

**SAMHSA Informational Conference Call:  
Community Treatment and Service Centers RFA  
April 12, 2007**

**FTS**

**Moderator: Jean Plaschke  
April 12, 2007  
1:00 pm CT**

Operator: Good afternoon and thank you for standing by. All participants will be able to listen only until the question and answer session of today's conference. At that time, if you would like to ask a question you may do so by pressing star then 1.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

I'd like to turn the call over to your host for today, Ms. Jean Plaschke. Ma'am you may begin.

Jean Plaschke: Good afternoon. I'd like to welcome you all to the conference call.

I'm sorry that we're starting a little bit late but we'll try to get as many questions answered as possible in the time that we have.

I'm the Lead Project Officer for the Community Treatment and Service Centers RFA. And if you need to reach me after this call my contact information is on the bottom of Page 33 of the RFA.

If you have not registered for today's call, we ask that you do that and the information on how to register is a link on the nctsn.org Web site. That's National Child Traumatic Stress Network dot org - nctsn.org Web site.

And just to let you know, we may schedule a second call if all of your questions do not get answered today. And we'll let you know on - through that same Web site the date and time of the future call.

And in addition, there are a number of frequently asked questions that are posted on the Web site and they will be updated regularly. I think that they'll actually even be updated today. If you've looked in the past few days they're going to be updated in the next day or so.

In the room with me are the other Project Officers that work on the National Child Traumatic Stress Initiative Program.

And we also have Sherie Fairfax, who is with the Division of Grants Management, to answer any grants management-related questions you might have.

Between all of us we hope to respond to all of your questions that you may have regarding the RFA.

I want to give you a little bit of a history about the Program before we get into your questions.

The National Child Traumatic Stress Initiative was established by congressional mandate in 2001.

The purpose is to improve the quality, effectiveness, provision and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events, and to encourage and promote collaboration between professionals in the field.

Through a series of grants awarded to treatment centers all over the United States, SAMSHA established the National Child Traumatic Stress Network.

The Network is currently comprised of 45 centers and together these centers are working collaboratively to develop and disseminate effective evidence-based treatments, collect data for systematic study, and help to educate professionals and the public about the effects of trauma on children.

The structure of the Network is made up of 3 components.

The first is the National Center for Child Traumatic Stress. The National Center provides leadership and functions as the coordinating body for the Network.

The second component is Treatment and Service Adaptation Centers. These centers are charged with developing, adapting, implementing and evaluating treatment and service approaches for different types of child and adolescent traumatic events.

TSA centers emphasize developmentally appropriate trauma evaluation and intervention for children and adolescents of all ages, as well the identification, assessment and appropriate treatment of children in specialty child service

sectors at the schools, the juvenile justice system, the refugee service system and the child welfare protective service system.

The third component of grantees which are funded in this announcement that we're discussing today are community treatment and service centers.

These centers implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems and collaborate with other Network centers on clinical issues, service approaches, policies, financing and training issues.

Trauma-informed interventions include clinical treatment, services and practices that intervene directly with children and their families, or that address trauma by intervening with the professionals, organizations and service systems that serve children who witnessed or experienced these traumatic events.

The overall goals of the CPS centers are to identify trauma-informed practices and interventions that address child trauma needs in their communities and collaborate with the TSA and other TCS centers that target similar practice priority areas and to work with other community agencies to transform service delivery approaches so that trauma-informed practices and interventions take root within local community service systems.

Grantees are expected to collaborate intensively within the National Child Traumatic Stress Network for these purposes and for developing child traumatic stress-related products and services for nationwide dissemination.

That's the background and we want to devote the rest of the call to taking your questions.

So (Christine) will you start taking the calls now?

Operator: Thank you, ma'am. At this time if you would like to ask a question please press star then 1. You will be prompted to record your first and last name, and to withdraw your question you may press star then 2.

Once again, if you would like to ask a question at this time please press star then 1.

One moment please.

The first question comes from Mr. (Howard Asaski). Sir you may ask your question.

(Howard Asaski): Okay there are two very brief questions:

One is, with the (unintelligible) Director position. Is that the Center Director or the Project Director? And we were asking about the possibility of - if it's the Center Director being split between two Co-directors who equally share it.

Jean Plaschke: Okay. As the requirement reads in the RFA, the Director - Project Director - must serve at least 50% time on the grant.

(Howard Asaski): Sorry, I can't hear you well.

Jean Plaschke: Okay. The requirement in the RFA is that the Project Director must serve at least 50% time on the grant.

Project Director is not defined in the RFA.

So as it reads, the Project Director must serve 50% time on the grant.

(Howard Asaski): So we understand, we're trying to find out, is that the Center Director or the day-to-day Program Director - the Project Director?

Jean Plaschke: Day-to-day operations.

(Howard Asaski): So in other words there could be Overall Center Directors plus a Project Director.

Jean Plaschke: Yes.

(Howard Asaski): Okay.

Jean Plaschke: Did you have another question?

(Howard Asaski): Yes. The other one - there - it seems to be a change in wording at various times.

At one time it refers - at various times it refers to services and programs.

Other times it specifically mentions service - one service.

And we're trying to determine which is the correct reading.

Jean Plaschke: Can you - we have the RFA in here. Can you tell us where you might be talking about?

(Howard Asaski): Okay. I don't have it right in front of me. But I think its like in Pages 23 and 24 where it specifically refers to the service being provided and then in the bullets underneath it will talk about services at various times.

And that occurs throughout the RFA.

Jean Plaschke: (Unintelligible).

Woman: (Howard), I think we're having a difficulty understanding your interpretation for the question.

(Howard Asaski): Okay the - I don't know.

The question is that should each of the responding centers be focusing on one service or are there multiple services?

In other words, the RFA specifically mentions service in the singular a number of times. But then in sub-bullets they'll be the mentioning of services or programs.

Woman: Okay. I think that's probably just a issue of semantics.

I think with the way the Category 3 RFA is written, you can select, you know, potentially one type of treatment to implement, or you can select more than one.

I think it's really up to the applicant to define what their service is going to be in their program plan and in their application.

So plural versus singular is not an intentional opportunity to say you have to do one or you have to do more than one. I think it might just be semantics and they way service was used in the sentence.

But I don't think - you know, really it's up to your discretion to decide what's appropriate in terms of the services you plan to implement at your center and whether or not you choose to implement one or more evidence-based practice is at the discretion of the applicant.

(Howard Asaski): Okay. And it specifically states not to utilize evidence-based services already within the center as I understand it.

Woman: No. It's my understanding - and I think someone might be able to look up the exact reference for me - that if you're already using evidence-based practice you're able - you can document that in your application.

(Howard Asaski): Okay. Okay. Thank you very much.

Jean Plaschke: You're welcome.

Operator: The next question comes from Ms. Patricia Wilcox. Ma'am you may ask your question.

Patricia Wilcox: Hello. One of the requirements of the RFA is to submit measures and interviewing protocols that you may use. Is it possible that you will also be developing some of the measures and protocols during the grant period and that you may not know all the ones you're going to use prior to the grant?

Woman: Yes, that's fine. That's understandable. It happens on occasion with certain projects. I think you can just make reference to that in the contents of your application and that's fine.

We understand that that does happen.

Patricia Wilcox: Great. Could I ask another question?

Woman: Sure.

Patricia Wilcox: I'm - my question concerns ownership of materials that are generated during the - while working on the grant or while receiving the grant.

I know that it states that things developed under the grant are the product of the Network - I mean, the Network owns them. And yet I also know that people who have received the grants have published books and so forth.

So I wondered if you could speak to the whole question of ownership of work that's done under the grant.

Woman: Okay. I'll try my best to answer that. It's a little bit of a complicated issue, I think.

For something like a book, that's very clear that it's the grantee.

And since he owns the book, we'd ask that you provide us with a courtesy copy if possible so SAMSA has a copy on record if it was partially done with the benefits of some of the research from the - the research of - the service provided under your grant.

Things that we tend to think of as Network-owned really are what we would consider collaborative projects.

So if your center was working with a number of centers on a particular product that was needed in the network - say it was identified through a Network committee. A committee worked on it together and produced a specific product.

That is usually what we would consider a Network-owned product, you know of the Network because it was involved in its development. It's not the product of a single isolated center. That's usually what we'd term, you know, a Network-owned product.

Patricia Wilcox: That's very helpful. Thank you.

Man: (Unintelligible).

Man: Yes, I mean to clarify a little bit about that. The issue is more in terms of ownership, about government ownership of materials that are developed.

Materials developed under a grant from a federal program are in the public domain and the government can use or reproduce or use that material however it wants.

At the same time, products that are developed by individuals under grants, they maintain the intellectual property rights for those products. So that - for example they can't publish a book and receive royalties.

The government could take the materials that are developed under a grant and publish the material itself.

Now sometimes there's a complication in terms of whether or not - because most people that develop products are 100% on the grant, how much of what they do is developed under grant time versus their own time.

So it's somewhat of a gray area.

But it's clear that a lot of products that are developed are collaborative products developed by multiple centers as part of the activities of the Network.

In that case, it's clear that the products are - fall under the - in the public domain and are - the government has access to those materials.

Jean Plaschke: Okay.

Patricia Wilcox: Thank you very - that's very helpful. Thank you very much.

Operator: The next question comes from Mr. James Dahl. Sir you may ask your question.

James Dahl: Yes, thank you. In the RFP I was not clear how much of weight in the total points is awarded to a potential grantee for pre-existing network and dissemination patterns that exist in the community you have access to as opposed to that being a primary task of the grant once the grant is given.

Thank you.

Man: Well, maybe I'll take a chance in answering that.

When you do your application you have to pay particular attention to the specific requirements that are stated in the application - I mean in the RFA.

So those points at which you have an opportunity to describe prior experience or activities that might - led to collaboration within the community would be an adequate answer to some items in the RFA requirements.

But, you know, unless there is a specific question about those activities it doesn't necessarily help you to describe activities outside the specific requirements state in the RFA.

You have to follow very closely the requirements that are requested within the RFA.

Woman: So, for your question Mr. Dahl I think you really - there's a statement of need and readiness which is where you would describe some of things you're mentioning in your question.

So, I think that's the area where you would address those issues.

There's no real - how you specifically asked your question there's no weighting of how much has happened in the community versus how much you will do under that section. It's really just a statement of readiness and responding to those bullets would be sufficient.

Does that help, in terms of your question?

John Dahl. Yes it does. My overall query really has more to do with if a grantee is successful under this procurement it seems to me it'll be a year or two before they're ready to disseminate any kind of product that's unique.

And as a result I'm not clear what networking and other dissemination activities would necessarily take place from a CTS.

Woman: So your question now's about dissemination activities that you as a funded applicant would be responsible for.

John Dahl: Right.

Woman: (Unintelligible).

I think that does vary from center to center depending on where your organization comes in at the time of application. So it's quite understandable that some might take some time before they're able to disseminate products.

But some centers might get involved with Network products that are already being developed or dissemination plans are being drafted for and as part of that might get involved in some of those activities.

So while you might not at the start of your grant have a independent product that you're working on disseminating, you might partner with other organizations that are currently working on products to disseminate at the early part of your grant. So that is a possible activity.

John Dahl: That does help clarify it. Thank you.

Operator: The next question comes from Enid Gonzalez. You may ask your question.

Enid Gonzalez: Thank you. In the Executive Summary there is an - it says "trauma-informed interventions include..." and there's something there's an "or", it says

“provide specialty child service settings for children, adolescents and their families.”

And I wanted to ask what the word “setting” means in that context.

Woman: Are you talking about Page 5 and 6?

Enid Gonzalez: It's Page 4. It's Page 4 says - where it says in italics “trauma-informed interventions include...” If you follow that, it says “professional organizations, community organizations” and then it says “or provide specialty child service settings.”

Man: Well I can answer that.

That refers to - what's characteristic of children's mental health is that children's mental health services are delivered in a number of different settings, not necessarily in the public child mental health service system.

So the mental health services are provided by a lot of child-serving service systems for example schools, in the child welfare system, in the juvenile justice system, in the refugee resettlement programs.

So these specialized child-service service systems are what we refer to as settings in which children receive services.

So the intent of this initiative has always been that the interventions that are developed can be used and be effective in service settings in which children usually receive services.

Enid Gonzalez: Okay. That's exactly what I needed to have clarified. Thank you very much.

Operator: The next question comes from (Regina Dayton). You may ask your question.

(Regina Dayton): Yes. Good afternoon. I'm looking at the bottom of Page 5 where it gives a list of trauma-informed practices and interventions may include but are not limited to....And those bullets then give you general areas, such as psych education, outreach and assessment. I understand that.

Then I look at Page 9 where it talks about what's expected at the end of the first year under 2.3 "Performance Requirements".

And what I'm not sure of - anyway, this looks like a year of quite a bit of planning and consensus building and for what we're looking to do is really necessary. You need that time for full implementation or pilot. You know, to plan to do that.

What I need to know is, though, does the RFA want us to go beyond proposing one of the general or few of the general interventions bulleted under which there are a number of specific modalities that could be proposed?

You know, for instance under "psycho ed" there are a number of specifics that could be there. There's a number of cognitive therapy things that work.

Are we - it sounds to me like you know that in doing this, or especially with a underserved population, you may start with something you're using that worked very much with a US-born population.

But in working with a group that includes people from that community in a year you may find that it needs to be modified or that you need another specific model that falls under "psycho ed" in general.

Am I on the mark at all?

Jean Plaschke: Yes. I'm not sure that I quite understand your question but I'll try. Someone else here might be able to answer it better, but....

You do need to - when you come in with your application you need to come in with identifying your practice or in-common forms of practice or intervention.

And during that first year you can make some modifications based on, you know, your population or as you get started you might see that things aren't working quite as you had hoped.

You can make some modifications during the first year but you do need to come in with your intervention in mind.

(Regina Dayton): Okay. So just for instance -- it would be - would it be fine to say "psycho education" or programs on the impact of trauma and leave it - and talk about some of the options there? Or do we need to specifically say, "We are going to use the parent education model for non-offending care-givers of children who've been sexually abused developed by such and such on such a date?"

Jean Plaschke: The latter. You need to come in with specifics (unintelligible).

Woman: And there's a couple of resources on the website around some trauma-informed interventions and practices.

(Regina Dayton): Yes. We've looked at that.

Thank you. And we've looked at some of them and there's some in effect that work here and since we're looking to outreach to serve - well we serve some of the population - but to improve services to refugees and immigrants. There - you know, we may find there's something significantly different.

Woman: Right. Or you might be able to identify through another source another practice with that population that's not, say, on our Web site that you could make the case for in your application as well.

So, you know, just be mindful that that's one resource. That there are other resources about trauma-informed practices that you might be able to - that you might find that, because of your unique population, might be potentially more effective.

And you could also propose that as well.

(Regina Dayton): Okay. The last question I have is that in a - I'm in Connecticut, a little bitty state.

There are two centers that are funded they are not - that do not deal with child sexual abuse, which is the service that we provide. They deal with children witnessing violence.

But is there a lesser chance, you know, really, just to be honest - that a state as small as Connecticut might receive funding for a third center?

We would be collaborating with the existing centers that look at children witnessing trauma because it's all on trauma. But child sexual abuse hasn't been addressed in that way for this population.

Man: Well one of those centers in Connecticut is a TSA center, which doesn't have the geographical criterion with - for TSA centers the criterion is basically coverage of types of trauma.

There is one other CTS center in Connecticut.

In general...

(Regina Dayton): I know one is Clifford Beard.

Man: Yes. Right.

(Regina Dayton): Okay.

Man: Well in general for community treatment and service centers there is a geographical criterion because we - you know the extremes don't want to have all of our centers in, for example, California.

But in - SAMSHA relies very heavily on the priority score that you receive from a review committee for your application. If you have a high-scoring application, you know, it's very likely that you would - that that score will take precedent over any other criteria, for example the geographical criterion.

The geographical criterion might come into play towards the bottom end of the funding criteria - ranking of priority scores if, for example, we have several in one state and we're either it's a tie or there's two closely - two scores which are very close, one from a center in a state that already has a number of CTS centers and one from a state that has none. That might be a consideration.

But, you know, basically the main criterion that SAMSHA relies on is the score you get from your review committee.

So if you are a highly scored application, you are highly likely to get funded.

(Regina Dayton): Okay. Well good. And we will be working with the existing centers, so.

All right. Thank you very much.

Operator: The next question comes from Leslie Ross. You may ask your question.

Leslie Ross: Thank you. I actually have two questions.

Children's Institute is a formerly funded site so we actually have many of these evidence-based practices in place.

We attended some of the learning collaboratives and we're in the early stages of really training our staff and implementing the models.

So a lot of our goals at this point are going to be more at this point towards getting those systems up and running here and then disseminating them more out in the community.

And I wondered if in writing this we should focus more on our internal development of these practices and products or more on the dissemination piece since we may be at a different place than some of the other applicants.

Woman: I would say that you need to make sure, because of how these applications come in - they're reviewed by a review committee - you need to make sure

that how ever you address your program plan you are still responding to the specific components that are under the review criteria.

So even though you might be in a different stage, you need to make sure that you can still adequately address the sections in that review criteria.

So, you know, when you talk about organizational readiness, you could talk about what you've already done at your center and what you've learned from what you've done. And that is fine and that's very appropriate. But you want to make sure as you get to the other sections that you're able to respond to those criteria as well.

How you decide to implement your program plan is up to the discretion of the applicant.

So your first year, you know, your consensus building might be around working with the communities - have them adopt what you're working on.

That's fine up to your discretion to decide what your program plans were. But you have to make sure that you can still adequately address the sections in the review criteria.

Leslie Ross: Okay. Thank you.

My second question is, since we are looking towards disseminating and expanding these practices into the community, we were considering co-applying with another site - local site and so that we would kind of share the application.

And that would help us to disseminate what we already know and it would help them because they haven't really - they're kind of at ground zero in terms of adopting some of these practices.

Would you recommend that we do that or do you think that's it's better to apply individually?

Woman: Again, I can't tell you what you should or shouldn't do. It's to your discretion. I can say if you have a partnering application so you have another organization that's partnering with you, that's allowable under these activities and that's fine.

But I think it's your discretion to determine - there's no advantage or disadvantage from a review purpose. It's for you to decide what's best for your program and what makes the most sense for what you're trying to accomplish with your center.

Leslie Ross: Okay. Thank you very much.

Jean Plaschke: I want to just add to - this is information just to make sure everyone has this information.

One thing is a press release was sent out yesterday on the CTS RFA. It had a different due date than was on the RFA and I just want to let everyone know the due date is still May 18 - not May 24th or May 31st, I think that was on there. That's one quick thing.

Another is a lot of people have asked us whether current grantees will have a preference in being funded - current grantees that are ending this year or

former grantees, whether, you know, they have more of a chance of being funded than someone who has never been part of the Network.

And the way we see it, all applicants are equally eligible to apply and have an equal chance of being funded.

So you can move on to more questions.

I just wanted to make those two points.

Operator: The next question comes from (Andrew Kleak). You may ask your question.

(Andrew Kleak): Hi. I represent a consortium of agencies in New York City and one of our members is a current grantee.

And I know that they couldn't apply and receive the grant, but would they be able to serve as like a large sub-contractor on the grant because I think it would be very helpful to receive their expertise and use them for training and stuff like that?

Man: Yes. You can have sub-contractors. The only limitation on that is SAMSHA has a policy against what you would call pass through, where you have one organization that in a sense serves as a front for a current grantee, which is not allowed.

But as long as the grantee organization that's applying has a major function in the project and the - but existing centers can sub-contract to another grantee and we do have cases of that in the current group of centers in our network.

(Andrew Kleak): Great. Thank you very much.

Operator: The next question comes from Jaleel Abdul Adil. You may ask your question.

Jaleel Abdul Adil: Good afternoon. I had a couple of questions about the review process.

You've already answered the one about priority of new versus old centers.

But I'm curious about the actual dynamics of the review process - whether these review committees will be a combination of researchers versus community people?

And if so, we went through a review process before and I'm curious how much these committees will keep in mind the feedback that we got the previous time if we generate a response letter which responds to previous comments on our previous application.

Woman: We really can't give you information on the reviewers. We do our best to make sure that there are people with a background, you know, who have knowledge and some expertise in child trauma. But beyond that, I really can't - we don't even have the information to share with you if we wanted to on the reviewers.

Jaleel Abdul Adil: Well, no I appreciate that. And let me get very clear about what I'm asking.

Certainly, I understand the confidentiality of the review committee composition.

I guess I'm more interested in, as you know in some grant processes, if you re-apply for a grant, you submit sometimes a cover letter which responds to

previous points which came from that institution to show how you've responded and tried to strengthen your application.

And I guess I'm asking, is based on the committee dynamics whether those letters if they are generated will be taken into account or whether this is really a fresh process where the previous process is kind of a stand alone and doesn't have any - as much influence.

Jean Plaschke: It's a stand alone process and you do not need to submit those letters.

Jaleel Abdul Adil: Okay. I had one other quick question if I could ask.

Related to the issue of cultural training, one of our questions is, what are the type of structures you're looking for practically to demonstrate that there are cultural - there is cultural sensitivity in terms of the dynamics.

We serve an inner-city community and our composition of clinic is primarily people who are participants in as well as members of the community.

However, I understand you have to also demonstrate that it's not intuitive that you are actually going through a structured training process.

Does SAMSHA favor more of a structured curriculum which shows step by step, here's the materials and topics that we do on a week by week basis to do training, or what are the optimal training mechanisms you look for for cultural sensitivity demonstration?

Woman: I can try to answer that.

Jaleel Abdul Adil: Okay.

Woman: I would say there's some information on the SAMSHA Web site in general about cultural competency that's good to take a look at.

For the purposes of the application, in the review criteria, I think there are two specific bullets on cultural competency under - I think one is under staffing and another one is under another section.

I would say to just make sure whatever you write about what you do in terms of your cultural competency training adequately addresses those specific bullets in the review criteria.

And that would be a sufficient response.

There's no right or wrong answers in terms of SAMSHA.

I think just making sure that you're responsive to what's on the review criteria and there's some general information about cultural competency that you can look at on the SAMSHA Web site that might give you some more background on how SAMSHA defines that term.

Jaleel Abdul Adil: Thank you very much.

Operator: The next question comes from Steven Brown. You may ask your question.

Steven Brown: Hi. We are - we will be proposing a professional training intervention and in the evaluation - in the sections on evaluation it says "client-level data must be submitted to the core dataset."

If our clients are professionals who are working with kids with histories of trauma and not - don't have measures on the clients themselves, is that considered - is that going to be okay and is that considered client-level data? Or does it have to be measures that are specifically about the kids themselves?

Woman: Okay. So from your question my understanding is you're working more on a service system intervention, targeting specific providers.

Steven Brown: Correct.

Woman: And that's your target audience for who you're working with.

Steven Brown: Correct.

Woman: Okay. In that case if you are - are you going to at all be assessing the outcomes of their training on the kids they actually treat?

Steven Brown: Well, we're trying to determine what level of measure to include.

Certainly, we will do measures on the change in the professionals themselves, you know.

Another effect might be about the kids but we're trying to determine whether we have to have measures related to the children in order to be an acceptable proposal.

Woman: There are a few instances where a Category 3 might not have direct service provision. Usually that's actually more common in Category 2 centers.

So my first question to you would be to take a look at both TSA and the CPSR phases to figure out, based on your program plan, which actual model makes the most sense for your center.

So that would be my first question to you - my first suggestion.

Because you might find that, based on the model that you're proposing and doing, you might look more like TSA center than a CTS center.

So I would say to review that first.

The other thing, if you do decide to apply in the 3 they- it's up to your discretion but you would want - you would need to collect information on your target population, which in this case might be providers and that's fine.

That information wouldn't actually get entered into the core dataset.

If at all possible you would want to consider being able to measure the impact that they're having on children.

You might not know exactly how you're going to do at the onset of your grant and that's okay. But I would say to - you know, one of those two approaches is what I would suggest.

To determine whether a TSA might be a better fit for you or to take a look at what might be available for you to assess the impact of your training on the kids that area actually receiving treatment from the providers you've trained.

Steven Brown: Okay. That's helpful

I have one more question which is more simple, which is, I'm having trouble finding a list of TSAs that are categorized as such.

On the Web site for the Network there are categories by date and it doesn't necessarily say which are TSAs and which are CSAs.

Is there any list somewhere that says a list of the TSAs and what exactly they do and categorized as such?

Because obviously we're being expected to collaborate and think about collaboration with those centers. It's just not easy to figure out who's who and where they are.

Jean Plaschke: If that's not up there and clear we can post that with the information related to this RFA on the home page.

Steven Brown: That would be very useful just to see, kind of, who is doing what kind of work and to know which is a TSA and which is a CSA.

Jean Plaschke: Okay. We can do that. It might take a couple days to get it up but we can do that.

Steven Brown: Okay. Thank you.

Jean Plaschke: You're welcome.

Operator: The next question comes from Mr. (Richard Durdy). You may ask your question.

(Richard Durdy): Good afternoon everyone.

My question has also to do with the relationship between the TSAs and the CTS site. And specifically in the RFA for the TSA sites, they speak about priority areas that they would like the TSAs to focus on.

My question is, is how important is - are those same priority areas for a CTS applicant?

Jean Plaschke: The CTS RFA does not require priority areas like the TSA RFA does. We encourage you to work with the TSAs and if you have expertise in certain priority areas we'd like to work with the TSA centers or the other CTS centers with which you have expertise in common.

But it's not requirement of this RFA.

(Richard Durdy): Okay. So it's possible, then, that for a CTS site that we would have a couple of different target populations and be working with more than one TSA site, in terms of disseminating a practice that they're developing?

Jean Plaschke: Yes.

(Richard Durdy): Okay. And I echo the other gentleman's question around having the information about the existing TSAs and their expertise posted. So, that will be - you mentioned that that would be on the home page. Is that the NCTSN home page or the SAMSHA home page?

Woman: [nctsn.org](http://nctsn.org).

(Richard Durdy): Okay. Great. Thank you. Thank you very much.

Operator: The next question comes from Mr. (Steven Truville). You may ask your question.

(Steven Truville): Hello. Can you hear me?

Jean Plaschke: Yes.

(Steven Truville): I'd like to thank you all for what you're doing today. I think it's great and I'm totally impressed by it. And also thank the other people that asked so many good questions. It's a really nice set-up.

When would the CTS or the TSA's be listed on that site? How long will that take?

Jean Plaschke: The listing of centers?

(Steven Truville): Yes. What the two callers asked for previously.

Jean Plaschke: I - we're - it shouldn't take too long. I would guess within the next day or so - maybe - say by early next week.

(Steven Truville): Okay. So the first question I had was on settings.

I'm a mental health provider for Indian tribes that are in remote reservations. Now I assume that there's really still one TSA and that's in Oklahoma. Is that correct?

Woman: They're in their last year of funding right now. But there is still a priority are in this upcoming TSA announcement for a TSA focused on American Indian populations.

(Steven Truville): Can you repeat that statement, please?

Woman: There is a current TSA with a focus on American Indian populations. That is the Oklahoma Indian Country grantee. They're in their last year of funding. So I just wanted to make a note of that. And so yes there's an existing TSA in that area but they are in their last year of funding.

And I also wanted to let you know that the current TSA application that's open for competition does still have a priority area for a TSA grantee focused on American Indian populations.

(Steven Truville): Okay. I appreciate that. That's very good.

Woman: No problem.

(Steven Truville): So, my question is, is - the particular area we're in is probably the biggest Indian reservation in the United States. It's in Arizona. It's the Navajo/Apache County area, which includes most of the Navajo reservation. And that also includes the area called the White River Apache and San Carlos Apache reservations.

So the question is, is if we were to establish a CTS in a central location, could it provide services at, you know, some of the many schools or would we need to just provide one CTS in one school?

Jean Plaschke: No. It can provide services for a number of schools.

(Steven Truville): Okay, so it - and this would not have to be the TSA - it could be a CTS, it could be in a central location, say in Arizona. And then it could provide its services to schools, say, in a radius of 200 miles.

Woman: Yes. It's our understanding that sometimes in rural communities there is service provided that covers quite a distance. So as long as you define your population clearly on the application and you mention those issues, it would be fine for you to have a catchment area as you have defined it.

(Steven Truville): Okay. And then there were some questions about trauma-informed practices and some questions about, you know, spending grant time and money preparing these and doing the foundation for providing services.

How much of this grant is to provide direct services to clients, to children. To actually do the - adapt the cognitive behavior therapy for sexual abuse. Or the dialectic behavior therapy for the specific guise of trauma.

In other words, is this money to, you know, set up these centers and train the people and staff and ...or is this money to directly go to services to clients?

Woman: It is - two important distinctions that I would probably make.

The first would be that this grant is not for services as usual. So if you're normally doing services this is not an incidental service grant like some SAMSHA grants are.

We really want you to take a look at what are you currently doing. What are some gaps in that? How can a particular practice or intervention meet a need that you have specific to the areas of trauma.

So we definitely want people to understand that it's not services as usual.

That's the first comment I would make.

The second comment I would say is that on our appendix, under "Areas of Other Consideration" we talk about not using more than 50% of the grant to directly fund or pay for service provision.

And the reason why we kind of make that distinction in that section is because we know a number of organizations have difficulty with paying for staff time or training, which is a big component of what your grant might need for working on community awareness, educating people about the practices that you're using.

So we purposely set it up so that you will have enough time for your staff to dedicate to the other activity as it relates to the grant. So the grant doesn't 100% pay for services.

And we also want to you to think about over the course of the grant ways to make use of services sustainable after the grant has ended. So that's one of the other reasons why we don't make this a straight service provision grant.

(Steven Truville): Okay. That was a very good answer. Very good.

One last question and that is, when we have non-English-speaking or indigenous people or refugees or immigrants, can we use part of the grant to make the particular trauma therapies, you know, culturally and - you know, can we use - can focus on that?

Jean Plaschke: Sure. And we would expect that you would.

(Steven Truville): Okay. Okay so the only last thing I'll say is I hope you do this in about a week again after everybody's had a chance to digest everything. And are you going to post the questions and answers on your Web site, please?

Jean Plaschke: Yes. There's going to be a transcript of this call posted on the Web site.

(Steven Truville): Okay. Thank you very, very much.

Jean Plaschke: You're welcome.

Operator: The next question comes from Sylvie Demers. You may ask your question.

Sylvie Demers: Hi. Can you hear me?

Jean Plaschke: Yes.

Sylvie Demers: Okay. This is a follow-up to the previous caller's question and it has to do with the direct service and the funding that's allocated for that.

I was just wondering - on Page 32 there's a mention that the grant funds can't be used to supplant existing reimbursement mechanisms. So I was just wondering if you could speak a little bit more to that.

And also I'm wondering if you can give me general idea of how many clients, approximately, get seen per year once the program's put in place - how much data is gathered? How many clients, approximately are treated and serviced or, - what's the expectation, I guess?

Woman: Okay. The supplementation of funds questions - that comes up from time to time because you might have an existing mechanism for paying for services, say, for child and foster care.

So if you would normally collect fees from, you know, the state agency who provides services to those children, we're not saying that you should use your grant to replace those service dollars. We definitely don't want you doing that.

If you already have a mechanism to pay for the services, that's fine. Then you can use your grant to focus on, maybe the organizational change process you have to go through to implement this new practice.

So we don't want you to - if you have existing funding sources that support the services that you would be providing to supplant - use this grant to supplant those funds. It's like double billing, almost to bill the service to the grant and also to the person who usually pays for it.

Sylvie Demers: Okay. So if Medicaid pays for - does not pay for service that we want to implement, is it okay to use the funding for that?

Woman: Yes.

Sylvie Demers: Okay, great.

Woman: And then - the how many clients per year is a hard question. I think you - really what I've suggested is you take a look at how many clients you've seen in other grants.

There's no one size fits all answer to that question. It really depends on your internal capacity. It really depends on kind of how your grant is structured, who your target population is.

So, you know, I wish I could give you a really easy answer for that question. But I think it really depends on a number of factors that, you know, you and the partners that you work with might be best prepared to answer.

Sylvie Demers: Okay. So I didn't know if there was a recommended number of clients that should be served over the, you know, four-year period.

Woman: I think in your application you would propose what that would be for your center.

Sylvie Demers: Okay. Great. Thank you.

And one last question. Can you explain to me what a cooperative agreement means?

Jean Plaschke: Yes. Cooperative agreement is basically - the federal government has a lot more involvement than, say with a regular grant. Once awarded, there's substantial federal involvement.

We - a lot of times with grant, you know, you might get the funds and then you go off and kind of do your thing.

But we just have a lot more interaction with the recipients.

And in the RFA it does describe some of the - the role of the federal staff in grantees related to that. It's in Section 2 of the RFA.

Sylvie Demers: Okay.

Jean Plaschke: Basically it's a term of substantial federal involvement. You'll be hearing a lot more from us.

Sylvie Demers: Okay. Great. Well thank you very much. I really appreciate this process.

Jean Plaschke: Sure.

Operator: The next question comes from Ms. Pam Hageny. You may ask your question.

Pam Hageny: Yes. Can you hear me?

Jean Plaschke: Yes.

Pam Hageny: In the - I saw in the question and answer that was documented on the Web site, there was a question regarding no more - or at least 25% of the funds to be used for collaboration with the Network. And there was a list of activities there.

Can you give examples of budgetary line items? I understand training within our - I would presume that training within our service areas as well as training outside with other networks would be included.

It talks about consultants. So can you just explain, since it is such a large part of the budget category and the percentage of the allowable activities, can you just give examples of budgetary items that would be included there?

Woman: I think one of the reasons why we have it set up by line in the budget section is also related to the question we had a couple of callers ago around, you know, how you spend your time.

So in your application you might talk about committees that your center would be interested in participating or sharing expertise at - a person that your staff might have in being able to provide the expertise to the Network.

So in some cases you might have and FTE that's on your application where you know that person will be involved in some Network committees or you'd like them to be involved in particular committees.

So that's another way that collaboration happens.

So it might not translate back to a specific line item but it might be within a particular FTE that you might have someone that's working on collaborative activities. So that's one way.

I don't know if someone else from the team might want to speak up about other ways where collaboration might be captured.

Man: Probably a lot of it will be staff time because there will be opportunities that arise during the initiation of the Network.

So for example we have in the past identified what we call accelerated collaborative projects, which are getting a group of centers together with a common focus to develop disseminable products. You might have seen some of - Cops and Kids is one of those.

Participation in the work group to develop a product like that can be quite time intensive so that would be a type of collaborative activity that arises during your participation in the Network.

But being introduced and involving yourself in the Network there will be lots of opportunities for collaborative involvement which can include staff time but also could include other resources, for example in developing products. It could be using printing resources or other types of resources.

Woman: The other thing that I would suggest is that you take a look at the general resource material for applicants that's on the NCTSN Web site.

Under that document there is a section on collaboration that describes some of the collaborative activities of the Network. So that might give you another context to think about in terms of, you know, what would require for you to participate in those types of activities.

Pam Hageny: So just if I hear you correctly, part of the staff time, - because participating in a collaborative is a lot of time - part of the staff time or salary for, for example the Project Director, could go under that 25%?

Woman: That 25% could cover staff time related to support of collaborative projects, yes.

Pam Hageny: Perfect. Thank you. That's very helpful. Thank you very much.

Operator: The next question comes from (Lane Coco). You may ask your question.

(Lane Coco): Yes. Thank you. I'm trying to understand how we might proceed with describing our approach to this project.

It's our understanding that we are to select interventions. Then we're supposed to put together some community stake holders and build consensus around those interventions.

It sort of feels as though the cart's before the horse. Because if we're going to describe who our collaborators are, it feels as though that we would have done some consensus building prior to writing them in as our collaborators. So I'm sort of confused about that.

Jean Plaschke: Well you can do some of that ahead of time and we would expect that you would do some of the collaborating ahead of time.

And you're free to continue that after you get the funding and throughout the first year. But I think in reality you going to have to do some of the before the grant actually starts.

(Lane Coco): Okay. Thank you.

Woman: I think what you want to do is take a look and review criteria in terms of talking about your organizational readiness in some of those sections to make you're adequately addressing that.

Once the grant gets awarded, sometimes because of the way a center's structured they have different, kind of, points in time in their grant.

So some centers will be ready right at the point of award and being able to run through with implementation because of the amount their community's already invested in the process. That's just the nature of that particular applicant.

Some applicants might have to work through the consensus building process to get buy-in and venue for it.

So I really think it depends.

But when you're referring to the application you want to pay attention to the review criteria and how it addresses those particular issues more so than the expectations.

Because if you've already done some of that ground work ahead of time, you know, there's no - you know that first year you can move further - quicker through the steps in that first year than another applicant that might need more work with their community stake holders.

(Lane Coco): Okay. Thank you.

Man: I think I might add that it also somewhat depends upon what service sector you work in.

So for example, if you're a community mental health center, there exist a fair number of clinical interventions for different age kids that then develops, particularly in the Network that are widely used within the Network.

So (unintelligible) interventions. There's a number of ones that have been developed.

If you work, for example, with runaway homeless kids, we have once center that focuses on that population. We don't necessarily have any good interventions that are well developed at this point to deal with that population

so participation, if that was your service sector, would probably be collaborating with other centers trying to develop interventions that work with that population.

(Lane Coco): Okay. Thank you.

Operator: The next question comes from Nathan Epps. You may ask your question.

Nathan Epps: Thank you. I work at the Department of Juvenile Justice in Florida and we're currently doing training of personnel at residential juvenile justice facilities and trauma-informed care. And that's been quite successful and has generated a lot of demand from other programs outside the original scope of the project.

We would like to expand the training to other state-run and contracted facilities managed by other child-focused agencies in Florida, such as the Department of Children of Families, the Department of Education, etc.

While most of this training focuses on trauma-informed care, it does include some trauma-specific treatment training of clinical staff but there's some question among the readers of the grant here as to whether or not the intent of this RFA is to support just clinical oriented activities or a broader training oriented initiative like the one I described above.

Woman: I think this is similar to one of the questions we had earlier, when the gentleman was asking about service provision.

And I would say that - again, I would probably suggest that you guys take a look at the TSA RFA as well to figure out, based on your program protocol which one is a better fit for what you're trying to accomplish.

Nathan Epps: Yes. And I've been doing that, and when I do that I see that the TSA centers serve as "lead organizations for identifying and adapting effective treatment". We don't really expect to serve as any kind of national leader on this sort of things.

Our main objective is to make sure that the people not in the clinical role in our program, but at the more, kind of walking-the-beat program, don't interact with the juveniles and their care in a negative and trauma-insensitive way.

And they don't need a great deal of training on that matter but it is something that they aren't as aware of as they should be.

Man: And it's an issue do we purposefully include both clinical treatment, which we defined as intervention to reduce significant traumatic stress reactions, and trauma-informed services, which are targeted for kids who are exposed to a traumatic event whether or not they actually have significant stress reactions.

So, for example, acute interventions to reduce distress from exposure to a traumatic event is a type of services.

So we include both clinical treatment for the kids that have significant long-term significant stress reactions and other types of services for kids who've been exposed to traumatic events not matter - whether or not they have significant traumatic stress reactions or not.

So for example, in terms of residential treatment, one of the interventions that have been supported is the sanctuary model, which is a trauma-informed milieu-type of approach to changing the environment in which kids receive

treatment, which is not the same as the clinical treatment they might receive in those environments.

So we do include both services and what we call treatments of interventions for more significant stress reactions like PTSD.

Nathan Epps: Okay, I understand that. We've been working with Julian Ford and the target treatment model for the more clinical angle.

But it sounds as though that it's something that could be addressed with either or both of these RFAs.

It's not as clear as I would like it to be.

Woman: Well, is there any aspect of your question that you might be able to rephrase for us to see if we can address it, or would you like to follow up in email because maybe we need more nuance than the time allows for in a call?

Let me know what you would like us to do.

Nathan Epps: I think you've essentially answered it but I may follow up with email. Thank you. Who would I address that to?

Jean Plaschke: Jean Plaschke. It's in the RFA as the contact person.

Nathan Epps: Okay. I understand that. Thank you.

Operator: The next question comes from Andrew Malekoff. You may ask your question.

Andrew Malekoff: Hello everybody. I have a variation on a couple of questions that were asked previously.

Jean Plaschke: Can you please speak up a little bit? We're having trouble hearing you.

Andrew Malekoff: Okay. Can you hear me now?

Jean Plaschke: A little better.

Andrew Malekoff: Okay. I have a question - a couple questions that are variations on questions that were asked before.

One of them has to do with the maximum of 50% for treatment and services implementation and direct services.

Is there any formula or rule of thumb or information that we should know about how the Project Director or secretary lines, for example, would get calculated into that 50%?

Jean Plaschke: No. I'm not sure...we don't...are you talking about the 50% direct benefits provision?

Andrew Malekoff: Yes.

Jean Plaschke: You're not talking about (unintelligible).

Andrew Malekoff: No. I'm talking about the 50% direct service. The second box on Page 43.

Man: That would primarily be practitioners' time to provide direct services, would be the primary category and it could include a few others but primarily it

would be the time that practitioner or the clinician or other type of practitioners use to actually provide services directly to recipients.

Andrew Malekoff: So then that's mutually exclusive from the secretarial and the Project Director's time.

Man: I mean it's possible, although not common, that the Project Director might actually provide direct services. It's not necessarily not allowed but it's not common. Usually other staff are direct clinical or intervention providers.

Andrew Malekoff: Okay and could you also speak to the question of, if providing direct clinical services - charging for those services - is there an expectation that this is 100% funded program or may there be charges, especially assuming that most reimbursement is not going to approach the cost of service from managed care, insurance providers, Medicaid or otherwise.

Man: Well this can vary from program to program. In some programs you might have funding streams, for example, if you're a community mental health center you might get almost all your funding sources from, say, Medicaid funding for particular interventions.

Now in a case like that, grant funds could be used either for additional clinical activities like assessment or contact with families, or it could be used for training of clinicians which would not be reimbursed by the funding streams.

In other cases some centers have actually hired clinicians who are dedicated to providing trauma-focused intervention for some of the service population that are not reimbursed by other funding streams.

Andrew Malekoff: What if they're a population that is only partially reimbursed for the cost of service?

Woman: You can charge for services.

Andrew Malekoff: Did you say can or cannot?

Woman: You can. You are allowed to charge for services if that's how you normally do business.

I don't think, you know, we don't - there isn't a restriction in the way we do our grants that says you can't do that.

Andrew Malekoff: Okay. Thank you.

Woman: And then I wanted to bring your attention to under your supporting documentation in Section (G), is where you would really discuss some of those budgetary issues.

So under your budget justification and the descriptions of existing resources or support is where you'd put that in the context and help us understand, you know, how you've divided up your budget and why things - why you made certain decisions that you made.

Andrew Malekoff: Okay. Thank you.

Jean Plaschke: (Christine) I think we have just a couple minutes left before we get cut off. You might want to take one more question.

Operator: Thank you ma'am. The last question comes from Lee Legrice. You may ask your question.

Lee Legrice: Hi. We are planning on partnering with a - having a partnership with a University and a non-profit organization. And we - our model that we are proposing will have three different evidence-based practices.

We - one of our questions is about the core dataset and whether or not we should include data from all three of those practices or if could just be one.

Could you talk a little bit about the core dataset expectation?

Woman: The core dataset expectation is really (unintelligible) that you're providing the right clinical services to you. So if all three of those interventions have a component which a child is receiving a specific treatment, it would be expected that you would be able to provide data to the core dataset for each of those three interventions.

Now there might be certain cases where if it's a very brief treatment or something that's not ongoing treatment there might be - they might not be appropriate for inclusion in the core dataset.

But I just wanted to make sure that if they're having the right ongoing care the expectation is that they would be provided into the core dataset.

Lee Legrice: Okay, thank you. And then my next question is about the IRB process.

The non-profit in this relationship will be the applicant and - but we have this partnership with - through this University.

And so our question is can we utilize their IRB process?

Woman: Yes. You can. You want to make sure that the University has an approved IRB notification and so as long as they have an approved IRB structure in place and they are willing to serve as your IRB that's fine to use them for the IRB submission process.

Lee Legrice: Okay. Thank you.

Operator: We do have one more question, ma'am. Would you like to take the last question?

Jean Plaschke: Okay.

Operator: That question comes from Steven Brown. You may ask your question.

Steven Brown: Hi. I was the one before who was saying that our intervention is a professional training intervention.

I guess my question is a little bit about the geography since it's a - since our primary audience will be congregant care residential our geography will kind of go beyond our local area and state because we've already done a lot of training in our state.

Is that - I mean, I guess whether we fall into Category 1 or Category - I mean Category 2 or Category 3 has an implication of this - but would - it it's beyond just our kind of local state is that still seen as okay? If I'm being clear.

Man: Yes. You define your service population. We've actually have had a center that provided training to clinicians in a six-state area.

So you have to define your own service population but it's not necessarily specific in a, you know, fixed small geographical area. It could be statewide, it could be service system wide....

Woman: Right.

Steven Brown: That would be a - that would be still okay with the Category 3 grant?

Man: Yes.

Woman: There might be some (unintelligible), like for instance in your sample in residential care there might be only a certain number within your immediate region...

Steven Brown: Correct.

Woman: ...that specialize in that particular service setting. So if that's what you're using as your target population then it might make sense to go beyond your local boundary.

Steven Brown: Correct. Okay. That was my question. Thank you.

Jean Plaschke: I just want to remind everyone that the transcript from this call will be posted on the Web site at [www.nctsn.org](http://www.nctsn.org).

I can't tell you exactly when but we hope in, you know, shortly - in the next, I'd say by early next week, I hope. But I can't say for sure.

And we thank you for your interest and wish you the best on your applications.

And we will also let you know if we plan to have another call.

And keep - you can keep emailing or calling the number provided if you have additional questions.

Thank you.

END