

TI-19-012 Tribal Opioid Response (TOR) Grantee Orientation Webinar

Office of Tribal Affairs and Policy
Center for Behavioral Health Statistics and Quality
Office of Financial Resources (OFR)
AI/AN ATTC
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



TOR Grantee Webinar
October 28, 2019



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Housekeeping Announcements



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Welcome and Introductions

Alec Thundercloud, MD
 Director of Office of Tribal Affairs and Policy
 Substance Abuse and Mental Health Services Administration
 U.S. Department of Health and Human Services



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SAMHSA Support for Tribes

- SAMHSA is committed to the supporting the delivery of services and resources to maintain and improve the behavioral health of American Indians and Alaska Natives (AI/ANs).
- 
- The SAMHSA Office of Tribal Affairs and Policy:
 - Is the primary point of contact for tribes, tribal organizations, urban Indian programs, and other stakeholders on tribal behavioral health
 - Leads and supports SAMHSA-wide actions to improve behavioral health of tribal communities
 - Leads SAMHSA tribal consultation, outreach, education, engagement efforts, and TTAC.



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Presentation Overview

- I. TOR Program Overview
- II. Programmatic Expectations
- III. Data Collection & Program Evaluation Overview
- IV. Grants Management/Financial Expectations
- V. Technology Transfer Center (TTC) Program Overview
- VI. Questions



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Tribal Opioid Response (TOR) Program :

William Longinetti, M.S.
Amy Romero, M.A.
Government Project Officers
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



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Government Project Officer Grantee Assignments

William Longinetti

HHS Regions: 7, 8, 9, 5

States: AZ, CA, IA, KS, MI, MN, MT, ND, NE, NV, SD, UT, WI, WY

Amy Romero

HHS Regions: 1, 2, 4, 10, 6

States: AK, CT, ID, LA, MA, ME, MS, NC, NM, NY, OK, OR, SC, TX, WA

New GPO

HHS Regions 5 and 6: IL, IN, LA, MI, MN, NM, OH, OK, TX, WI



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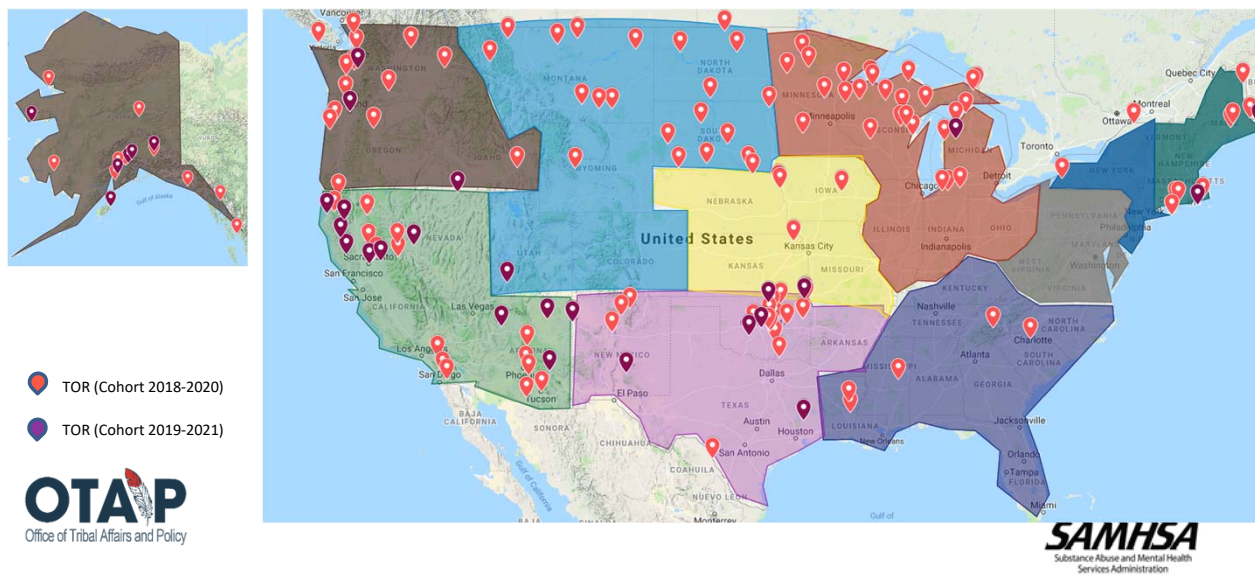
TOR Program Purpose

- The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD).
- The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD.
- The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic.



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TOR Grantee Locations



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TOR Expectations

- Grantees will provide and develop opioid misuse prevention, treatment and/or recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes.
- SAMHSA intends that grantees begin delivery of services as soon as possible after award:
 - **At the latest, award recipients are expected to provide services to population(s) of focus by the 4th month after the grant has been awarded**
- Key Personnel:
 - Project Director (must make a significant contribution to the execution of the project), serves as the main point of contact for SAMHSA. This position requires prior approval by SAMHSA after review of credentials of staff and job descriptions.



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TOR Required Activities

You must use SAMHSA's TOR grant funds primarily to support evidence-based prevention, treatment, and/or recovery support activities as described in Section Two of the FOA. All grantees are required to prioritize the delivery of MAT services.

Grantees are expected to **select activities** from the list below on which your program will focus:

- Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe. **Plans must be completed within 60 days of award. Tribes may use existing plans if available.**



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TOR Required Activities (cont.)

- Implement workforce development activities to ensure that individuals working in tribal communities are well versed in strategies to prevent and treat opioid misuse.
- Develop effective prevention strategies. Develop strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.
- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery.



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TOR Required Activities (cont.)

- Implement community recovery support services such as peer supports, recovery coaches, and recovery housing.
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for under- and uninsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Assess the impact of the grant.



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TOR Allowable Activities

- Incorporate culturally appropriate and traditional practices into your program design and implementation
- Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery
- Address barriers to receiving MAT by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, and engage and retain patients in treatment
- Develop and implement tobacco cessation programs, activities, and/or strategies.



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Other Expectations

- Recipients currently receiving opioid-related funding from other federal programs must coordinate activities to eliminate duplication of services and programs
- Recipients must utilize third party and other revenue realized from the provision of services to the extent possible.
- SAMHSA encourages all recipients to address the behavioral health needs of returning service members and veterans and their families



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Other Expectations (cont.)

- SAMHSA strongly encourages all recipients to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices)
- Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services)



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Using Evidence Based Practices

- SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence.
- All grantees are required to use evidence-based MAT in patients diagnosed with OUD. Grantees will also utilize other EBPs in conjunction with the required EBP for this FOA.
- Grantees are also encouraged to visit the National Institute of Health, National Institute on Drug Abuse website <https://www.drugabuse.gov/> for more information on EBPs.
- Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview: https://www.samhsa.gov/sites/default/files/programs_campaigns/wellness_initiative/modifyingebps.pdf



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Funding Limitations/Restrictions

- Up to a combined total of **25 percent** of the total grant award may be used for Data Collection and Performance Assessment and Infrastructure Development
- Only U.S. Food and Drug Administration (FDA) – approved products can be purchased with TOR grant funds
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders
- Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Grantees must submit an attestation letter signed by the Authorized Representative or Business Official via eRA Commons.



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Program Performance Reports (PPR)

- Grantees are required to submit a progress update at the midpoint of each grant year. The first progress update should cover the first 6 months of the grant and is due by **May 31, 2020**.
- The Performance Progress Report (PPR) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period (by December 30, 2020) in eRA Commons. The due date is stated in the Notice of Award.



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Government Project Officer (GPO) Responsibilities

The Government Project Officer's (GPO) will assist your programs:

- Monitoring overall grant performance including how funds are allocated
- Serving as the main point of contact for grantees to discuss program issues
- Supporting grantees for successful outcomes
- Providing information on grant performance to SAMHSA management, other government agencies, and Congress



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Important Grant Documents

- **Funding Opportunity Announcement (FOA)**

- TI-19-012 Tribal Opioid Response – The FOA contains all of the requirements and restrictions of the TOR program.

- **Approved Grant Application**

- Grantees will be expected to implement activities according to the grant application. If you plan to deviate from your application, **you must discuss it with your GPO prior to implementing any change.**

- **Notice of Award (NOA)**

- The NoA is the authorizing award document from SAMHSA. Please read your NoA carefully and in its entirety.



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Tribal Opioid Response Government Project Officers

- William Longinetti
Contact Information: Phone: (240) 276-1190 E-mail: william.Longinetti@samhsa.hhs.gov
HHS Regions: 7, 8, 9, 5
States: AZ, CA, IA, KS, MI, MN, MT, ND, NE, NV, SD, UT, WI, WY
- Amy Romero
Contact Information: Phone: (240) 276-1622 E-mail: amy.romero@samhsa.hhs.gov
HHS Regions: 1, 2, 4, 10, 6
States: AK, CT, ID, LA, MA, ME, MS, NC, NM, NY, OK, OR, SC, TX, WA



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Questions



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Tribal Opioid Response (TOR) - GPRA Client and Grantee Level Data Collection Summary

October 28, 2019

Darren Fulmore, Ph.D.
Public Health Advisor
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



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Presentation Overview

- I. SPARS Overview
 - A. Program Level Overview
 - B. Client Level Overview

- II. Questions



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Office of Tribal Affairs and Policy

SAMHSA's Performance Accountability and Reporting System (SPARS) Overview



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Data Reporting Requirements Overview

- Per the FOA, all grantees are responsible for reporting program-level and/or client-level data
- SPARS allow grantees with the capacity to report data via batch uploading to do so if requested
 - More information on this will be provided soon



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Data Collection Requirements - Specifics

- Data will be entered into SAMHSA's Performance Accountability and Reporting System (SPARS)
- Grantees providing client-level treatment or recovery services will be required to report client-level data on elements including, but not limited to: diagnosis, demographics, substance use, services received, types of MAT received, etc.
- Two Data Collection components:
 - Program-Level Instrument (collected quarterly)
 - Client-Level Instruments
- Grantees may use **up to 25 percent** of their grant award for Data Collection and Performance Assessment and Infrastructure Development



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Grantee - Level Questions

- All TOR Grantees Report Program-Level Data
 - Data will be collected quarterly and reported in SPARS.
 - Information will be due 30 days after the end of the reporting period.
 - Questions cover:
 - Availability, distribution, and use of naloxone overdose reversal kits
 - How many naloxone kits purchased
 - How many naloxone kits distributed



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Client-Level Data Collection

- Client-level data collection is required for all clients receiving treatment or recovery services
- Data collection is required at:
 - Baseline (Intake)
 - Six-month follow-up
 - Discharge
- Grantees are required to achieve a six-month follow-up rate of 80%
- Grantees will be provided access to SPARS



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Client-Level Data Collection Sections: Baseline

- Standard questions asked across all Discretionary Grant Programs
 - Section A - Record Management
 - Behavioral Health Diagnoses
 - Planned Services –Intake Only
 - Demographics – Intake Only
 - Military Family and Deployment
 - Section B - Past 30-day use of Drug and Alcohol Use*
 - Section C – Family and Living Conditions*
 - Section D – Education, Employment, and Income*
 - Section E - Crime and Criminal Justice Status
 - Section F – Mental and Physical Health Problems and Treatment/Recovery; Violence and Trauma*
 - Section G - Social Connectedness*
 - Section I – Follow-Up Status
 - Section J - Discharge Status
 - Section K - Services Received

*SAMHSA's National Outcome Measures



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TOR Grantees GPRA Orientation Steps

Grantees should ...

- Discuss their specific data collection requirements per the grant applications with their GPOs to determine performance reporting obligations
- Review the updated guides and data collection tools
- Contact their GPOs to discuss specific training and technical assistance related to new GPRA tool questions
- Begin collecting and entering required information as soon as possible
- Discuss any data-collection questions or concerns with their GPOs



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Thank you.

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

Darren Fulmore

240-276-2824

Darren.fulmore@samhsa.hhs.gov

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Questions



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TI-19-012 Tribal Opioid Response (TOR) Division of Grants Management

Nichol Cleveland
Grants Management Specialist
Office of Financial Resources (OFR)
Division of Grants Management
Telephone Number: 240-276-0101

October 28, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

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Topics

- ✓ *Notice of Award (NoA)*
- ✓ *Payment Management System (PMS)*
- ✓ *SAMHSA and Recipient Roles and Responsibilities*
- ✓ *Post Award Actions*
- ✓ *Post Award Actions that require Prior Approval*
- ✓ *Reporting Requirements*
- ✓ *eRA Commons*

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Notice of Award (NoA)

- ✓ **Notice of Award (NoA) – A legal document issued to the applicant organization**
- ✓ **It contains legally binding terms and conditions, award expectations, reporting requirements, and instructions on how funds may be requested.**



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Notice of Award (NoA)

Contents of Notice of Award:

- ✓ Grant Award Number:
- ✓ Program Director's Name
- ✓ Grantee Address/Business Address
- ✓ Budget and Project Periods
- ✓ Award Data/ Award Calculations – Section I
- ✓ Summary Totals for All Years – Section I
- ✓ Payment Information – Section II
- ✓ Terms and Conditions – Section III
- ✓ Program Income - Section III
- ✓ Special Terms and Conditions – Section IV
- ✓ Reporting Requirements – Section IV
- ✓ Contacts – Section IV



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Program Support Center Payment Management System

- ✓ **Payments – a recipient indicates acceptance of an award and its associated terms and conditions by drawing down the funds from the designated HHS Payment Management system.**



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Program Support Center Payment Management System

- **Recipients request funds from HHS/PSC's Payment Management System (PMS)**
- **Recipients that are not on Restricted Status may make electronic funds transfers payment requests as often as needed: (daily, weekly, monthly, etc.)**
- **Drawn funds must be expended within three business days!**



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Recipient Roles and Responsibilities

- **Authorized Organization Representative (AOR)** –(Shown in eRA as “SO”)
 - This person is authorized to sign the grant application as the official representative of the applicant organization and to act on behalf of the applicant and assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply grant applications or awards, including the fiduciary authority/responsibility.
- **Project Director (PD)** - the individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation and evaluation.
- **Business Official (BO)** - the individual identified in the application as being the primary party responsible for overseeing the financial aspects of the grant (i.e. Authorized Representative/Official, Accountant, Bookkeeper)



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Post Award Actions-Prior Approval

- **Some Post Award Actions require explicit prior approval from the SAMHSA Grants Management Officer (GMO),** in the form of a revised Notice of Award (NoA) before being implemented.
- Those instances where approval is required are referred to as grant post award amendments.
- Failure to obtain prior approval, when required, may result in the disallowance of costs, termination of an award, or other enforcement action.



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Common Prior Approval Activities

- ✓ Significant Re-budgeting (greater than 25% of your approval budget)
- ✓ Transfer of substantive programmatic work to a contractor
- ✓ Change of Key Staff (Project Director)
- ✓ Change in Key Staff Percent of Effort or Level of Work
- ✓ Change in Scope of Work
- ✓ Alterations and Renovations (A&R)
- ✓ Carryover of unspent funds over 25%
- ✓ Change of recipient organization, contractor or sub-Recipient
- ✓ No- Cost Extensions
- ✓ Purchase of Equipment in excess of \$5,000
- ✓ Transfers & Relinquishments (Successor-In-Interest)

Although not necessarily post-award changes, the following also require prior approval:

- ✓ Restricted Status – Advance & Reimbursement Payments



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Prior Approval – Change of Key Staff Cont. (Project Director)

Processing a key staff change:

- **The prior approval request must contain the following:**

1. Cover Letter/Narrative
 - **Explain and support the need to change the key personnel and/or change the LOE dedicated to the award.**
2. A curriculum vitae, resume, or biographical sketches for any new key personnel.
3. A position description for any new key personnel
4. The HHS Checklist
5. Describe the proposed duties or responsibilities that have changed, if any, and why
6. The proposed PD's eRA Commons ID must accompany the request.

***Information on the eRA Commons registration process for the PD is available at Instructions for SAMHSA Recipients Commons ID**

7. In addition to the information and supporting documentation described above, remember to follow the steps for submitting a prior approval request.

ERA INSTRUCTIONS ARE AVAILABLE ON THE ERA SLIDE.



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Prior Approval-Change of Key Staff Cont. (Project Director)Director)

Processing a key staff change:

The prior approval request must contain the following (Cont.):

8. Discuss the impact, if any, that the change in personnel or LOE will have on the budget and scope of work for the approved grant.
9. If the change in key personnel or the level of effort falls below the budget revision threshold, then the letter must include the statement. Also, identify the annual salary and level of effort of the proposed key personnel.
10. If the changes in key personnel or the level of effort requires a budget revision (i.e. exceed 25% of the approved budget, or \$250,000, whichever is less), then a revised SF-424A, line item budget, and budget narrative for the budget year (including annual salaries and the percentage of LOE) the formatting requirements outlined in the Funding Opportunity Announcement.



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Prior Approval - Significant Re-budgeting (greater than 25% of your approval budget)

Prior Approval is required for:

- Significant Re-budgeting - Cost modifications that exceed 25% of the total approved budget, or \$250,000, whichever is less.

Exceptions to the rule (Prior Approval is always required for:)

- Recipients classified as "Restricted Status"
- Reallocation of funds to a budget category initially funded at "\$0"
- Purchase of a unit of general purpose or special purpose equipment exceeding \$25,000
- Changes in applicant cost sharing or matching



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Prior Approval - Change in Scope of Work

Prior Approval is required for:

A significant change in the scope or objectives of the federally supported project activities identified and approved in the originally funded application.

Common Indicators of Change in Scope

- Change in Service Area
- Change in Goals and Objectives
- Transfer of the performance of substantive programmatic work to a third party (contractor or subgrantee)



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Prior Approval - Change of Recipient Organization

Prior Approval is required for:

- Change in Legal Name
- Legislative changes by State or local governments
- Acquisitions, mergers, divestiture, or other changes
- Bankruptcy and closure
- Award relinquishment



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Prior Approval -Carryover of Unspent/Unobligated funds

Carryover - carryover occurs when an unobligated balance of funds (from the previous budget period) is authorized for use in the current budget period.

(For TOR grants – Carryover will be from Year 1 to Year 2 (you must already be in Year 2))

Prior Approval is required for:

- Formal Carryovers – the request to carryover an unobligated balance of more than 25 percent of the award amount.
- Restricted Status recipients

Carryover can be found at:

<https://www.samhsa.gov/grants/grants-management/post-award-amendments>

SAMHSA specific videos on the submission of Post Award Amendments through eRA can be accessed at: https://era.nih.gov/era_training/samhsa_videos.cfm



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Processing Post-Award Actions – Prior Approvals

- Only responses provided by the Grants Management Officer (GMO) are considered valid. If SAMHSA approves the request, an amended NoA will be issued. Verbal authorization is not approval and is not binding on SAMHSA.

Recipients that proceed on the basis of actions by unauthorized officials do so at their own risk, and SAMHSA is not bound by such responses.



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Federal Financial Report (FFR) (SF 425)

The Federal Financial Report (FFR) (also known as an SF-425), is due to SAMHSA within 90 days after the end of each budget period (by December 30th) and is submitted through the eRA System.

Refer to your Notice of Award for the due date to submit the Federal Financial Report (FFR) to SAMHSA.

Additional guidance to complete the FFR can be found at:

<http://www.samhsa.gov/grants/grantsmanagement/reporting-requirements>

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.



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Federal Cash Transaction Report (FCTR)

Recipients use the FCTR to report award specific cumulative cash outlays of payments. **FCTR reports are due to PMS not SAMHSA**

- The FCTR is utilized by the HHS Division of Payment Management Services which administers the Payment Management System (PMS).
- If the FCTR quarterly report is not filed before the due date, temporary suspension of funding privileges in PMS will occur.
- Additional information on the FCTR is available at the DPM Home Page <https://www.dpm.psc.gov>



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Federal Cash Transaction Report (FCTR)

Be sure to submit your Federal Cash Transaction Report (FCTR) on time. If PMS does not receive your report by the due date, funds may not be released until the report is completed.

For disbursement activity during the months of: The FCTR is due on:

- October 1st through December 31st - 1st Qtr. January 30th
- January 1st through March 31st - 2nd Qtr. April 30th
- April 1st through June 30th - 3rd Qtr. July 30th
- July 1st through September 30th - 4th Qtr. October 30th



Federal Financial Report (FFR)

FEDERAL FINANCIAL REPORT									
1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachments)			3. Page of				
4. Recipient Organization (name and complete address including ZIP code)									
5A. GUNB Number	5B. EIN	6. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachments)			7. Report Type (I) Quarterly (II) Semi-Annual (III) Annual (IV) Final	8. Basis of Accounting (I) Cash (II) Accrual			
9. Reporting Period From (Month, Day, Year)				10. Reporting Period To (Month, Day, Year)		11. Reporting Period End Date (Month, Day, Year)			
12. Transactions					Cumulative				
(List lines and/or single or multiple grant reporting) (Report cash (to report multiple grants, also use FFR Attachments): a. Cash Receipts b. Cash Disbursements c. Cash on Hand (end of month) (List lines for the entire grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds obligated e. Federal share of expenditures f. Federal share of unobligated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (end of month) Recipient Share: i. Total recipient share reported j. Recipient share of expenditures k. Remaining recipient share to be provided (end of month) Program Income: l. Total Federal program income earned m. Program income expended (in accordance with the budget/alternative) n. Program income expended in accordance with the budget/alternative o. Unexpended program income (end of month) 13. Federal Expenditure: a. Type b. State c. Federal Form d. Period To e. Base f. Amount Charged g. Federal Share 14. Remarks: Attach any enclosures deemed necessary or information required by Federal sponsoring agency in accordance with governing legislation. 15. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties (31 U.S.C. Title 31, Section 1001) a. Types of interest names and title of authorized certifying officer b. Signature of Authorized Certifying Officer c. Date Report Submitted (Month, Day, Year) d. Agency use only									



Audit Reporting

Recipients must conduct and submit a single or program-specific audit conducted for that year if they expend \$750,000 or more in total federal funds during the recipients fiscal year, per 45 CFR Part 75, Subpart F – Audit Requirements

- The audits must be submitted to the Federal Audit Clearinghouse (FAC) the earlier of 30 calendar days after receipt of the auditor's report or 9 months after the end of the audit period to <https://harvester.census.gov/facweb/>.



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Continuation Grant Application

- SAMHSA specific videos on the submission of Continuations through eRA can be accessed at:
- https://era.nih.gov/era_training/samhsa_videos.cfm



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eRA Commons

All SAMHSA grant recipients must be registered in NIH's eRA Commons. Find more information about the registration process at: https://era.nih.gov/registration_accounts.cfm

If you have any questions regarding accessing and navigating eRA Commons, please contact the **eRA Service Desk** at:

- Toll-free: 1-866-504-9552 (Press 1 for eRA Commons or ASSIST)
- Phone: 301-402-7469 (Press 1 for eRA Commons or ASSIST)
- Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)



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HHS Grant Regulations

45 CFR PART 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS

Recipient Type	Uniform Admin Requirements	Cost Principles	Audit Requirements
State & Local Governments	45 CFR Part 75, Subpart C and D	45 CFR Part 75, Subpart E	45 CFR Part 75, Subpart F
Colleges & Universities	45 CFR Part 75, Subpart C and D	45 CFR Part 75, Subpart E	
Non-Profits		45 CFR Part 75, Subpart E	



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Useful Resources

- **SAMHSA Grants Management:**
<http://www.samhsa.gov/grants>
- **Payment Management System:**
<https://www.dpm.psc.gov>
- **45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**
<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&ty=HTML&h=L&r=PART&n=pt45.1.75>
- **Grants Policy Statement:**
[Http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf)
- **System for Award Management (SAM):**
<https://www.sam.gov>
- **eRA:** <https://era.nih.gov/>



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Useful Resources (con't)

Payment Management System: <https://www.dpm.psc.gov>

45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&ty=HTML&h=L&r=PART&n=pt45.1.75>

Grants Policy Statement: [Http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf)

System for Award Management (SAM): <https://www.sam.gov>

eRA: <https://era.nih.gov/>

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Questions



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Technology Transfer Center (TTC) Program Overview

Humberto Carvalho, MPH
Project Officer
Substance Abuse and Mental Health Services Administration
Humberto.Carvalho@samhsa.hhs.gov

Pam Baston, MPA, MCAP, CPP
Technical Expert Lead (TEL); JBS International



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SAMHSA website Practitioner Training

<https://www.samhsa.gov/practitioner-training>

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

Home | Site Map | Contact Us

Search SAMHSA.gov

Find Treatment **Practitioner Training** Grants Data Programs Newsroom About Us Publications

Practitioner Training

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.

Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare and...

State Targeted Response Technical Assistance (STR-TA)

The State Targeted Response (STR) Technical Assistance (TA) Consortium was created to support efforts in addressing opioid use...

PCSS Providers' Clinical Support System

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT)

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is a national training and clinical...

Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental illness (SMI)...

Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-level...

Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing...

Additional Practitioner Training Initiatives

BRSS TACS

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TTC Centers and Websites

**Addiction Technology
Transfer Centers
ATTC**

<https://attcnetwork.org/>

**Mental Health Technology
Transfer Centers
MHTTC**

<https://mhttcnetwork.org/>

**Prevention Technology
Transfer Centers
PTTC**

<https://pttcnetwork.org/>

MAIN TABS

Your ATTC: Find your center

Education: Training and events

Resources: Products & Resources catalog

Projects: Areas of focus, special projects

Communication: News, messages, newsletters

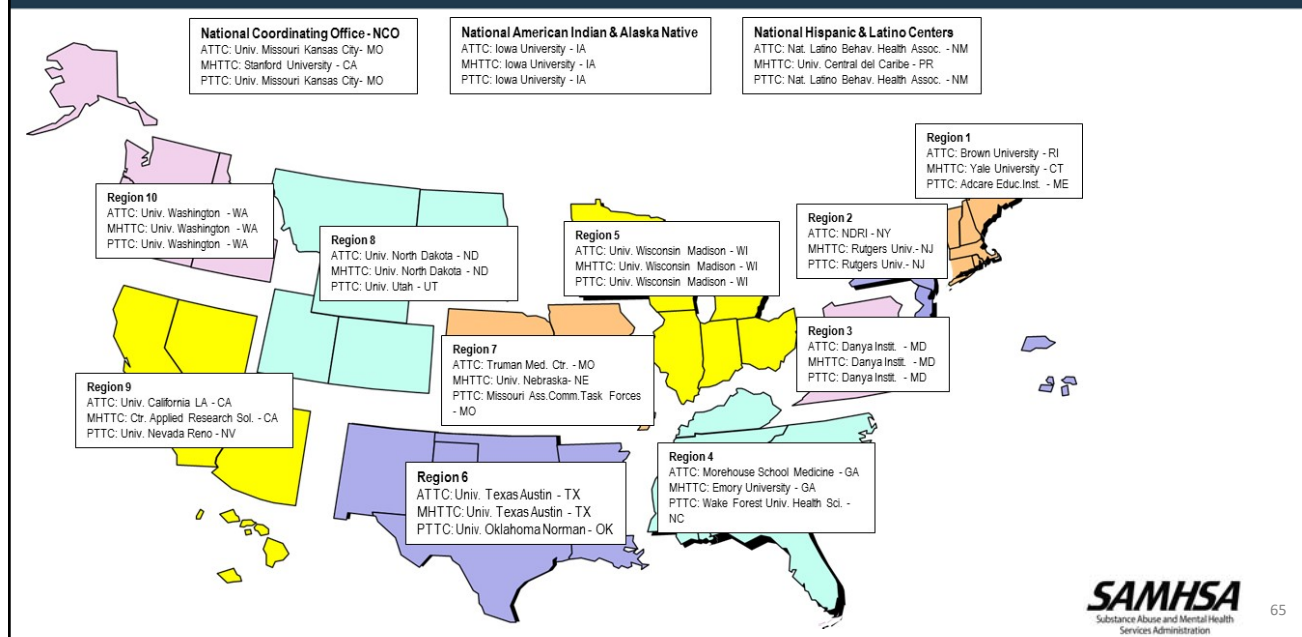
About: general information

→

One-stop shop online portal for the TTC program

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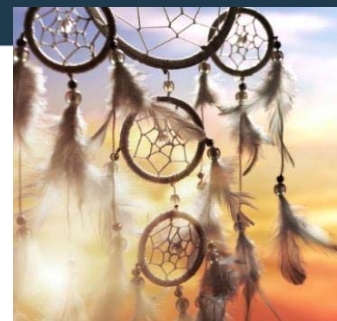
Technology Transfer Centers (TTC)



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TA and Training Modalities

- Information dissemination (electronic publications, email distribution, social media);
- Learning events (in-person training, conference, training-of-trainers, webinars);
- Virtual learning communities;
- Online courses (instructor-led, self-paced);
- Intensive technical assistance (connected learning series, peer learning networks, ECHO training);
- Product development (assessment tools, curriculum, mobile apps, multi-media resources, slide sets);
- Consultation and Technical Assistance (virtual and in person).



SAMHSA
 Substance Abuse and Mental Health Services Administration

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AI/AN ATTC and Resources for TOR Grantees

<https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/home>

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 TOR Resource Page
 TOR Technical Assistance Webinars

Tribal Opioid Response (TOR) Program
 Helpful resources in the planning and implementing of your tribe's opioid response plan
 Learn More

National American Indian and Alaska Native ATTC
 Our National Center provides education and training opportunities for individuals and groups involved in providing substance abuse treatment and counseling, including health professionals in primary prevention and treatment for substance abuse. We are housed in the University of Iowa College of Public Health, but offer services nationwide for consulting, technical assistance, and continuing education seminars. We focus specifically on the American Indian and Alaska Native (AI & AN) communities.
 Our mission is to serve as national subject matter experts and key authorities on resources for the adoption of culturally appropriate addiction treatment/recovery services. In these roles, we aspire to support professionals working with AI & AN clients suffering from substance use and other behavioral health disorders, prominently including the AI & AN behavioral health workforce, using recognized state-of-the-art technology transfer principles.
 Sincerely,
Anne Helene Skinstad, PhD
 Program Director, Clinical Professor, Department of Community and Behavioral Health, University of Iowa College of Public Health

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 Sincerely,
Anne Helene Skinstad, PhD
 Program Director, Clinical Professor, Department of Community and Behavioral Health, University of Iowa College of Public Health

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Sample TA Available

- Webinars
- Learning Communities
- Template and Tool Development
- Grantee TA Meetings
- Peer-to-Peer Assistance
- Face-to-Face TA



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Available TA Tools

JOB DESCRIPTION

Title: TRIBAL OPIOID RESPONSE (TOR) PROJECT DIRECTOR
Supervisor: XXXXX

NOTE: This position requires prior approval by SAMHSA after review of credentials of staff and job descriptions.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

The Project Director will ensure that implementation activities of the TOR initiative align with SAMSHA's stated TOR goals and expectations to:

- Increase access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). (The Funding Opportunity Announcement states "All grantees are required to prioritize the delivery of MAT services.")

Tribal Opioid Response (TOR) Project Director Interview Questions

Applicant Name: _____ Interviewer Name: _____
 Interview Date: _____

The interviewer can ask the applicant to describe and rate their experience with each of the TOR-relevant work areas according to the scale below:

- 1 = Solid experience (3 or more years)
- 2 = Some experience (e.g., 1-2 years)
- 3 = No experience

Experience	1	2	3	Examples/Notes
Effective substance use disorder (including opioid use disorder) prevention, treatment, and recovery support experience and co-occurring mental health disorder experience				
Experience managing or delivering prevention, treatment, and/or recovery support to AI/AN persons with substance use disorders (SUDs)				



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Tools to Minimize “Drift”



Tribal Opioid Response (TOR) Implementation Plan Technical Assistance (TA)

This **optional** TA tool is designed to assist Tribal Opioid Response (TOR) grantees that need assistance in developing an implementation plan to organize and guide their grant activities. This TA tool includes three parts:

- ▶ Practical instructions for completing an Implementation Plan
- ▶ A sample Implementation Plan (partially completed)
- ▶ A blank Implementation Plan template for use or adaptation

Practical instructions for completing an Implementation Plan

Get a copy of the grant application your tribe submitted on August 24, 2018 in response to the Substance Abuse and Mental Health Services Administration (SAMHSA) Funding Opportunity Announcement (FOA) No. TI-18-016.

Turn to **Section B: Proposed Implementation Approach**.

Review the grant goals and activities your tribe committed to implement in Section B of your application. Identify the relevant narrative (see sample provided below) for inclusion in an Implementation Plan. If your tribe identified goals, objectives, or strategies in Section B, that content would also represent possible actions to include in your Implementation Plan.

SECTION B: PROPOSED IMPLEMENTATION APPROACH

Our tribe will implement evidence-based treatment, including medication-assisted treatment (MAT), using at least one of the three FDA-approved medications for the treatment of OUD. Our project staff will conduct outreach in key tribal community locations to identify tribal members with opioid use disorder (OUD) and connect them to OUD treatment and recovery. Our tribe will also implement traditional practices including holistic approaches with an emphasis on culture and traditional wisdom, and community empowerment.

Note: The shaded text above has been labeled Activity 1, 2 and 3 in the sample Implementation Plan below and relevant action steps have been created and added.



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TA includes sample templates for your use or adaptation

Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe.

1. Required Activities				
Grantees are required to implement the activities below on which your program will focus – Funding Opportunity Award (FOA) pps. 5-7 For each item below, please create objectives and associated actions above.				
Use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe. Plans must be completed within 60 days of award. Tribes may use existing plans if available (FOA pps. 5, 6, 7).				
Objective 1	Activities	Responsible Party(ies)	Target Date	Date Completed
	What specific activities need to be completed to meet the objective?			
	1.1.1:			
	1.1.2:			
	1.1.3:			
Objective 2	Activities	Responsible Party(ies)	Target Date	Date Completed
	What specific activities need to be completed to meet the objective?			
	2.1.1:			
	2.1.2:			
	2.1.3:			



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TA includes sample templates for your use or adaptation

Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe.

1. Required Activities (ALIGN WITH YOUR SUBMITTED FOR APPLICATION)				
Goal 1: Increase tribal member access to Medication-Assisted Treatment (MAT).				
Objective 1.1	Activities	Responsible Party(ies)	Target Date	Date Completed
By 12.30.18, secure agreement from two MAT prescribers to serve our tribal members with OUD.	What specific activities need to be completed to meet the objective?			
	1.1.1: Identify potential OUD prescribers.	YYZ Medical Director	11.20.18	
	1.1.2: Connect potential OUD prescribers to MAT waiver training (24-hour DEA waiver education) and cultural competency training.	YYZ Project Director	11.30.18	
	1.1.3: XXX	XXX	X/X/X	
Objective 1.2	Activities	Responsible Party(ies)	Target Date	Date Completed
By 11.30.18, onboard two OUD clinical staff and one outreach worker to deliver TOR therapeutic and outreach services.	What specific activities need to be completed to meet the objective?			
	1.2.1: Advertise clinical staff openings using tribal multimedia sources.	YYZ Human Resource Director	11.20.18	
	1.2.2: Hire and train clinical staff (include SAMHSA's opioid and other resources).	YYZ Project Director	12.20.18	



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National Tribal Behavioral Health Agenda



THE NATIONAL TRIBAL
BEHAVIORAL HEALTH AGENDA
DECEMBER 2016

Tribal entities are encouraged to incorporate TBHA foundational elements, priorities, and strategies as appropriate. The TBHA can be found for free at

<https://store.samhsa.gov/system/files/pep16-ntbh-agenda.pdf>



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Workforce Development TA

Implement workforce development activities to ensure that individuals working in tribal communities are well versed in strategies to prevent and treat opioid misuse.



Stigmatizing vs. non-stigmatizing language

Dated Language Instead of ...	Use Preferred Language	Rationale
Drug-addicted babies/opioid babies	Babies experiencing neonatal opioid withdrawal (NOW) or neonatal abstinence syndrome (NAS)	Babies can be born "dependent" on a substance used by their mother but cannot be born "addicted." Addiction requires meeting a number of criteria such as the inability to control or reduce use; continue use despite adverse consequences, and more.



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Practice Tools: Case Study

AI/AN ATTC TOR Case Study:
Supporting Pregnant Women with Opioid Use Disorder (OUD) and their Infants



Tool for Preparing the Workforce for Work
with this Population of Focus



Case Study: Review this slide first and think through your responses. Then review the remaining slides to identify any additional key information for consideration.

- Oriya, is 25, 7-months pregnant and has an 8-year long opioid use disorder (OUD).
- She was just admitted to treatment at the Four Winds Outpatient Treatment program.
- As Wren, a new Four Winds Care Manager, began to prepare for her first meeting with Oriya, she wondered what to expect and how she might best help Oriya prepare for her pending delivery and her post partum life in recovery.
- If you were the case manager (Wren), what challenges might you anticipate and what supports would you consider putting in place?
- What information would you need to know and ensure Oriya and other pregnant women like her are informed about for their safety and the safety of their child?



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Leveraging existing SAMHSA tools to meet TOR grantee needs

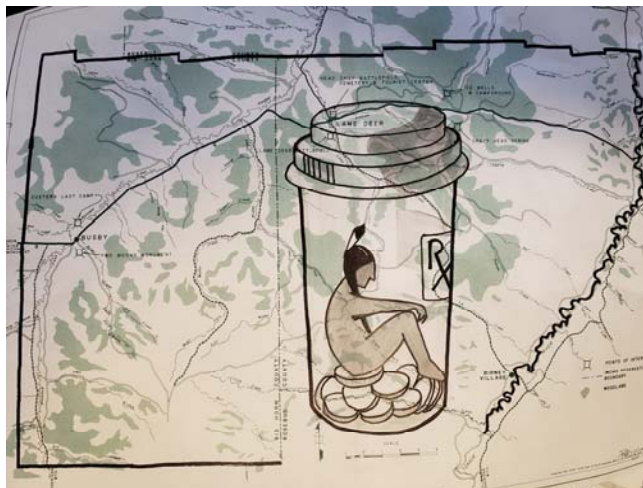


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TOR Peer Resources



Poster by: California Consortium for Urban Indian Health and CRIHB



Graphic created by: Northern Cheyenne Tribe



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Leveraging the great work of your peers

TO REDUCE TREATMENT COSTS, THE YAKIMA NATION MAKES ALL PATIENTS APPLY FOR MEDICAID TO CONFIRM ELIGIBILITY. THIS PROCESS HELPS IDENTIFY PATIENTS WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TREATMENT.

YAKIMA NATION

THE YAKIMA NATION CREATED A RADIO CAMPAIGN CALLED "NOT ON MY RES" TO TEACH YOUTH ABOUT THE DANGERS OF OPIOIDS.

TRIBAL RADIO PERSONALITY: YAKIMA NATION



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Leveraging the great work of your peers

THE CONFEDERATED TRIBES OF WARM SPRINGS CONDUCTS A NATIVE AMERICAN OPIOID TRAINING ACADEMY USING THE CATCH PHRASE “PAIN IN THE BRAIN” TO DRAW ATTENTION TO THE RISK OF OPIOID USE.

CONFEDERATED TRIBES OF WARM SPRINGS

“AT PEER RECOVERY TRAINING HELD EVERY OTHER MONTH, PEER RECOVERY SPECIALISTS BUILD A NETWORK CALLED “SMUDGE ME. DON’T JUDGE ME.”

SHOSHONE-BANNOCK TRIBE



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More Resources



Moving from Information Sharing to Action Plan: 2019 Update



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Please don't hesitate to reach out to us!



Sean Bear
Co-Director



Anne Helene Skinstad
Program Director

ATTC



Jeff Ledolter
Program Manager

Steve Steine
Program Manager



Monica Dreyer Rossi
Program Manager,
Leadership Academy



Kate Thrans
Communications
Specialist

PTTC



Cindy Sagoe
Program Manager

MHTTC



Megan Dotson
Program Manager

Natasha Peterson
Program Manager

*Not Pictured: Dara Jefferson, MA, PhD Student, Arapaho/Meskwaki Tribal Member; Noah Segal, MPH student; Thomas Romano, MPH/MD student; Emily Shaw, MPH Student; Bikere Ikoba, MPH Student

