on the application deadline?
No. The deadlines are set by the Agency and extensions are not granted.

38. What is the preferred method of submitting an application for SAT-ED?
Although electronic submission is encouraged, you may submit your application in either electronic or paper format. Please visit SAMHSA's website to learn more about the paper and electronic submission process at: http://www.samhsa.gov/grants/apply.aspx.

39. The RFA states that applications may be submitted in either electronic or paper format. Can an organization submit its application in both formats?
Organizations are not encouraged to submit their applications using both formats, as this can create confusion if the office receives two applications from the same organization. SAMHSA encourages you to either submit your application in electronic or paper format.

40. What if this is my first time using Grants.gov?
Please review Appendix B of the RFA. If you would like to submit your application electronically, you may search http://www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the http://www.Grants.gov site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help: support@Grants.gov or 1-800-518-4726. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov**, you must complete three separate registration processes before you can submit your Application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually.

V. APPLICATION REVIEW INFORMATION

AT THIS TIME, THERE ARE NO FAQs RELATED TO THIS TOPIC.

VI. ADMINISTRATION INFORMATION

41. When will we be notified if we are awarded a cooperative agreement?
Awards will be expected no later than September 30, 2012; funding begins once cooperative agreements are awarded.

42. How will we be notified if we have received an award?
After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received. If you are approved for funding, you will receive an additional notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The NoA is the sole obligating document that allows you to receive Federal funding for work on the project.

43. If we are awarded a cooperative agreement, when should project activities begin?
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 the project at the latest.

VII. AGENCY CONTACTS

44. Where can I go if I need help with my application?
Yes, SAMHSA offered an informational technical assistance webinar on June 18, 2012 from 3 pm to 5 pm EST. Replay of the webinar is available after 6:00 pm EST on June 18, 2012 for one month. It can be accessed at: 800-945-5496 by using passcode 0618. Additionally, SAMHSA will be convening a questions and answers conference call on June 25, 2012 from 3 pm to 5 pm EST. It can be accessed at: 888-282-0363 by using passcode KTHOMAS. Replay of the call can be accessed for one month at 800-454-0163 by using passcode 0625. Technical assistance can be provided on an individual basis by calling Melissa Rael or Twyla Adams at (240) 276-2903 and (240) 276-1576, respectively. They can be reached by e-mail at Melissa.Rael@samhsa.hhs.gov and Twyla.Adams@samhsa.hhs.gov.

VIII. APPENDICES
AT THIS TIME, THERE ARE NO FAQs RELATED TO THIS TOPIC.

IX. OTHER

45. If my State/Territory/Tribe has other SAMHSA funding, am I prohibited from applying for a SAT-ED cooperative agreement?
You may apply for a SAT-ED cooperative agreement even if you or other local agencies/institutions have received funding through other SAMHSA initiatives now or in the past. However, funds under this announcement must only be used for the purposes of carrying out the goals and objectives of this program.

48. Will the PowerPoint presentation from the webinar be available on line?
Yes. It can be accessed at: http://www.samhsa.gov/Grants/2012/ti_12_006.aspx.

49. Is there a way to print out the presentation from the webinar?
If after accessing the presentation (at http://www.samhsa.gov/Grants/2012/ti_12_006.aspx) you have difficulty printing it, then please contact Melissa Rael or Twyla Adams at (240) 276-2903 and (240) 276-1576, respectively. They can be reached by e-mail at Melissa.Rael@samhsa.hhs.gov and Twyla.Adams@samhsa.hhs.gov. They will send you a hard copy of the presentation via fax or mail.

STATE ADOLESCENT SUBSTANCE ABUSE TREATMENT ENHANCEMENT AND DISSEMINATION

Short Title: SAT-ED
Request for Application TI-12-006

FREQUENTLY ASKED QUESTIONS
Updated 07/03/12

1. **What are examples of recovery support services?**

   Peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors, behavioral health consultation, vocational, educational and transportation services.

2. **Can you have two local community-based providers and each local community-based provider has multiple sites?**

   Yes.

3. **Is a non- clinical recovery services site eligible as a provider? If not, what excludes them?**
   No; because as discussed above, applicants must: select two local community-based treatment sites that provide treatment for adolescent substance use and co-occurring substance use and mental disorders and recovery services and supports; **and** ensure the sites will have the capacity to serve adolescents and their families with a diagnosis of adolescent substance use or co-occurring mental and substance use disorders as a primary population of focus

4. **Can award funds pay for Suboxone?**

   No.

5. **How is an acceptable EBP defined?**

   An EBP refers to approaches to prevention or treatment that are validated by some form of documented research evidence. The EBP proposed or selected in the application should: be for the specific population of focus, adolescents and their families or caregivers; identify and discuss the evidence that shows the practice is effective for this specific population of focus; and be a family-informed practice

6. **What are the parameters regarding the use and selection of the EBP?**

Applicants must propose or select a family-informed evidence-based treatment intervention for the amelioration of substance use and co-occurring substance use and mental disorders for adolescents and their families. Applicants must ensure that sites and/or clinicians have appropriate certification/licensure, as prescribed in the manual/documentation of the chosen evidence-based treatment intervention, with a "train-the-trainers" model included to ensure sustainability

7. **We are contemplating the use of integrated co-occurring treatment modality (ICT), which is not identified in NREPP. Can this be proposed in the application?**

   Yes; as long as it meets the requirements of the RFA in proposing or selecting the EBP

8. **In Appendix C, Using Evidence-Based Practices, bullet five speaks to the development of a logic model; however, there is no other reference made specific to a logic model in the RFA other than in this section. Is a logic model required?**

   No.

9. **In Appendix G, Sample Budget and Justification, is the Sample Budget and Justification the format required to be submitted in the application?**

   This would be the preferred format; however, if you elect to go with another layout it must provide all the information requested in Appendix G.