

## TRANSCRIPT OF AUDIO FILE:

### MAI\_CoC INTRO WEBINAR RECORDING

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#### **BEGIN TRANSCRIPT:**

MALE SPEAKER: (inaudible) moves first. Everyone ready?

ILZE RUDITIS: So what do we have to do? You'll turn us on? Is that it?

MALE SPEAKER: You're on— (overlapping talking)

ILZE RUDITIS: (overlapping talking) Yeah, so I'm going to start the broadcast in one second so you'll be able to hear Jake do his introduction then you all to follow.

FEMALE SPEAKER: Okay.

DIGITAL COMPUTER VOICE: The broadcast is now starting. All attendees are in listen-only mode.

MODERATOR: Good afternoon everyone and welcome to the SAMHSA-HRSA Center for Integrated Health Solutions Minority Aids Initiative Continuing with Care Pilot Kickoff webinar. My name is Jake [Bowling] with the MAI-CoC task (inaudible) for the SAMHSA-HRSA Center for Integrated Health Solutions with the National Council for Behavioral Health and your moderator for today's webinar.

As you may know, the SAMHSA-HRSA CIHS promotes the development of the integrated and primary behavioral health services. If ever (inaudible at 00:00:56) needs of individuals with mental health and substance abuse conditions—whether it's even specialty behavioral health or primary care provider [assessing.] (ph) In addition, the (inaudible) national webinar is designed to help providers integrate care. The center of continually posting practical tools and resources to the CIHS website providing direct phone consultations for providers and (inaudible) and directly working with SAMHSA primary and behavioral health care integration guarantee HRSA funded health center and now MAI-CoC grantees. We are [tirelessly] (ph) working with you to facilitate integration in your organization.

Your presenters for today's webinar are: Ilze Ruditis, Dr. Linda Youngman, Judith Ellis, Stephen Carrington, Eileen Bermudez, Dr. Laura Jacobus-Kantor — all from the Substance Abuse and Mental Health Services Administration. [00:01:52]

Today's webinar is being recorded and all participants will be kept in listen-only mode. You can find the call-in number for the webinar on the right-hand side of this screen. Questions may be submitted throughout the webinar by typing your question into the dialog box to the right of your screen and sending us an [organizer.] (ph) We'll answer as many of your questions as time allows. If at any point during the webinar you experience technical difficulties, please call Citrix tech support at 888-259-8414. The webinar recording can be accessed by using the registration link we sent out to the webinar, and it will also be posted to the CIHS website and shared on the list-serve. We'll send you more information about the list-serve. That will be forthcoming.

Lastly, thank you so much for being on today's webinar. It'd like to hand it over to Ilze Ruditis.

ILZE RUDITIS: Thank you. (overlapping talking) Thank you, Jake! Can you hear me?

MODERATOR: Yes.

ILZE RUDITIS: Okay. Thank you very much. And welcome grantees. We're very excited to have you on the phone with us today. I would like to introduce our first speaker. And then we're going to flow from speaker to speaker without a lot of interruptions and take questions and answers at the end, and we anticipated that would be in about an hour, but we're not sure. So it's a—we have quite a bit of material for you, but it may be covered much more quickly than that, also. We will be saying "advance slide" between slides, so you can anticipate hearing that from us. So today as is on your intro slide—do you see your intro slide? (pause)

MODERATOR: Yeah.

ILZE RUDITIS: Okay, we're not seeing that here.

FEMALE SPEAKER: You can advance it, right?

MALE SPEAKER: Let him do it!

MODERATOR: Ilze, can you see the intro slide? [00:04:08]

ILZE RUDITIS: No. No. (pause) No, it's going to be on the screen.

MODERATOR: [If we can end after our webinar attendees,] (ph) so please hold on for one moment. We're having some technical difficulties, and we'll be with you very shortly. (background noises and voices) Hey, Ilze? Um—

ILZE RUDITIS: Yes.

MODERATOR: You all have logged off. Can you log back in using your panelist code that was send to Barbara?

ILZE RUDITIS: Yes.

MODERATOR: Thank you.

MALE SPEAKER: Log back in? (inaudible) (background noises and voices)

MODERATOR: Internet cable (inaudible) (background noises and voices) There we go.

ILZE RUDITIS: Alright!

MODERATOR: Great. Thank you! (background noises and voices) [00:06:05]

FEMALE SPEAKER: Ilze?

ILZE RUDITIS: Yes. Hello.

FEMALE SPEAKER: Ilze, this is Rose. If you could click on the audio button right there on your right and make sure you hit telephone and not mic in the speaker? (background noises and voices)

ILZE RUDITIS: Is that good?

MULTIPLE VOICES: Yes.

FEMALE SPEAKER: Now are you able to see the slides?

MULTIPLE VOICES: Yes.

FEMALE SPEAKER: Okay. Go ahead.

ILZE RUDITIS: Hi. I think we're back. Are we back?

MODERATOR: Yes.

ILZE RUDITIS: Thank you. Um—we are going to just give you an overview where we are at the very beginning of these contracts where everyone has been working very hard to meet your early requirements under your (inaudible at 00:06:53) in your budget. And we're ready to move on to our background and purpose. I'd like to introduce Dr. Linda Youngman, and she is one of the branch chiefs to our participating with The Centers for Substance Abuse Prevention and our SAMHSA initiative includes the Center for Substance Abuse Treatment and also The Center for Mental Health Services. So with that, thank you—um, Linda Youngman. We're ready to advance the slides. (pause) They're doing that (inaudible at 00:07:32).

DR. LINDA YOUNGMAN: Next slide please. Um, okay. This slide shows the HIV care continuum in the US and it came from the White House HIV Care Continuum Report that came out in 2013. And what it shows you is the percentage of people who are HIV positive. Of those, only 82 percent actually know that they've been diagnosed. And of those, 66 percent have actually been linked to care and of those, only 37 percent have actually been retained in care. When I speak about care, I mean medical care. Of those, only 33 percent—only one in three—have actually been prescribed anti-retroviral treatment. And of those, only 25 percent have been retained in care and are compliant with their treatment and are virally suppressed—which means the virus is under control and that these people are expected to live a pretty much normal lifetime in terms of length.

So according to CDC data, only 25 percent—only one in four who are currently living with HIV—are actually virally suppressed. So SAMHSA's aim is to help improve access to HIV care at all stages (computer chimes) in this HIV care continuum. And really, it was this slide that prompted [HHS] (ph) [00:09:18] to have a real focus on the HIV care continuum and really help to launch the CoC program. We want to improve the numbers of people who receive appropriate medical care and stay in medical care and are virally suppressed. We want to help to keep people from falling through the cracks. Next slide please. [00:09:44]

This slide shows the number of people living with AIDS and (computer chimes) [living with] (ph) HIV infection. And there are increasing numbers of people living with HIV/AIDS, shown by the blue line, which is going up pretty dramatically. However, the number of new HIV infections, which is shown by the red line, has not been increasing. And there are fewer new HIV infections due to more HIV testing, so more people know their status; better screening of the US blood supply; better prevention of HIV transmission during pregnancy; minimizing infections from injection drug users; and advances in HIV therapies. But more work needs to be done, as I showed you in the previous slide, particularly for those at high risk for or living with HIV. Next slide please.

So this slide shows high risk groups for HIV/AIDS. And the following populations are at great risk of new HIV infections: Gay and bisexual men, Black men and women, Latinos and Latinas, and substance abusers. And SAMHSA's MAI programs and the CoC programs [get] targeted to these high-risk groups. Next slide please. [00:11:24]

Thank you. Okay. Um, this slide shows alcohol use among adults, and it's from The National Survey of Drug Use and Health which was published in 2012. And it's an annual survey that's done by SAMHSA to try and assess what's happening with substance abuse around the country. And this slide shows alcohol use among adults 18 to 25 years of age.

And what you can see is that 45 to 50 percent of men—18 to 25 years old—report binge alcohol use. That's shown by the red line. And 30 to 35 percent of women in that same age group—18 to 25—report binge alcohol use. That's shown by the blue line. So, that's pretty high. And one of SAMHSA's strategic initiatives is prevention of substance use and mental illness. So that's alcohol. Next slide please.

This slide also is from the National Survey on Drug Use and Health, and it's looking at marijuana use by age group. And it's broken up by different age groups. And what this slide shows is that about 10 percent of adults who are in the age range, 45 to 49, used marijuana in the past year. Also, marijuana use in the past year is lower for older age groups. You can see at the bottom of that graph the 60 to 64 year olds is a lower incidence. And what this slide also shows is that the trend is increased use of marijuana. So, alcohol and marijuana are both substances that we're concerned about. Next slide please. [00:13:36]

Okay. So, about one in six people or 16.6 percent with HIV/AIDS had used an illicit drug intravenously in their lifetime. Nearly two-thirds had used an illicit drug but not intravenously. Nearly one-quarter of people with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year—so about a quarter.

Untreated mental health and substance use disorders are among the top five predictors for adherence to anti-retroviral treatment. Depression is the most commonly observed mental health disorder in HIV, and it affects about 22 percent of patients. And the prominence is even higher in people that have some type of substance use disorder—either to alcohol or marijuana or some other drug. Depression among HIV-infected people is common and is associated with increased high-risk behaviors, non-adherence to anti-retroviral treatment, and progression of immunodeficiency. Next slide please.

Injection drug users have high rates of viral hepatitis. Those of you who have our grants know that that's an increasing focus for SAMHSA. So injection drug users have high rates of viral hepatitis with an estimated 64 percent chronically infected with hepatitis C virus an up to 11 percent chronically affected with hepatitis B virus, or HBV. Between 14 and 36 percent of people who have used alcohol are infected with HCV. 19.6 percent, or about 20 percent of people with a serious mental illness are infected with HCV. [00:15:56]

Approximately 20 percent of those with behavioral health—so that that would include substance abuse, mental health, or (inaudible at 00:16:05) substance abuse and mental health disorders are infected with hepatitis. One-third of HIV-infected people are co-infected with HBV or HCV. Okay. Next slide please.

So, most of you know this but it's worth repeating that the purpose of this jointly-funded program—and by jointly funded, I mean jointly-funded across the SAMHSA centers. So the purpose is to integrate care, behavioral health treatment, prevention, and HIV medical care services for racial ethnic minority populations at high risk for behavioral health disorders and at high risk for or living with HIV. The grant will fund programs that provide coordinated and integrated services through the co-location of behavioral health treatment and HIV medical care.

The program is primarily intended for substance abuse treatment programs and community mental health programs that can co-locate and fully integrate HIV prevention and treatment and HIV medical care services within their behavioral health program. So this program is jointly-funded by SAMHSA to provide substance abuse and HIV prevention, substance abuse and HIV treatment, and mental health services. Okay. Next slide please. [00:17:53]

So grant funds must be used to serve the population of focus for this program, and again that's racial, ethnic, minority populations that are at high risk for or have a mental and/or substance use disorder and who are at risk for living with HIV, including African Americans, Latino women and men, gay and bisexual men, and men who have sex with men, and transgender persons. Other high-priority populations also include American Indian, Alaskan natives, Asian Americans, and other Pacific Islanders, [and these] (ph) may also be included in this program. Okay. Next slide please.

FEMALE SPEAKER: (inaudible at 00:18:52)

DR. LINDA YOUNGMAN: Okay. So eligible applicants include domestic, public, and private non-profit entities, and these include behavioral health programs, community and faith-based organizations, federally recognized American Indian and Alaska Native tribes and tribal organizations, urban Indian organizations, hospitals, public or private universities or colleges. So eligible entities where behavioral health programs who are substance abuse treatment or mental health providers that were or can be co-located and integrated with HIV prevention and HIV medical care within four months of the grant award being made. These behavioral healthcare providers may also partner with other organizations that will provide HIV prevention and HIV medical care. Next slide please.

So this slide shows a map of the US broken up by SAMHSA and HHS regions. Health and Human Services or HHS separated the country into 10 regions, which are shown here in different colors. And SAMHSA adopted the same approach a couple of years ago, and it gives the breakdown by number of grantees in each of these regions. What you may or may not know is that SAMHSA project officers are (inaudible at 00:20:38) their grants by SAMHSA regions, and that's part of why we wanted to show you this regional map is to show you that some regions have quite a number of CoC awardees and some have almost none or one or two. A lot of the CoC grants seem to be focused mostly on the East Coast, although there are a fair number in California and Arizona.

I would next like to show you a slide—if I can have the next slide please?—that gives the names of the project officers who will be providing oversight for the different grants in the different regions. And if I can just, by name, mention that—and we have some of those project officers hear today, and when I mention your name, if you could please say hello. We have Jeanette Bevitt-Mills who's representing Florida.

JEANETTE BEVETT MILLS: Hello.

DR. LINDA YOUNGMAN: Stephen Stephen Carrington, who's also representing Florida, Georgia, and one grantee—one applicant in New York.

STEPHEN CARRINGTON: Hello. Hello. How are you doing?

DR. LINDA YOUNGMAN: We also have Humberto Carvalho—

MALE SPEAKER: We don't.

DR. LINDA YOUNGMAN: We don't.

MULTIPLE VOICES: (laughs)

DR. LINDA YOUNGMAN: —who has grantees in California and Illinois. Also, Ed Craft—

ED CRAFT: Hello!

MULTIPLE VOICES: (laughs)

DR. LINDA YOUNGMAN: —who has grantees in California and New York. Also, Judith Ellis—

JUDITH ELLIS: Hello everyone.

DR. LINDA YOUNGMAN: —who has grantees in Ohio, and Morris Flood—

MORRIS FLOOD: Hello! [00:22:27]

DR. LINDA YOUNGMAN: —who has grantees in Georgia. Also, Karim Hamadi—

KAREEM HAMADI: Hi everyone.

DR. LINDA YOUNGMAN: —who has grantees in Alabama, and Kirk James, who is not here, who has grantees in California, Delaware, Florida, and Texas. Barbara Rogers—

BARBARA ROGERS: Hello!

DR. LINDA YOUNGMAN: —who has grantees in Texas. Ilze Ruditis—

ILZE RUDITIS: Hello!

DR. LINDA YOUNGMAN: —who has grantees from a number of different states. And finally, Pat Sabry (ph) who represents California.

FEMALE SPEAKER: (inaudible at 00:23:09)

DR. LINDA YOUNGMAN: So, if I can now turn it over to Judith Ellis who is going to talk to you about some of the major goals of the Continuum of Care Program.

JUDITH ELLIS: Hello everyone. Good afternoon. I'm actually going to tag-team with my colleague in (inaudible at 00:23:34) treatment to talk about the goals, expectations, and requirements for this grant. As outlined in—we really have just one major goal, and the goal is to get people into care and keep them into care. But, of course, the RFA stipulates that we want to make sure that we increase the diagnosis of HIV amongst behavioral health clients. We want to

also increase the number of clients who are linked to HIV medical care. We also want to increase the number of behavioral health clients who are retained and kept into medicine care as well as receive [anti-retroviral] therapy or ART. We also want to improve the adherence to behavioral health treatment and ART medication and increase the number of clients who have sustained viral suppression as well as increase adherence and retention and behavioral health treatment. Next slide.

Also, it's expected that effective person-centered treatment will reduce the risk of HIV transmission to improve outcomes for those persons living with HIV and ultimately reduce their new infection. SAMHSA also expects an increase in behavioral health screenings to decrease the burden of behavioral health disorders in the surrounding communities through partnering with community-based organizations to provide substance use—substance abuse and HIV primary prevention services. Next slide.

I'm going to turn it over to my colleague, Stephen Carrington, in [CSAT] (ph) [00:25:12].

STEPHEN CARRINGTON: Yes, good morning. I guess good afternoon to everyone—for those people in the West Coast. I hope you're up and alert. I'm just going to point out a few things that I think everyone realizes through reading the RFA. And we all have to understand what the definition of co-location means and also full integration of care. If you have any concerns with those two terms or concepts, please talk to your GPO. We can certainly clarify if you have any issues or if you have any questions regarding whether you're doing the right thing. Next slide please. [00:25:54]

This slide is actually a little redundant. But again, please contact your GPO if you have concerns whether you're doing the right thing as far as providing services to your grantees. We want to make sure that your program flourishes and you're doing the right thing and you're conducting business the way that the RFA states.

Oh, and without—Jake, can you go back one slide please?

Okay, co-location: Providing the HIV services within the physical space of the behavioral health program. Grantees are expected to co-locate and integrate services within four months of the award. Full integration: If co-location is not possible, the grantee must provide a plan for full integration of the behavioral health and HIV prevention and HIV primary care services. Also remember, recently we asked for MOU's regarding your relationships and your connections with (inaudible at 00:27:03) programs if you're co-locating. And if you're full [interview,] (ph)—if you're actually doing a full integration piece—you should have provided MOU's to us confirming that. Next slide.

Some additional expectations: You are to screen and assess clients for the presence of co-occurring mental and substance abuse disorders. You should use the information obtained from the screening and assessment to develop an appropriate treatment approach for the persons identified as having such co-occurring—co-occurring disorders. All clients within the behavioral health program should be screened and full—screened for HIV and hepatitis in according with existing CDC guidelines. [00:27:49]

Fourth bullet: Grantees will increase enrollment in HIV medical services and necessary primary care services for racial and ethnic minorities by 10 percent in year two and 10 percent in each subsequent year of the grant award. And you should also be developing and submitting a Health Disparities Impact Statement by November 30th. And we'll talk more about that with the GPO as well as the center reps will be talking to you about that particular, very important [deliverable.] (ph)

Last bullet: You should utilize evidence-based practices. Jake, next slide?

Okay, this is—a lot of this information is redundant, but I'll read through it for you. Grantees use SAMHSA services and grant funded support that's allowable for direct services. Grant funds cannot be used to supplant current funding of existing activities. The following activities are required: Providing direct behavioral health treatment including screening, assessment, care, and case management. Treatment must be provided in outpatient—a treatment including outreach-based services, or intensive outpatient or residential programs. You should also be providing this activity, as well. Providing wrap-around and recovery support services, child care, vocational, educational, transportation services, designed to improve access and retention.

Third bullet—which is also a very important activity: Mechanisms to insure client retention and behavioral health and HIV care. Peer support, health coaches, technology-assisted approaches.

The definition of supplant is to define as “replacing funds or recipient’s existing program with funds from federal grant.” Next slide. [00:29:50]

Okay, last four—very important activities that you should be performing, which includes integration of substance abuse primary prevention services and to the broader spectrum of behavioral health and other services. You should be partnership—you should perform—performing partnerships with community-based organizations to provide primary substance abuse prevention education and messaging. These prevention services can be provided to the children of adult clients receiving behavioral health and HIV medical care.

Third bullet: Providing outreach and other engagement strategies to increase participation and an access to treatment or prevention services for minority—for minority populations identified in the National HIV/AIDS strategy.

And the last very important bullet: It is encouraged that funds be utilized to provide for dedicated medical care manager, nurse, physician, assistant, or other qualified health professionals to ensure that all appropriate care is received and documented in the medical records.

Now this has been a lot of information to absorb, so please understand that we will provide these slides to you so you can refer back to them. Okay. Oh it, um—last four activities—I'm sorry—that you should be doing under this RFA: HIV risk management, antibody testing, and confirmatory testing. I know many of you are doing that now, so this shouldn't be anything new to you. You should be partnering with HIV service organizations that can provide HIV risk assessment, HIV antibody testing, and confirmatory tests, as well, as directed, HIV medical

services, and any other primary care services needed as part of the complete HIV-related medical care. And you can see the utilization and third-party payment. [00:31:53]

Third bullet: Pre and post test counseling for HIV and viral hepatitis as an activity you should be performing under this particular RFA. Exactly 5 percent, which is 25,000 of your grant funds, must be used for the following hepatitis testing and services based on the risk and the United States Preventive Services Task Force Guidelines. Hepatitis testing B and C, antibody, and confirmatory tests, and hepatitis A-B vaccinations (Twinrix). Any center funded can be utilized—any center's funds can be utilized for these services as long as the full amount allocated is exactly 5 percent of the total funding request.

Okay, that is—that concludes the activities for this RFA. [So] I'll turn it over to Grant Management, Eileen Bermudez.

EILEEN BERMUDEZ: Hello everyone. Good afternoon or good morning. My name is Eileen Bermudez. I am the team lead for The Center of Substance Abuse Treatment as well as the [Sub Center] for Substance Abuse Prevention section in the Division of Grants Management. The Grants Management specialist assigned to these grants—his name is Luis Velasco. Next slide?

For the sake of time, there's several slides that I have—that we have put together for Grants Management, but there's some that I'm just going to leave it as a reference for you to go back to because there's some key slides that I do want to make sure that I touch on. Uh, next slide please?

The Grants Management role—Division of Grants Management handles all the business managed as far as the grant. We review the budgets; we make sure that your applications are in line with policies and so forth. The Grants Management officer is the only person that has signatory authority to sign off on the notice of award. We work very closely with your government program officers. I can't stress that enough. We're constantly referring to them, asking them questions: "Does this make sense programmatically?"—and so forth. I just wanted to let you know that. [00:34:14]

Also, as part of Grants Management, we work very closely with the office of financial advisory's service officers. We call them OFAS. They are the ones that, when you first apply, they go over your policies and procedures just to make sure that you are—that your organization is able to adequately and appropriately administer a federal financial grant. I don't have a slide for this, but I just want to go over this information. Um, now that I went over the Grants Management roles, I also want to go over the roles with the grantee.

The authorized representative is a person of utmost responsibility. This is a person that signs the application—signs all the forms that go as part of the application. The project director is the one that handles the day-to-day management of the grant, and although it's not identified, the financial person is a person that I recommend that you go over this Grants Management presentation with them. It's very important that the financial officer is aware of all the reporting requirements and all the budgetary requirements and financial management requirements. The next slide?

Now this is general information that you will find in the RFA and information of which you applied for. There are specific percentages that apply to each of these centers. This is a jointly-funded grant, and so basically the different centers are contributing or providing funds for each of these awards. Next slide? [00:35:58]

A lot of this is general information. I can't stress it enough. Please refer to the RFA. Super important. There's a lot of detailed information as far as how to prepare your reports and what needs to be explained in detail. I'm not going to go over this because, again, we use it as reference and you have it there. The next slide?

This is also a breakdown. I am going to go more in detail when I discuss the Federal Financial Reports because we have received several questions on how to prepare the Federal Financial Reports. So some of this detail, I'll go over again. Use this as a reference. The next one? The next slide please?

Restricted funding: Again, there's specific percentages identified in the RFA. Exactly 5 percent—\$25,000 must be used for hepatitis testing; up to 15 percent for data collection performance; up to 15 percent of the total grant award for infrastructure development. Next slide please?

Now when you receive your very first notice of award, of course that's your award and congratulations on all of you. Any changes that you intend to make to that first award—that first application that you submitted—may or may not require prior approval. If, for instance, you are intending to change the scope, you want to remember that when you submitted your application, your application was reviewed, scored, and funded based on the goals and objectives that you presented in your application. If you intend to change the scope, that requires prior approval. [00:37:42]

Key staff changes also require prior approval. I can't stress it enough. Please read your notice of award in detail. Go over it not only with the authorized rep, the project director, and the finance person—very important that you are all on the same page. Key staff are identified on the notice of award. Any changes to the key staff require prior approval. Prior approval of key staff changes involve changes in level of effort, a resume, the job description if it changed in any way, and if you're, uh—if it's the project director that is changing, you need a revised checklist form. All this information is on our website. I just want to go over some of the general information.

Significant re-budgeting: If you intend to re-budget your current application or your current budget over 25 percent or \$250,000, that requires prior approval. Let's say you are—you intend to move funds from supplies into travel and it doesn't exceed 25 percent, you don't need to submit a budget to Grants Management. It doesn't require prior approval. But let's say you're revising your budget because you're accommodating or you're hiring a new key staff person that then does require prior approval. In any post-award request that you submit, basically once we review it from a Grants Management perspective, we forward it with our recommendation to your government program officer, and once we both concur, we will revise the notice of award. Other post-award requirements, you'll see on this slide. Next slide?

The carry-over process: I know it's very early but I wanted to go ahead and give you a heads up. And again, you'll have this as a reference. At the end of every 12-month budget period, once you prepare your federal financial report, you will report the amount that was authorized and the amount that was expended. The remaining funds from the—let's say the first FFR that you're preparing—the unobligated balance of funds, you may request to use those into a subs—into the subsequent year. So by the end of year one, any unobligated balance of funds that you have, you may request to carry it into the "02" year, for example. [00:40:08]

When you prepare the FFR, you must clearly identify if you intend to use a carry-over authority, or whether you intend to submit a formal carry-over request. This is identified in the remarks box 12. So let's say you intend to carry-over using this example—you intend to carry-over up to 10%, if in year two you are awarded 499,744—10 percent of that is the most that you can carry-over from the unobligated balance from year one into two.

I know this right now is very early, but I do want to give you a heads up because we did—we did a lot questions regarding this. Um, 10 percent—the next slide please? Of course this 10 percent intent does not apply if your organization is on high risk. Because of the fact that we need to clearly look over your budget because it will affect your drawdown request. Something I didn't mention is the reason that high risk is under the postal (inaudible at 00:41:15) that require prior approval is because your accounts are restricted when they're placed on high risk.

So on this slide—back to the intent—if you do intend to carry-over 10 percent, you must identify it. If you intend to carry-over more than 10 percent, then you need to submit a detailed budget justification and a detailed budget narrative, as well as a programmatic justification—why you're moving these funds into the subsequent year. Again, this authority does not apply to the high risk grantees. The next slide?

Method for requesting prior approval: When you submit a request for a post-award or prior approval, the request must come from the authorized official, who is utterly responsible for the grant, and the project director, who handles the day-to-day management of the grant. [00:42:10]

I think we're on the next slide. The "method for requesting prior approval" slide. Okay. You want to make sure that whenever you submit to any request or leave a voice-mail or even an e-mail or anything to grants management, please make sure that you include your grant number on the subject line. Many of you have many grants within different centers and many of you—uh, we—I mean, we have so many files. You do have to identify. It's very important that you identify your grant number. Again, we work very close—hand-in-hand—with your government program officer and, um—if you submitted a request for prior approval and you haven't received your notice of award, please contact your grant specialist because there is no such thing as a verbal agreement. I know all of you know this, but I just have to reiterate it. If you did not receive a notice of award, it hasn't been approved.

Speaking on the notice of award, before I go to the next slide—reporting requirements—I want to stress again that it's very important that you read all the details. There are due dates for the special conditions. There are explanations on how to complete your federal financial report in

detail. Uh—if you could go to the next reporting requirement slide? Not sure if you’re able to. But in that slide, we identify programmatic progress reports. Those are also identified on the [nos devoir] (ph) [00:43:42] and the due date. (overlapping talking)

FEMALE SPEAKER: (overlapping talking) –asked about, um, the slides aren’t progressing?

EILEEN BERMUDEZ: The—I guess the slides aren’t progressing—but you’ll be able to see it, I’m assuming, as you go through your—your website. [00:43:56]

Programmatic reports: You want to remember that they are submitted on behalf of the project director who handles the day-to-day management of the grant or someone that works close with that person. On behalf of the grantee organization, the Federal Financial Reports—the FFR—are submitted to Grants Management, again, from the grantee organization. Your quarterly reports that are submitted to the Division of Payment Management where your account is—um—whoop—slide shows aren’t moving.

Okay, so the next one that I really wanted to go over a little bit was the Federal Financial Reports. These are required on an “every 12 month” basis at the end of each budget year. They are to be completed—they are to be completed on a cumulative basis. So when you submit the “02” information you need to report years one and two subsequently. Again, you want to identify on the remarks section what you intend to do with unobligated balance of funds.

We recently had a question from one of the grantees as far as how to report on the FFR’s. Again, in the notice of award, it identifies that when submitting your—let me see if I can read the question—FFR’s will need to show a track the CSAP dollars for other centers separately, but do they—but they would also like to know officially if they have to track services for each funding sensor separately in [i.e.] prevention services. [00:45:42]

When you prepare your FFR—we have instructions on how to prepare it—you want to make sure that you report your total expenditures. Always refer—not only to your notice of award—but to the RFA, because it will identify how you’re supposed to spend each of those percentages from within each of those centers. You can provide an additional sheet with how those expenditures were reported. We’ll probably have some sort of a template further on to help you complete this. Again, this is at the end of your old one year, so it’s kind of a little early. But I think it will have some kind of sample template to help you and guide you a little bit. But these expenditures—or each of these, what we call “can numbers” — the numbers for each of these centers—must be reported separately and must be in accordance with the expectations in the RFA.

FEMALE PARTICIPANT 1: Can you hold one second Eileen? Jake, we’re not seeing a large slide on the screen. Can you advance that for us?

MODERATOR: (inaudible at 00:46:51)

DR. LINDA YOUNGMAN: [Just] can you hear us?

FEMALE SPEAKER: Can you hear—

FEMALE PARTICIPANT 1: Can you hear us? So, if you all could minimize your screen and then maximize it again, it should show the full screen view.

FEMALE SPEAKER: (inaudible) Can I do that now?

DR. LINDA YOUNGMAN: Eileen, you're on slide 37? Is that right?

EILEEN BERMUDEZ: Yes.

DR. LINDA YOUNGMAN: Okay.

FEMALE PARTICIPANT 1: Eileen's on slide 37!

FEMALE SPEAKER: Yes, we are on that slide, as well.

EILEEN BERMUDEZ: Oh, perfect. Perfect. So we're on the same slide. All requests—SAMHSA's going electronic and certain DGM is also (inaudible) electronic, and so if you can submit—(overlapping talking)

MULTIPLE VOICES: (background talking)

EILEEN BERMUDEZ: And so is this webinar. (laughs) And all your requests can come in via e-mail with your attachments and we'll go ahead and upload it and review it and place it into an electronic file where we have your grant file folder. You may submit your request via electronic, but you want to make sure that the project director and the authorized rep—[or those] two major contacts—are included within the RFA, because we want them to keep—to be in the loop.

A sample budget—you can find it in the link. A detailed budget—always tell my grantees. Don't just write \$30,000 for evaluator. We need detail; we need breakdown; we need to be able to determine the costs are reasonable, allowable, and allocable. I'm speeding up a little bit. The next slide?

Uhhh, next slide has been more—uh, the next slide has continuation application? So I just want to go over this really quick. I know it seems like you're in your year one and what are you talking about, your continuation application? We will be sending out a letter to the business official's e-mail address. Super important that you have the correct e-mail address for your business official because all correspondence, all notice of award, and so forth, are mail—e-mailed to the business official. The business official will soon be receiving a letter that will explain how to apply for your year two—your continuing year. All continuation applications must be submitted via grants.gov. And again, you will be receiving information as far as that is concerned.

Continuation application continued: As part of the continuation application, if you realize that your "02" year budget—next slide. Uh, continuation application C-O-N-T-D.

MULTIPLE VOICES: (background talking)

FEMALE SPEAKER: 38 (inaudible at 00:49:33)

EILEEN BERMUDEZ: 39. Uhhh, you went too far ahead. Okay. Well I can speed it up. (laughs)

MODERATOR: Back one. Back one.

EILEEN BERMUDEZ: Back one. Um, as part of your application, if you realize that the “02” budget year will not change more than 25 percent of your “01” year, you can submit what is considered to be an attestation letter. This attestation letter is signed by the authorizing official and it says there aren’t any changes—there aren’t going to be any future changes in year two as compared to year one. (laughs) That’s all in the instructions in the continuation letter. If you in— if your “02” year budget will change more than 25, you do need to submit a detailed budget justification and a detailed budget narrative.

So now this slide. If your grantee organization is identified as high risk, the attestation letter does not apply to you. You must submit the detailed budget justification and a narrative.

Next to the last slide? Instructions for e-mail submission: Again, you—you want to make sure that the project director and the authorized rep is included within the request.

FEMALE PARTICIPANT 1: We’re on slide 41.

EILEEN BERMUDEZ: Please, even if you just send an e-mail, you want to make sure that you have information in your signature block. Sometimes you get an e-mail from John—and I have no clue who John is—so—

MULTIPLE VOICES: (laughs)

EILEEN BERMUDEZ: —please include your grant number, who you are, what your title is, and make sure that the two most important people—the authorized rep and the project director—are involved. Make sure your e-mail functions and make sure if you have a telephone number it also works. You’d be surprised how many times we try to send an e-mail and then it bounces back because it doesn’t work. Also, make sure that anything that you send to DDM, it’s always a good idea to CC—carbon copy your government program office so that they are also in the loop.  
[00:51:38]

The last slide is helpful websites. I totally encourage everyone to go to the SAMHSA website. Any updates—we include them there. Any forms—any applications—anything that you would need. I constantly refer to it as far as obtaining policy and direction. So I strongly encourage that you go over our SAMHSA website.

And now I’m going to pass it to—turn it to Laura.

LAURA JACOBUS-KANTOR: Hello everyone. I'm Laura Jacobus-Kantor. I work in [CBHSQ], (ph) which is the Center for Behavioral Health Statistics and Quality, and I'm going to provide you with a very, very general overview of your data requirements and data collection procedures for the CoC project.

MULTIPLE VOICES: (overlapping talking)

LAURA JACOBUS-KANTOR: Okay. So as I'm sure most of you are aware from your work on other projects, all SAMHSA grantees are required to collect and record certain data requirements as a requirement of GPRA. The way that SAMHSA currently—the way that SAMHSA currently does it is through various web portals. We use [SAVED], we use [TRACK], we use [DECAR]. All of those systems are going away. They are going to be replaced with what SAMHSA is referring to as the Common Data Platform or CDP. That system is currently under OND review. We expect that it will be approved in January of 2015 and operational soon after that. That is a system that most of you will be [reporting] into.

Prior to the CDP coming online, if you begin providing services and collecting data prior to whatever date it is that CDP comes online, you're going to be doing so through paper and pencil methods. And we have OND approval for you to do that. So we have the measures that you're going to be using, and you'll collect them in a paper and pencil format and probably hold them for now. Once CDP is approved, some of your measures are going to change. And that is just an unfortunate circumstance of being awarded during this transition time. [00:53:56]

So the changes will occur. They won't occur to all the measures. They will occur to some of the measures. If you do not begin collect—do not begin providing services and collecting data until CDP comes online, you will not experience these changes. But if you're an early starter—you may. So those changes will occur for the measures for reporting over time and you will be expected to comply with these changes as requirement once they're implemented. Next slide please?

So I'm going to go through just a little bit of the specific measures that you're going to be collecting. One of them is a rapid testing form and it's referred to as the SAMHSA/MAI Rapid HIV/Hepatitis Testing Clinical Information Form. This is the form that you're going to be collecting every time a test is conducted. And we'll see a little bit of what that looks like in the next slide in just a second.

If you are one of those early [adoptees] (ph) and you do begin collecting data prior to CDP, we will provide you training on the specific measures that you're going to be using and procedures for doing so. So if that's the case, you should contact your GPO and they will put you in contact with the correct people to get that training so that you have all of the backup that you need to do that correctly.

So the next slide—and we don't expect you to be able to read this, but it is just a very brief glimpse at what the Rapid HIV/Hepatitis Testing Clinical Form looks like. So again, this is a combination of HIV and hepatitis data. It's a streamlined version of previous ones that have looked at hepatitis and HIV separately.

So this is the form—and again, you will be getting approved copies of these measures. You know, because it does have OMB approval, we need to add the required language to it. But you'll be getting copies of this for your use and perusal, so you can see exactly what it is that you will be collecting very soon. Okay. Next slide? [00:56:03]

And you should also be aware that SAMHSA will implement a cross-site evaluation that includes this program. It has not been awarded yet, but it will be relatively soon. It will be a contract, and the contractor will manage the data collection, analysis, and evaluation products. There may be additional data requirements as a result of that evaluation contract. So you should be aware that because it hasn't been awarded, no decisions have been made as to what those additional data requirements should be, but you will be expected to comply with them once those decisions are made.

As a grantee, you're also expected to periodically review your performance data that you report to SAMHSA. The CDP will [increase] (ph) functionally that will allow you to compare your performance over time and to other grantees. And so, you're expected to see how you're performance and to use that information to determine whether the projects have the intended impact on behavioral health disparity as require by SAMHSA in the disparity—(overlapping talking) Next slide?

ILZE RUDITIS: Hi, this is Ilze Ruditis. I'm one of your GPO's. I'm a person with the column with, uh, 13 grantees on the earlier slide. So I—I just wanted to give you a brief update about training and technical assistance for the MAI-CoC. Training and technical assistance will be provided by the Center for Integrated Health Solutions—CIHS. Your SAMHSA GPO is your go-to person to reach the technical assistance offices and also the grants management specialist will be doing technical assistance for you. [00:57:59]

The center has been planning many very strong activities for us, and they have an excellent track record in working with the primary care behavioral health project—the PBH. They are—they are in our center for at Center for Mental Health Services. We have web-based training—webinars; cross-site web-based meetings; role-based affinity group or content-specific group technical assistance; and of course you'll have web-based resources through the CIHS website I don't think we have it quite ready to go, yet. Then we'll have regional and site-centered TA. And there is going to be a list-serve for you, and I believe the list-serve will begin just shortly after this session. So we have a lot upcoming for you as opportunities unique to the MAI-CoC program.

A few of you have had a grant under the PBACI and you're running now and knew you were applying that the footprint there is a little bit different in terms of what is paid for and what isn't. So the only things you need for this program—and again, being HIV-focused is distinctive for this program. So we look forward to hearing from you—from each of you—going forward. And more information on TA will be forthcoming.

So, we wanted to ask if you had questions and I was going to turn this to our moderator at CIHS to review our questions and provide us with what he's received. (overlapping talking) Jake? Hi. [01:00:10]

MODERATOR: (overlapping talking) Great, Ilze. Thank you. Thank you so much. Um—so yes. We have received some questions. And if people would still like to enter questions, they could do so. At the right side of your screens, there's a question box? But we have received seven questions that I will start to share for your responses. And the first question we've received is a question about when people should be prepared to start serving clients through this initiative. The individual is asking if January 1 of 2015 is the correct time to start serving folks?

ILZE RUDITIS: Yes. (laughs)

MODERATOR: Great.

FEMALE SPEAKER: It's the (inaudible) month after the grant. You notice the grant award.

MODERATOR: Great. Thank you.

ILZE RUDITIS: It doesn't have to be on the first day of that month, but that—you know, that is a great time frame—or by that day.

MODERATOR: Thank you. We also got a request asking for clarification about what submission should be sent to the GPO via e-mail and what should be sent via grants.gov.

ILZE RUDITIS: Grants.gov is only for your applications—

EILEEN BERMUDEZ: Correct.

ILZE RUDITIS: —and continuation applications.

EILEEN BERMUDEZ: Correct. The grants.gov is how you submit for your "02" year, and that'll include specific forms, which again, you should be receiving a letter identifying all the forms and what is required. A detailed budget, program narrative, and specific things—but that's only for your continuing budget year.

MODERATOR: Great. Thank you. And also, um, there was a question about— (overlapping talking)

EILEEN BERMUDEZ: (overlapping talking) Sorry. Everything else goes—I'm sorry—to your program officer.

MODERATOR: (chuckles) Okay, thank you. Um, there's an additional question about what—how you all are defining a high-risk grantee. [01:02:11]

EILEEN BERMUDEZ: High-risk grantees are identified on your Notice of Award at the beginning of the year. And that—that's why I mentioned, as far as grants management, OFAS—our Office of Financial Advisory Services—because they review your policies and procedures. And if perhaps you have noncompliance with older audit resolutions or perhaps you're already a

grantee who has been placed on high risk, a determination would be made then. But you should've—for those of you that may or may not have been identified as high risk, it really—it's already on your Notice of Award, but I don't think any of you are (inaudible at 01:02:54).

ILZE RUDITIS: You're okay.

EILEEN BERMUDEZ: We checked. (overlapping talking) But it really is the Office of Financial Advisory Services that helps us determine that.

ILZE RUDITIS: I'm not sure if we mentioned that Luis Velasco, who was listed on the PowerPoint—he is your grants management specialist. And he works very closely with Eileen and he, unfortunately, was unable to be with us because he's in a different—he's at a training, um, for—yeah—

MODERATOR: Great. Thank you.

ILZE RUDITIS: And then some (inaudible) information's on the first slide.

MODERATOR: Great. Um, there was another question about if a program generates significant revenue such as Medicaid revenue, will awards be adjusted? [01:03:39]

EILEEN BERMUDEZ: If you receive program income—in other words, if you receive reimbursements from a third party such as Medicaid/Medicare, when you prepare your—your Federal (inaudible) income. Also, when you prepare your— (background coughs) you may not know as early as when you submitted your original application, but when you submit your continuation application, there are also specific forms such as a 424 Budget Information Form, the Budget, uh, 424A—where you need to also identify program income. And we should probably have a follow-up webinar to discuss (inaudible) program income because it— (overlapping talking) more details—more detail to it—how to report and how to disburse—and what are examples of program income.

MODERATOR: Great. So, um—another question is, “Does this grant require an IRV?”

ILZE RUDITIS: Um (overlapping talking) that would probably be up to your individual organization—whether your organization requires an IRV. SAMSHA usually does not require an IRV.

MODERATOR: Thank you. And another question is, “Are individuals enrolled in substance use or mental health treatment eligible for admission into this program?”

ILZE RUDITIS: Yes. Yes. Good. 14 yeses there. (chuckles)

MODERATOR: Great. So—um, have you all set a deadline for the year two continuation application?

ILZE RUDITIS: (overlapping talking) Uh, what is the D-date for the continuation application?  
[01:05:33]

EILEEN BERMUDEZ: Um, it hasn't been set in stone, but I want to sort of give you a heads up that it'll probably be March 2nd. But again, you'll receive a letter that says that—to make it official.

MODERATOR: Great. Will the track tool itself be changing when the CDP goes live?

ILZE RUDITIS: It will be. Yes.

MODERATOR: Okay.

ILZE RUDITIS: (laughs) But the measures have not been approved, so we are not changing—we're not going to share those with you. But the measures included in CDP will change. And if you're really interested, feel free to look on the OMD website for the public comment period for all the CDP measures.

MODERATOR: And there's another question about the CDP. Um, "When the common data platform is active, do we still need to collect data through GPRA?"

ILZE RUDITIS: The GPRA items will be included—the relevant GPRA items will be included in CDP. That will be the new platform for collecting data.

MODERATOR: Okay, great. Thank you. In addition, there's a question about, "Are the specific cost category percentages to be reached by the end of the grant year or per month?"

EILEEN BERMUDEZ: Mmm—I want to say by the end of the—by the end of the year when you prepare your FFR at the end of the budget year. You need to make sure that the percentages were reached. And if they—they weren't, it's because probably your expenses weren't that much or—it really gets reported on your FFR. (pause) You should monitor— (overlapping talking)

MODERATOR: Uh, and there's another— (overlapping talking)

EILEEN BERMUDEZ: (overlapping talking) You should continuously monitor, of course, throughout the year, but you don't actually have to report it until the Federal Financial Report is due. [01:07:26]

MODERATOR: Thank you. (overlapping talking)

JUDITH ELLIS: (overlapping talking) This is Judith Ellis. I want to just clarify the question that you're asking because it does deal directly with your service delivery. Are you asking also that whether or not you have to spend those funds and allocate them to services by the end of the fiscal year, as well?

MODERATOR: Um, there wasn't that kind of clarity included in the question, but if the person who asked the question responds (inaudible) using the question box, I will let you know.

JUDITH ELLIS: Okay, that would be great because I'm— (overlapping talking)

MODERATOR: And we just have a few more questions. Um, you all have chosen to reference that it is okay to serve folks who are enrolled in substance abuse or mental health treatments or programs through this initiative, but there needed—an individual needs additional clarity about whether this is true, even if the individuals are not racial/ethnic minorities.

JUDITH ELLIS: Um, the target population—this is Judith—the target population is racial/ethnic minorities, but I understand within the continuum of care within your organization, you will, you know, naturally have people already in care and in service. We do ask that you still do outreach to others in the community who need services based on your needs assessment, in addition to serving those racial/ethnic minority populations required under this grant.

MODERATOR: (overlapping talking)

ILZE RUDITIS: (overlapping talking) Also if someone—if someone is already in services, what—who is the payer? Because your SAMHSA funds can't supplant the current payer. Like when you're, um, payment source would no longer be available or if you're delivering here under the grant is not covered under the payer, then that would be appropriate. [01:09:24]

MODERATOR: Thank you, Ilze. Um, one kind of theme among the questions is related to use of the GPRA and when there'll be further training about the forms and when those forms will become available, and those types of questions.

ILZE RUDITIS: Um, so let me just reiterate that the current GPRA instrument that we're using is going to be used until CDP comes online. So if anybody is just going to start services prior to—and I'm estimating now because I don't have a specific date—but I think it will probably be mid-January 2015. If you expect to be providing services and collecting data prior to that point, please get in contact with your GPO as soon as possible and we will arrange for you to get the necessary training to collect those instruments. Further training on the CDP systems will be provided once OMD gives approval for that system. As it has not been approved yet, it doesn't make a lot of sense for us to train you on it as there may be changes during the OMD approval process. Again, we don't have an exact timeline for when that will occur, but OMD moves at its own pace—but we would expect that it would be probably sometime before the end of this year—so probably sometime either late this month or early next month. As soon as that happens, we will arrange training as a cohort—the CoC grantees will receive training from our TA provider for the CDP.

MODERATOR: Great, thank you. Um, so we're actually getting a number of additional questions and I know that we're limited on time. So something that I can recommend is that we'll—we will kind of compile these questions and make sure that they, um, make it to the GPO and the other relevant folks on the SAMHSA team who will be supporting this process. Um, is that alright with you, Ilze? [01:11:29]

ILZE RUDITIS: Yes.

MODERATOR: Okay, so—

FEMALE SPEAKER: Yes.

MODERATOR: So I would like to thank all the presenters from SAMHSA who were on the phone today—and each person who attended—for attending today’s webinar. And I would also like to encourage you to engage with your GPO about any additional questions you may have. There will be information forthcoming about a list-serve and follow-up activities about your training and technical assistance. And Ilze, do you have anything else you would like to add before we end today?

ILZE RUDITIS: I was going to say that my clock says 25 after, and I don’t know—I feel like we’re ending five minutes early. Am I wrong?

FEMALE SPEAKER: No.

ILZE RUDITIS: (laughs) Okay.

FEMALE SPEAKER: We have five more minutes.

ILZE RUDITIS: Do we have five more minutes?

MODERATOR: Sure. Sure. Absolutely.

ILZE RUDITIS: Okay. (overlapping talking) I wanted you to take—we can take a couple— (overlapping talking) We can take a couple of more questions because it may be particularly helpful. About the CDP—just from a program perspective—to assure you that those materials have been familiar to a grantee—and it’s not like a whole new set of things. This work derived directly from your current—your current experience, your current reporting—all of the questions—you know, the frame of that is from any current reporting tool. So it’s not new stuff. It may look a little different on the way it’s presented.

MODERATOR: Sure. So you all would like to address a few more questions?

FEMALE SPEAKER: Yeah. (chuckles)

MODERATOR: Sure. Okay, so we have a question about—uh, one grantee—they said they’re listed as a sub-recipient on the grant. Do they have full reporting requirements of a whole recipient or do they just need to provide required data to the main recipient, and then that main recipient will compile all the data into reports for SAMHSA? [01:13:41]

ILZE RUDITIS: Although some recipients would be reporting as—was that—Laura, you can answer that.

LAURA JACOBUS-KANTOR: Yeah, and you probably don't know the answer to this, but I'm curious whether they're talking about client-level data? It's that level data? (overlapping talking)

MODERATOR: (overlapping talking) Yeah.

LAURA JACOBUS-KANTOR: Or is the—yeah. No, just the recipient would report then, and they would need to provide the recipient with whatever information they need to report.

MODERATOR: Sure. Okay, thank you. Um, just so—there's another question about, "Does the program have to spend additional income during the year, or can this income be forwarded into the next year?"

FEMALE SPEAKER: (inaudible at 01:14:20) question.

EILEEN BERMUDEZ: Are you—if you're—what you mean is at the end of year one, you have an unobligated balance of funds, if you intend to carry over some of that portion into the next year, you need to either submit a formal request—a detailed budget [application] and narrative—if it's more than the 10 percent; or identify on the Federal Financial Report a remark saying that you intend to use the intent. I think that's what you mean unless you mean—I'm not sure what kind of income—other income you're mentioning. If you—if they intend to use program income, that should be used as additional to the grant—so, um—in additional to the expenses in the grant. So, I guess it depends. Are they identifying program income or the regular funds that are budgeted? There's a distinction on how and when to spend it, and how to request to spend it.

FEMALE SPEAKER: So they would contact, um—

EILEEN BERMUDEZ: It's best to contact Luis so that we can go into any specific details.

MODERATOR: Okay. Thank you. And this is another—this may be also a specific, but I'll ask it. Are the specific cost category percentages—oh, I think that this was already addressed—um, the specific cost category percentages should be calculated on a yearly basis when reporting to SAMHSA. [01:15:56]

EILEEN BERMUDEZ: Alright, you want to make sure that you keep—you monitor it throughout the budget year, but when you actually report it with the—when you prepare your federal financial report at the end of the 12-month period.

MODERATOR: Thank you. And with regard to the (inaudible at 01:16:13) question that was asked about reporting requirements, that individual has actually provided more clarity, and they we asking the question not pertaining to patient (inaudible) data, but pertaining to the financial reporting data. (overlapping talking)

FEMALE SPEAKER: (overlapping talking) (inaudible)

EILEEN BERMUDEZ: Right. The grantee is the person who receives the award, so the grantee is the person responsible. It is the organization that's responsible for all the reporting requirements in reference to grants management. Now they do have the, um—just as we monitor the grantees, we expect that the grantees monitor their sub-recipients. But as far as reporting requirements, we receive all the information from the funds that have been spent from the grantee organization.

MODERATOR: Thank—(overlapping talking)

EILEEN BERMUDEZ: (overlapping talking) Our relationship is directly with the grantee—not the sub-recipient.

MODERATOR: Great. We all have a question about who Arizona's GMO—uh, GPO is?

MULTIPLE VOICES: (overlapping talking) Arizona.

ILZE RUDITIS: It's me! It is I! (laughs)

MALE SPEAKER: (inaudible)

ILZE RUDITIS: And it just happened that I had both of those sites in Arizona and I'm happy to have them. Thank you. And my number is 276-1777—um, put a 240 in front of it.

MODERATOR: Thanks. Okay, we have a few more questions. One is, "Will the quarterly FFR require additional information detailing center-specific spending, or only the annual FFR?"  
[01:18:02]

EILEEN BERMUDEZ: The quarterly FFR is how you report to the payment management system. They require that as you [draw them] (ph) and you submit the SF272, that is a Division of Payment Management reporting. It's not a SAMHSA Grants Management reporting. We verify your numbers—or your—we validate your FFR based on that information. But you really want to get in contact with your account rep at Payment Management for that quarterly reporting.

The annual reporting of the FFR at the end of your budget year is what comes directly to Grants Management here at SAMHSA.

MODERATOR: Great. Thank you. (pause) Would you all like to continue answering questions? It's now 2:30.

ILZE RUDITIS: No, we're good. (laughs)

MODERATOR: (overlapping talking) Alright, so—

ILZE RUDITIS: (overlapping talking) —question, but I forgot. One last question?

MODERATOR: One last question. Okay, this is a great way to end because they're asking, "Will they receive a list of the questions and the answers from this section?"

FEMALE SPEAKER: Yes.

ILZE RUDITIS: Yes. (laughs)

MODERATOR: (laughs) Great. So, does anyone from SAMHSA have any final remarks before we close?

FEMALE SPEAKER: If there are additional questions—(overlapping talking)

ILZE RUDITIS: (overlapping talking) We just want to remind you to refer to your project officer for any additional questions, and also we want to thank you for being with us today. And congratulations on your award—and we're feeling it will be a very successful program.

DR. LINDA YOUNGMAN: And just in closing, if I can say, we're here to help you make your program a success. So if you have questions, please come to us and we'll try to help you.

ILZE RUDITIS: Thank you everyone.

MULTIPLE VOICES: Thank you!

MODERATOR: Thank you. Have a great weekend.

MULTIPLE VOICES: (overlapping talking) Thank you, Jake!

**END TRANSCRIPT**