



SOC Implementation
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Issue Date: 01/09/2015

Grant Number: 1U79SM061641-01 REVISED
FAIN: SM061641

Program Director:
Jana Rickerson LCSW

Project Title: Bay Area Trauma Informed Systems of Care (BATISC)

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Jana Rickerson LCSW 1380 Howard Street San Francisco, CA 94103	Marcellina Ogbu Deputy Director, SF Health Network, SFDPH San Francisco Dept. of Public Health 1380 Howard Street 5th Floor San Francisco, CA 94103

Budget Period: 09/30/2014 – 09/29/2015
Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SM061641-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$115,999
Fringe Benefits	\$48,720
Personnel Costs (Subtotal)	\$164,719
Supplies	\$7,798
Consortium/Contractual Cost	\$783,773
Travel Costs	\$14,477
Direct Cost	\$970,767
Indirect Cost	\$29,233
Approved Budget	\$1,382,957
Federal Share	\$1,000,000
Non-Federal Share	\$382,957
Cumulative Prior Awards for this Budget Period	\$1,000,000

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,000,000
2	\$1,000,000
3	\$1,000,000
4	\$1,000,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.104
EIN: 1946000417A8
Document Number: 14SM61641A
Fiscal Year: 2014

IC	CAN	Amount
SM	C96C133	\$1,000,000

IC	CAN	2014	2015	2016	2017
SM	C96C133	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

SM Administrative Data:

PCC: CMHI / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SM061641-01 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General,

Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1U79SM061641-01 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – SM Special Terms and Conditions – 1U79SM061641-01 REVISED

REMARKS:

1. This award removes the Special Condition of Award due November 30, 2014 based on the submission of the **Disparity Impact Statement (DIS)** by the grantee on November 21, 2014. Note that additional information may be requested from your Government Project Officer.
2. This award removes the Special Condition of Award for a revised budget.
3. This award removes the Special Condition to address the Marginal/Unacceptable conditions as outlined in the original Notice of Award.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER..

Lisa Rubenstein, Program Official
Phone: (240) 276-1927 **Email:** Lisa.Rubenstein@samhsa.hhs.gov **Fax:** (240) 276-1990

Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 **Email:** gwendolyn.simpson@samhsa.hhs.gov **Fax:** 240-276-1430



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FAIN: SM061641

Program Director:
 Jana Rickerson LCSW

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Budget Period: 09/30/2014 – 09/29/2015

Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Roger George
 Grants Management Officer
 Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SM061641-01

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SECTION III – TERMS AND CONDITIONS – 1U79SM061641-01

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- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – SM Special Terms and Conditions – 1U79SM061641-01**REMARKS:**

This award reflects approval of the budget submitted on 3/21/2014, as part of the application.

SPECIAL CONDITION OF AWARD:**REVISED BUDGET:**

By October 30, 2014, the grantee must submit to the Grants Management Specialist in the SAMHSA Division of Grants Management, and a copy to the Federal Project Officer, the following:

1. A revised SF-424A Budget Information form reflecting in Section B., Column I a cost breakdown of the federal funds for \$1,000,000, and in Column II, a cost breakdown of the non-federal match based on the required match ratio of 3:1 (\$3 federal dollars; \$1 non-federal dollars).
2. Contract - A detailed cost breakdown of each of contract listed in the budget (e.g. Name of organization, hourly/daily/rate x hours = cost). A total amount does not constitute a cost breakdown.
3. *Indirect Cost Rate Agreement* – A copy of the organization's federal approved Indirect Cost Rate Agreement to support the indirect cost rate of 25.20% and the amount of \$29,233.. Funds are restricted until Grants Management Specialist receives the federally negotiated and approved Indirect Cost Rate Agreement for review and acceptance.

MARGINAL or UNACCEPTABLE:

By November 30, 2014 the grantee must submit to the Government Project Officer in writing the following:

- Describe in detail the plan to collect and report required performance measures, and demonstrate specific plans for data collection, management, analysis and reporting as required.

- Describe the data-driven quality improvement process by which population disparities in access/use/outcomes will be tracked, assessed and reduced.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of behavioral health disparities.
- Describe how information related to process and outcomes will be routinely communicated to program staff.

DISPARITY IMPACT STATEMENT (DIS):

By November 30, 2014, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this Notice of Award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://beta.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training and/or technical assistance activities.

The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

Failure to comply with the above stated Special Condition by the identified submission date may result in your grant being placed on high risk, suspension and/or termination or denial of funding in the future.

SPECIAL TERMS OF AWARD:

DOMA:

On June 26, 2013, in *United States v. Windsor*, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex

spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in Child Adolescent and Family Branch. This means that, as a recipient of SAMHSA funding, Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families Program, you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

FCR:

The Office of Financial Advisory Services (OFAS), SAMHSA is currently conducting a review of your organization's financial management system. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 74.14 or 45 CFR 92.12, as applicable. The restriction will affect the draw-down of funds from your organization's Payment Management Services account; subject to the review of (OFAS) and the approval of the applicable Grants Management Specialist and Government Project Officer.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://beta.samhsa.gov/sites/default/files/samhsa-cooperative-agreement-2014.pdf> (NEW)

Key staff (or key staff positions, if staff has not been selected) are listed below:

Jana Rickerson, Grants Administrator @ 10% level of effort
Kenneth Epstein, Principal Investigator @ 15% level of effort

REPORTING REQUIREMENTS:

Submission of a Programmatic Annual Report is due no later than 90 days after the end of the each budget period end date, and the final Report due no later than 90 days after the end of the project period end date.

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests must be electronically mailed to the Division of Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Lisa Rubenstein, Program Official
Phone: (240) 276-1927 **Email:** Lisa.Rubenstein@samhsa.hhs.gov **Fax:** (240) 276-1990

Gwendolyn Simpson, Grants Specialist

Phone: 240-276-1408 **Email:** gwendolyn.simpson@samhsa.hhs.gov **Fax:** 240-276-1430