

**TTI 2021 Q & A Session**  
**November 10, 2020 at 3pm ET**

**NASMHPD and NASMHPD Research Institute (NRI) Team**

- David Miller: Project Director
- Leah Holmes-Bonilla: Senior Training and Technical Assistance Advisor
- Greg Schmidt – Contract Manager (Greg is best person to contact for any questions on the contract. He has been on the state-side of these contracts and is happy to help.)
- Anthony McRae, Nili Ezekiel: Program Specialists
- Kelle Masten: Senior Project Associate
- Brian Sims: Senior Medical Advisor for NASMHPD. Psychiatrist by trade, with years of experience working with correctional facilities and diversion. He is excited to be a resource for TTI recipients in the areas of Topics B and C.
- Tim Tunner: Technical assistance. Can help with peer support specialist information or other TA questions and needs (TTI or beyond).
- Robert Shaw and Kristin Neylon: NASMHPD Resource Institute (NRI). Ted Lutterman from NRI will also be assisting.

**David Miller's Introduction**

- NASMHPD's priority is to make this process as easy as possible. NASMHPD will provide TA, logistical support, and answer any questions throughout the proposal and project process.
- Advice: Do not make the proposal harder than it needs to be. SAMHSA has designed the project to allow NASMHPD to ask for very straightforward proposals. The purpose of the proposal is to let SAMHSA know what you will be doing with the funds to leverage their impact (a bigger picture view). We ask for an initial timeline from January to August. We are fortunate that we are allowed to use a fixed-price contract (cost reimbursement, paying for outcomes). States will receive their funding through NASMHPD's receipt of the monthly reports and final reports. Any residual funds that have not been spent (usually 75% remains) will be used after the monthly reports are completed. Then the 18-month timeline can be created. And NASMHPD will continue to keep in contact with you over this time in order to keep SAMHSA updated on your project progress and outcomes.
- Review process: There are review committees from SAMHSA and NASMHPD to evaluate proposals. SAMHSA will pick 40, and then looks at NASMHPD's feedback. NASMHPD has folks with lived experience evaluate the applications to make sure they are recovery oriented.

**Q & A Section**

**Question: Who will be the TA provider? Do we have a choice, or no? Will we have access to technology to help with preliminary mapping we are doing in our state?**

Answer: You can choose any provider you would like. It could be someone your state has collaborated with before, someone your jails systems have collaborated with before, or a new provider. There will be access to technology, which NRI can help with as well.

**Question: What does the fixed rate contract mean?**

Answer: In this contract, NASMHPD sends a check for each monthly report. NASHMPD funds your project through these payments. You will have received your full funding by August but can continue to use the funding afterwards. If you will use a **subcontract** (ex. a university), **please indicate this in the proposal**, because it will make it easier for approval. If you are using a consultant, it is not as important. This project really is dictated by what the state would like to do, and there is not usually pushback on this from SAMHSA.

A contract can be signed as early as January, but most likely in February. The clock starts in January (January-August reports and a final report). For example, if your contract is signed in February, you would owe a January and February report on March 1<sup>st</sup> (We know there would not be much info on the reports. The reports are to trigger the percentage of the funding). You will get your funding each month. By the time you are ready to get your project going, you should have a chunk of funding. It is expected that the first month or so will be spent in planning and team building. This should be part of your first few monthly reports.

**Question: How much is the contract for?**

Answer: The award is for \$150,000.

**Question: Is the funding from this grant to be used for jails only or can it be used in our prison as well?**

Answer: SAMHSA is focused on lower offenses, which means that the funding is for jails only.

**Question: Are there 40 awards total, or 40 in each category?**

Answer: There are 40 total. States can apply for multiple awards. Besides the 23 states who already received funding for bed registries, states could apply for all 3.

**Question: If you can put in applications for each topic, is that splitting the maximum award across the topics or does that triple the money states can be awarded?**

Answer: You could conceivably receive 3 awards of \$150,000 each. You can apply for multiple topics, but you can only receive one within EACH topic. You could receive up to 3 awards for a total of \$450,000, if you have not already been awarded for Topic A (Bed Registry).

**Question: Are the funds meant to purchase technical assistance services to improve our work?**

Answer: We want your award dollars to go to your project. If there is something that you need that our SMEs can't cover (ex. a training from a certain group), we have TA funding to reach out and contract. We don't want to use your \$150k, we can use our limited TA funds from SAMHSA for that.

**Question: Are there any restrictions on what you can spend the funds on?**

Answer: You cannot spend the funds on travel, food, software, computers, hardware, or renovations. It is the same kind of restrictions that are unallowable in grants. We discourage any type of equipment. When you buy equipment with these funds, SAMHSA will own that equipment and it will have to be returned.

Funding can be used for stipends. For example, if you have peer specialists, you cannot pay for their travel to come to attend a training, but you can pay them for their time with a stipend, which they may use for any costs they incur.

**Question: The application states that funds cannot be used for computers or administrative purposes. Is it allowed to purchase tablets for use as a part of a program strategy such as mobile work or telehealth?**

Answer: Tablets and similar products fall under personal property, which is not allowable. Or, you would have to return the product in September.

**Question: Can equipment be purchased to support telehealth services?**

Answer: Equipment is off limits. Support for telehealth, like the ability to have Zoom, would be different. But actual equipment is not allowable. If SAMHSA funds the equipment they'll need to get it back.

**Question: You also mentioned no software. But Topic A is for a registry - probably electronic - so would we be able to purchase the development of a software to create the registry?**

Answer: The software restriction is mostly for office type software. If you are using a custom software, or modified OTS software specifically for specialized software like the bed registry, that could be budgeted, and could be acceptable. We allowed the past 23 states to buy software. Since it is the focus for Topic A this year, it should be allowable – please put it in your proposal. We will be able to use the same justifications as we did before, but only for Beds Registry projects.

**Question: Could these funds be utilized for mental health courts?**

Answer: They could: This falls in line with Topic B. However, if there is a huge interest in Topic B, SAMHSA will be looking at which projects focus on up the road interventions and diversion. They would rather you spend your money on someone not even have gotten to the point where they are in a MH court (before jail, keeping them from any type of police involvement). Please see the National Guidelines for more information. It would be allowable but maybe not preferable, especially if applications are competitive.

**Question: Can you speak a little bit about how to game plan for possible COVID-related delays in implementation between January-August? Particularly for projects that might involve correctional settings.**

Answer: Many projects had to adapt last year and did so successfully. We plan to give the flexibility to maneuver through. Put a timeline together that does not reflect COVID (what we would do pre-COVID), and once you're awarded, we have the flexibility to build a flexible timeline. There are examples of states who adjusted when they had been planning on working in hospitals. For example, in MA, they shifted from older peer specialists in hospitals to peer specialists for adults who hoarded. Your timeline can say what you plan to do, but it is good to have a plan for what you could shift to if needed.

There will be barriers with or without COVID. We want you to be able to use the funding in the best way you can. Once you create your contract, we will ask you to take the specificity out of it in order to create your scope of work. For example, if your scope of lists that you will work with 5 community organizations and you only work with 4, we will have to hold you to the 5. If your scope of work is vaguer, we can be flexible as things come up.

**Question: What other types of TA have been funded for Topics B and C? Can you explain if funds are meant for trainings or services?**

Answer: In the past, we have contracted with RI International who did a series of trainings for BR states. As you have needs in Topics B or C, for instance, we have in-house folks and can also reach out to outside folks for how to set up crisis system and centers. You can use your funds for anything as long as it isn't on the list of aforementioned items. Your \$150k is very flexible.

**Question: Should we include letters of support from community partners that are part of our project?**

Answer: You can add appendices. We wanted to make it as simple and straightforward as possible. SAMHSA calls this tipping point funding, so if you can showcase that their funding is just one of your funding streams, but their funding is really helping push you to where you might not be able to be without this small amount of flexible funding, that is perfect. Feel free to add additional information such as letters of support. Letters from peer and family organizations and groups are great. SAMHSA will be looking for who with lived experience is a part of your process, both in the creation of your proposal and its execution.

**Question: We are interested in developing a comprehensive registry so wanted to look to use the funds to secure some subject matter expertise on different versions available and assist with identify the best fist for our state--is that something that could be considered?**

Answer: Absolutely. You will be receiving something shortly for the 27 states/territories eligible for states, which will likely be less competitive. We think Topic B will be quite popular. For Topic A, NRI and David Morrissette did an incredible job of putting together summaries of what each state did with their systems. This showcases what is possible. We can share this report, which is helpful to see what states were able to do to move forward. Look at WV, for example.

**Question: Do you have to build in an evaluation? What sort of data will be required for reporting?**

Answer: No. For Topic B, where we think there will be the most competition, a state that has an evaluation piece might be more competitive. It does not have to be there but could be a good addition. In terms of what kind of data, it would be to show what you would collect, and your hopes for how you can use the data you collect to further the goal of the project.

**Question: If there is an evaluation component, does that mean that funding can be used to fund the evaluation portion?**

Answer: Absolutely. Countless of previous awards have used 15-20% of funding on evaluation. You do not have to be very specific. You will be doing this as you go on. Focus on saying that you plan to evaluate, what you'll evaluate, and how to use the data after. Use common sense for how SAMHSA will understand what your project's intent will be.

**Closing Comment from Leah Holmes-Bonilla**

We're here to help. The more succinct and straightforward you are, the better. We are excited about these topics that can make a difference. Please don't be shy about asking questions now or via email.