File No. 110081

Committee Item No. 4
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date:** February 16, 2011

Board of Supervisors Meeting **Date** _____

Cmte	Board	
☐	☐	**Motion**
☒	☐	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget Analyst Report**
☐	☐	**Legislative Analyst Report**
☐	☐	**Ethics Form 126**
☐	☐	**Introduction Form (for hearings)**
☐	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☒	☐	**Grant Information Form**
☒	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☐	☐	**Award Letter**
☐	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____

Completed by: Victor Young **Date:** February 11, 2011
Completed by: Victor Young **Date:** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

FILE NO. 110081 **RESOLUTION NO.**

[Accept and Expend Grant - San Francisco Community Justice Center - $325,000]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant from the Substance Abuse and Mental Health Services in the amount of $325,000 to fund the San Francisco Community Justice Center for the period September 30, 2010, through September 29, 2011.

WHEREAS, Substance Abuse and Mental Health Services (SAMHSA) has agreed to fund DPH in the amount of $325,000 for the period of September 30, 2010 through September 29, 2011; and,

WHEREAS, The full project period of the grant starts on September 30, 2010 and ends on September 29, 2013, with years two and three subject to availability of funds and satisfactory progress of the project; and,

WHEREAS, The San Francisco Community Justice Center is creating an intensive outpatient program component; and,

WHEREAS, DPH will subcontract with an as-yet to be determined entity in the total amount of $325,000; for the period of September 30, 2010 through September 29, 2011; and,

WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH for four existing positions, one Psychiatric Social Worker (Job Class #2930) at 1.00 FTE, one Health Worker II (Job Class #2586) at 1.00 FTE, one Health Worker III (Job Class #2587) at .35 FTE, and one Senior Physician Specialist (Job Class #2232) at .10 FTE, for the period of September 30, 2010 through September 29, 2011; and,

WHEREAS, The grant budget includes a provision for indirect costs in the amount of $29,744; and,

WHEREAS, DPH is seeking retroactive approval because SAMHSA did not send the grant award until December 2010; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $325,000 from SAMHSA; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the agreement on behalf of the City.

RECOMMENDED:

Barbara Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Fra isco

epartment of Public Health

Edwin Lee
Mayor

Barbara Garcia, MPA
Director of Health

TO: **Angela Calvillo, Clerk of the Board of Supervisors**

FROM: **Barbara Garcia, MPA**
Director of Health

DATE: **January 12, 2011**

SUBJECT: **Grant Accept and Expend**

GRANT TITLE: **San Francisco Community Justice Center - $325,000**

Attached please find the original and 4 copies of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist -

☒ Budget and Budget Justification

☒ Agreement / Award Letter

☒ Grant application

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for Community Programs, 1380 Howard St.

Certified copy required Yes ☐ No ☒

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: San Francisco Community Justice Center

2. Department: Department of Public Health
Community Program
Mental Health Section

3. Contact Person: Toni Rucker Telephone: 415-255-3522

4. Grant Approval Status (check one):

[X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for:

Year 1 $ 325,000 **
Year 2 $ 325,000
Year 3 $ 325,000
Total for Project 975,000

** DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior years. DPH will include these years in the DPH budget.

6a. Matching Funds Required: $0
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Substance Abuse and Mental Health Services (SAMHSA)
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: The purpose of this grant is to create an Intensive Outpatient Program component of the Community Justice Center. Programming will include increased group meetings with social work staff and community providers, case management to assist with stabilization and integration into the mainstream system of care for behavioral and primary health care services. These services will lead to higher level of treatment and court compliance and will improve housing and income stability.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Approved Year One Project:	Start-Date: 09/30/2010	End-Date: 09/29/2011 ***
Full Project Period:	Start-Date: 09/30/2010	End-Date: 09/29/2013

** DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior years. DPH will include these years in the DPH budget.

10a. Amount budgeted for contractual services:

Year 1: 50,000
Year 2: 50,000
Year 3: 50,000
Total for Project 150,000

TBD

b. Will contractual services be put out to bid? No, sole source

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

d. Is this likely to be a one-time or ongoing request for contracting out?On-going

11a. Does the budget include indirect costs? [X] Yes [ ] No

b1. If yes, how much? Year 1 $29,744, Year 2 $29,744, Year 3 $29,744
b2. How was the amount calculated? 17% of salaries

c. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [ ] To maximize use of grant funds on direct services
[ ] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:
We respectfully request for approval to accept & expend these funds retroactive to 09/30/2010. The department received the agreement in December 2010.

Grant Code #: HCSA07/11
****Disability Access Checklist*****

13. This Grant is intended for activities at (check all that apply):

[ ] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(s)	

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____ Jason Hashimoto

Date Reviewed: 1/14/11

Department Approval: _____
Barbara Garcia, MPA Director of Public Health

Grant # 1H79TIO2341?-01				
San Francisco Community Justice Center - CSAT Component				
Budget for Years 1				Year 1
September 30, 2010 - September 29, 2011				Cost
A. Personnel				
Position	Name	Salary	LOE	
Program Personnel				
2232 Psychiatrist	To be named	178,597	0.10	17,860
2930 Psych Social Worker	To be named	82,394	1.00	83,135
2586 Health Care Worker II	To be named	54,314	1.00	54,314
SubTotal			2.30	155,309
Evaluation Personnel				
2587 Health Worker III	TBD	56,056	0.35	19,620
Subtotal			0.45	19,620
Total			2.75	174,929
B. Fringe Benefits (Personnel x 33%)				57,727
C. Travel				
Purpose of Travel		Item	Rate	
BJA/CSAT Annual Grantee Meeting in		Airfare	600	3,600
Washington DC		Hotel	250	4,500
(6 attendees, 3 days)		Per Diem	50	900
Total Travel				9,000
D. Equipment				0
E. Supplies				0
F. Contract				
Contractor Personnel				
Position		Salary	LOE	
Project Director	To be named	55,000	0.10	0
Case Manager/Counselor	To be named	40,000	1.00	40,000
Total			1.10	40,000
Contractor Fringe Benefits (Personnel x 25%)				10,000
Contractor Direct				50,000
Contractor Indirect				0
Total Contract				50,000
G. Construction				0
H. Other: GPRA Incentives ($20 x 60 IOP clients x 3/client)				3,600
Total Direct Costs				295,256
Indirect (SFDPH Personnel x 17.36%)				29,744
TOTAL COSTS				325,000

San Francisco Department of Public Health (SFDPH)
SFDPH Community Programs
Mental Health Section

San Francisco Community Justice Center
BUDGET JUSTIFICATION
(September 30, 2010 – September 29, 2011)

A. PERSONNEL
B. MANDATORY FRINGE

1. 0.10 2232 Sr Physician Specialist - TBD
Annual Salary $178,597 x 0.10 FTE for 12 months = $17,860
Mandatory Fringe Benefits (@ 33%) = $5,893 $23,753

The Sr Physician Specialist will provide clinical and medical consultation services.

2. 1.00 2930 Psychiatric Social Worker
Annual Salary $83,135 x 1.00 FTE for 12 months = $83,135
Mandatory Fringe Benefits (@ 33%) = $27,434 $110,569

The Psychiatric Social Worker will provide supervision to the case manager and auxiliary health staff and will make investigations to determine the behavioral health needs of the program, develop treatment plans, make community referrals, provide treatment, prepare reports and other related duties as assigned.

3. 1.00 2586 Health Care Worker II
Annual Salary $54,314 x 1.00 FTE for 12 months = $54,314
Mandatory Fringe Benefits (@ 33%) = $17,926 $72,240

The Health Care Worker I will be responsible for carrying out and explaining established methods and procedures to clients. Obtaining appropriate releases of information, gathering and checking detailed psychiatric , financial, criminal justice, personal and confidential information.

4.. 0.35 2587 Health Care Worker III
Annual Salary $56,056 x 0.35 FTE for 12 months = $19,620
Mandatory Fringe Benefits (@ 33%) = $6,474 $26,094

The Health Care Worker III, will track, locate and contact clients for CJC and Adult Drug Court GPRA interviews for program follow-up and discharge at designated community locations;

Total Salaries	$174,929
Total Fringes	$ 57,727
TOTAL PERSONNEL:	**$232,656**

C.	**TRAVEL**	**$9,000**

To attend an annual BJA/CSAT joint grantee meeting in Washington, DC or similar metropolitan area. Approximate cost for three day stay: ($250/night + $50 per diem) X 3 nights + airfare $600 = $1,500 X 6 staff members = $9,000

D.	**EQUIPMENT**	**$0**
E.	**SUPPLIES**	**$0**
F.	**CONTRACTUAL**	**$50,000**

SFDPH will contract with an agency to provide Intensive Outpatient Treatment services.

G.	**OTHER**	**$3,600**

GPRA Incentives: Intensive Outpatient clients will receive $20 client incentive for participation and completion of the intake, 6 month and discharge evaluation interviews.

	TOTAL DIRECT COSTS	**$295,256**
H.	**INDIRECT COSTS (17% of salaries)**	**$29,744**
	TOTAL BUDGET:	**$325,000**

Notice of Award

Enhancing Adult Drug Court Services
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Issue Date: 09/30/2010

Grant Number: 1H79TI023417-01

Program Director:
Jo Robinson

Project Title: San Francisco Community Justice Center

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Barbara Garcia Deputy Director of Health, Director of Community Programs 1380 Howard Street, 4th Floor San Francisco, CA 94103	Barbara A. Garcia Deputy Director of Health Director of Community Programs San Francisco Department of Public Health 1380 Howard Street, 5th Floor San Francisco, CA 94103

Budget Period: 09/30/2010 – 09/29/2011
Project Period: 09/30/2010 – 09/29/2013

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $325,000 (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 Authorized under Section 509 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,

Kathleen Sample
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI023417-01

Award Calculation (U.S. Dollars)	
Salaries and Wages	$174,929
Fringe Benefits	$57,727
Personnel Costs (Subtotal)	$232,656
Consortium/Contractual Cost	$50,000
Travel Costs	$9,000
Other	$3,600
Direct Cost	$295,256
Indirect Cost	$29,744
Approved Budget	$325,000
Federal Share	$325,000
Cumulative Prior Awards for this Budget Period	$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$325,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	$325,000
2	$325,000
3	$325,000

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

Fiscal Information:

CFDA Number:	93.243
EIN:	1946000417A8
Document Number:	10TI23417A
Fiscal Year:	2010

IC	CAN	Amount
TI	C96T511	$325,000

TI Administrative Data:
PCC: EADC-SCT / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI023417-01

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 – 1H79TI023417-01

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 – TI Special Terms and Condition – 1H79TI023417-01

REMARKS:

This Notice of Award (noA) approves funding in the amount of $325,000 per your application submitted on February 10, 2010.

SPECIAL CONDITION(S) OF AWARD:

By December 1, 2010, you must submit your written response regarding one outstanding Participant Protection concern raised by our reviewers. In your application, you have indicated your intent to conduct research. Therefore, you are required to fulfill 3 specific requirements. Namely, describing your IRB approval process for your project, providing documentation to support your organization has a Federal Wide Assurance (FWA) on file with the Office for Human Research Protections (OHRP), and submitting to SAMHSA documentation that your project is approved by an Institutional Review Board (IRB) before enrolling clients into your program. A restriction of funds will only be lifted if this Participant Protection issue is appropriately addressed and resolved to the satisfaction of your designated Government Project Officer, CSAT Participant Protection Officer and received approval from the SAMHSA grants management office.

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

SPECIAL TERM(S) OF AWARD:

NONE

STANDARD TERMS OF AWARD:

1) This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA.

2) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.

3) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.

4) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5) By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is $199,700 annually.

6) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

8) Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

9) A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at http://www.whitehouse.gov/omb/fedreg/omb-not.html.

10) Program Income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

11) Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

12) Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the sub-recipients requires the written prior approval of the GMO. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staff (or key staff positions, if staff has not been selected) are listed below:

Jo Robinson, Project Director @ 10% level of effort
Toni Rucker, Evaluator @ 10% level of effort
Peter Morris, Clincial Director @ 10% level of effort

13) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

14) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

15) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

16) RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

17) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

18)This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://samhsa.gov/grants/trafficking.aspx.

19) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact SAMHSA's Office of Program Services, Building, Logistics and Telecommunications Branch at 240-276-1001.

20) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

A) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult http://www.hhs.gov/healthit for more information, and

B) Use HIT products (such as electronic health records, personalized health records, and the network components through which they operate and share information) that are certified by the Certification Commission for Healthcare Information Technology (CCHIT) or other recognized certification board, to ensure a minimum level of interoperability or compatibility of health IT products(http://www.cchit.org/). For additional information contact: Jim Kretz (CMHS) at 240-276-1755 or jim.kretz@samhsa.hhs.gov; Richard Thoreson (CSAT) at 240-276-2827 or richard.thoreson@samhsa.hhs.gov; or Sarah Wattenberg (OPPB) at 240-276-2975 or sarah.wattenberg@samhsa.hhs.gov.

21) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

22) By signing the application (PHS-5161-1) face page in Item #21, the Authorized Representative (AR) certifies (1) to the statements contained in the list of certifications* and (2) provides the required assurances* and checking the "I AGREE" box provides SAMHSA with the AR's agreement of compliance. It is not necessary to submit signed copies of these documents, but should be retained for your records.

*The documents are available on the SAMHSA website at http:\\www.samhsa.gov/Grants/new.aspx or contained within the Request for Applications (RFA).

REPORTING REQUIREMENTS:

1) Financial Status Report (FSR), Standard Form 269 (long form) is required on an annual basis and must be submitted for each budget period no later than 90 days after the close of the budget period. The FSR 269 is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FSR 269 is due within 90 days after the end of the extension. If applicable, include the required match on this form under Transactions (#10 a-d), Recipient's share of net outlays (#10 e-i) and Program Income (q-t) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FSR must be prepared on a cumulative basis and all program income must be reported. Disbursements reported on the FSR must equal/or agree with the Final Payment Management System Report (PSC-272). The FSR may be accessed from the following website at http://www.whitehouse.gov/omb/grants/sf269.pdf and the data can be entered directly on the form and the system will calculate the figures and then print and mail to this office.

2) Submission of a Programmatic (annual, semi-annual or quarterly) Report is due no later than the dates as follows:

1st Report -	April 30, 2011
2nd Report -	October 30, 2011

3) The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1966 (P.L. 104-156). An audit is required for all entities which expend $500,000 or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, IN 47132

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.

INDIRECT COSTS:

If the grantee chooses to establish an indirect cost rate agreement, it is required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. For additional information, please refer to HHS Grants Policy Statement Section I, pages 23-24.

SAMHSA will not accept a research indirect cost rate. The grantee must use other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices, go to the SAMHSA website www.samhsa.gov, then click on "grants"; then click on "Important offices".

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, Office of Financial Resources (OFR), SAMHSA below:

For Regular Delivery:
Division of Grants Management,
OFR, SAMHSA
1 Choke Cherry Road,Room 7-1091
Rockville, MD 20857

For Overnight or Direct Delivery:
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Abstract

The San Francisco Department of Public Health is requesting $325,000 per year CSAT funding and $300,000 BJA funding in order to enhance the Community Justice Center program currently in operation. The Community Justice Center, (CJC) is a Collaborative Justice Court program of the Superior Court of California, County of San Francisco, in partnership with city agencies and community groups. The CJC mission is to connect participating defendants with on-site services with a goal of stabilization and reducing criminal behavior. CJC is a unique type of collaborative justice court that focuses on specific neighborhoods in San Francisco where residents are disproportionately impacted by substance abuse, mental health issues and crime. Additionally, the CJC is geographically based and accountable to community concerns. The CJC currently serves more than 500 people on a monthly basis.

This proposal is for funding to create an Intensive Outpatient Program component of the CJC, serving 60 clients with co-occurring disorders per year. Programming will include increased group meetings with social work staff and community providers, and case management to assist with stabilization and integration into the mainstream system of care for behavioral and primary health care services. Evidence based practices are in use in all aspects of the CJC treatment activities. Additionally, the BJA funding would pay for technological infrastructure development and data collection and usage improvements. These services will lead to higher levels of treatment and court compliance, and will improve housing and income stability.

The partners in this proposal include the Court, Community Behavioral Health Services of the Department of Public Health, and Positive Directions Equals Change, a community based organization. Additional CJC collaborators include the District Attorney, Adult Probation, the Human Services Agency, and numerous community agency partners. All partners are chosen for their outstanding qualifications and all are current project participants.

If selected, this enhancement will be implemented over a two month time frame and will begin serving clients almost immediately.

1. Statement of the Problem

a. Current court operations and need for enhancement: Implemented in March of 2009, the CJC(CJC) is a Collaborative Justice Court program of the Superior Court of California, County of San Francisco, in partnership with city agencies and community groups. The CJC mission is to connect participating defendants with on-site and community-based services with the goals of obtaining a constructive resolution of the criminal prosecution, stabilizing the client, and preventing future criminal behavior. CJC is a unique type of collaborative justice court that focuses on specific neighborhoods where residents are disproportionately impacted by substance abuse, mental health issues and crime.

The CJC team is comprised of a Judge, the Project Director, two deputy District Attorneys, two Adult Probation Officers, four Department of Public Health clinical staff, and two benefits workers from the Human Services Agency (handling shelter beds, food stamps and general assistance benefits). The current CJC monthly caseload averages 500 to 600. The average program length is six months to one year. The goal for clients is to graduate from the CJC within 6 months after the client has become stable in his or her treatment in the community. A major criterion for graduation is demonstration of consistent engagement in treatment and being arrest-free. This involves a determination that the client has stable housing, is involved with some type of activity in the community (school, work, volunteer activities etc) and is connected to aftercare services with other community agencies.

CJC provides linkages to treatment in the community as well as on-site supportive services for San Francisco's most vulnerable population. The CJC Court and Service Center are co-located with separate entrances which increases the immediacy of service delivery. CJC provides

incentives for compliance while holding offenders accountable for their offenses and the impact their actions have on the community at large.

In an effort to have proactive involvement with the community, the CJC has formed a Citizen Advisory Board, which encourages community members to participate in the evolution of the CJC and garner on-going neighborhood support. The CJC Advisory Board is comprised of five community representatives as well as staff from the Mayor's Office, the Board of Supervisors, the Superior Court, the Department of Public Health, the Human Services Agency, Sheriff, Police, Pre-Trial Diversion, and the District Attorney's office.

The collaborative court model focuses on rehabilitation and accountability. All misdemeanor and non-violent felony cases generated within the CJC region are eligible for CJC case processing. Additionally, the CJC hears probation revocation cases for probationers living in or who have been arrested in the CJC region. Using a therapeutic jurisprudence model, the CJC Judge interacts with CJC participants through a judicial monitoring schedule that includes updates on treatment progress and compliance with their legal obligations.

Assessment: Clients may enter the CJC at arraignment, with open cases, with a pending probation violation, with a Deferred Entry of Judgment (DEJ), or with a probationary sentence with CJC as a condition of probation. The CJC accepts persons who are in-custody and out-of-custody. Clients referred to the CJC are assessed by the social work team and a treatment plan is generated. They return to court in a week to review and agree to the treatment plan goals.

Service Plan and Delivery: The CJC Service Center is located upstairs from the CJC Courtroom and offers case management, support groups, life skills programming, peer support, permanent housing assistance, assistance with government benefits such as County Adult Assistance Program, Social Security Disability, Food Stamp applications and temporary shelter, and

vocational support. CJC Social and Health Workers also coordinate linkages to substance abuse and mental health treatment, primary care, and other social services in the community to ensure long term support for clients transitioning out of the criminal justice system. CJC Social and Health Workers use the Domains of Risk and Strength Care Coordination Plan to determine service needs measuring specified indicators: physical health; mental health; substance abuse; housing; financial; legal; personal safety; vocational and educational skills; and social support. Through the use of a coordinated case management model, all eligible program participants are offered an array of services intended to prevent future criminal behavior and contribute to the defendants' successful reintegration to their communities.

Incentives and Sanctions: The CJC uses incentives and sanctions to govern the CJC team's response to program compliance. The team rewards participants for incremental progress toward treatment goals. Incentives may include verbal accolades from the bench, gift cards, less frequent court appearances, and promotion to less restrictive treatment modalities. Sanctions are imposed for failure to remain arrest free and for failure of compliance with treatment mandates. These sanctions include enhanced court monitoring, detoxification orders, regular drug testing, increased level of treatment (including residential drug treatment), imposed county jail sentence, or state prison. Expulsion is based on continual non-compliance with the treatment plan.

Drug Testing: The CJC team monitors clients mandated to drug treatment through random drug testing as often as determined by the court. Drug testing occurs on-site and is sent to a licensed drug-testing laboratory which tests for the following drugs: alcohol, amphetamines, barbiturates, cocaine, benzodiazepines, opiates, and THC. In the CJC, the purpose of drug testing is to encourage abstinence and to ensure that clients are in compliance with the drug treatment obligations.

Treatment/Restitution: The CJC team partners adhere to a comprehensive approach to treatment that encompasses the needs a person has to be productive in his or her life. Early intervention and allowing CJC participants to do restorative justice projects provides an opportunity for CJC participants to make amends for the harm they have caused and to be empowered by making different choices. Examples include painting over graffiti, sweeping the streets, or serving meals at Glide Church and the San Francisco Rescue Mission.

CJC participants work with social and health workers to establish a treatment plan the same day of their court appearance. The participant returns to court the following week to review the plan with the CJC team. If the participant agrees with the terms of the plan, a legal disposition is reached in conjunction with the plan. Treatment plans generally include substance abuse education, treatment, and relapse prevention, support groups, detoxification, mental health treatment, individual therapy and weekly appearances in court.

Judicial Supervision: Participants appear before the Judge weekly, bi-weekly, or monthly. In cases where CJC clients have difficulty complying with their treatment obligations, daily court appearances may be ordered to support the success of that individual.

Fines/Fees: For the imposition of fees based on restitution, the Court's Collection Unit will follow through on receipt of payment. There is no cost for CJC services for either voluntary or court mandated participants.

Program Success Data: The CJC program began a year ago and is building its statistical results. To date, 42 clients have successfully completed all of their treatment and legal obligations. Show rates for similar case types at the Hall of Justice (central criminal courthouse) hover around 55 percent. For those assisted by the CJC, the rate has consistently topped 74 percent. More than

500 CJC clients have been engaged in treatment services and of those mandated into treatment, 98 percent are still compliant with these services.

Proposed Enhancements: The CJC is requesting funds for proposed enhancements to address access to treatment and infrastructure development. If selected for BJA-SAMHSA funding, the CJC will develop an on-site dual-diagnosis capable Intensive Outpatient Program (IOP) to provide expedited access to treatment for clients with Co-Occurring Disorders (COD). The IOP will utilize many interventions found to be successful with clients with COD, including strength-based case management, motivational interviewing, cognitive behavioral therapy, and trauma informed therapy. A key component of this enhancement will be to increase the level of service provided by the CJC's substance abuse treatment partner Positive Directions Equals Change (PDEC). BJA funding would be used to enhance technological and data collection capabilities to streamline case processing, including staff time to implement data collection protocols. BJA funding would also be used to provide specific trainings to increase team effectiveness focusing on evidence-based practices and training on co-occurring disorders.

Need for Federal Assistance: The court's current level of capacity to provide mental health and substance abuse treatment does not meet the urgent need of its jurisdiction. The significant budget shortfall this year has forced the city to re-structure programs, reduce staff and design new partnerships. Without federal funding, program enhancements for the CJC to provide the needed level of care will not be possible.

b. Population/Geographic Area of focus

CJC Client Demographics

Characteristic	Category	Count	Percentage
Gender	Male	382	69.5%
	Female	139	25%

Characteristic	Category	Count	Percentage
	FTM Transgender	1	0.2%
	MTF Transgender	4	0.7%
	Missing	24	4.4%
Race/Ethnicity	African American	265	48%
	White	174	32%
	Latino/a	38	7%
	Asian	15	3%
	American Indian/ Alaska Native	2	0.4%
	Native Hawaiian/ Other Pacific Islander	4	0.7%
	Other	12	2.2%
	Missing	40	7%
Education	HS Diploma	49	9%
	Some High School	46	8%
	Higher Ed	41	7.5%
	GED	32	6%
	Other	2	0.4%
	Missing	380	70%

The CJC catchments area covers the Tenderloin, Civic Center, South of Market, and Union Square neighborhoods of San Francisco. The 2000 census showed that these areas had the City's highest percentage of people – 23 percent – who live below the federal poverty level. The district also has a disproportionate percentage of residents who are unemployed, living in single-room occupancy room hotels (SRO), or homeless. A 2007 homeless count showed that of the 2,771 homeless persons counted citywide on January 31, 2007, 1,239 of them, or 45 percent were found in District 6[1]. Additionally, the area is home to a large number of people under the jurisdiction of the criminal justice system, either county probation, state parole, or federal probation.

[1] Number calculated from data on http://www.sfgov.org/site/redistricting_index.asp?id=5971

c. Nature of the problem

Crime and Substance Use/Abuse Data: In 2007, the Superior Court undertook a needs assessment in the city's Tenderloin and surrounding areas to determine current justice system practices, community resource needs and caseload projections. A clear picture emerged from community feedback and data analysis, confirming what public officials have long understood: the central city region of San Francisco, which encompasses less than 9% of the city's population, is home to significant levels of drug-related crimes, large concentrations of high-risk and high-need homeless individuals, and lacks a coordinated justice system and social service response to meet community need.

Baseline Data: From 2004 to 2007, Police records show that 20 – 23% of *all* arrests in San Francisco occurred in the Tenderloin and surrounding areas, with drug crimes comprising almost 30% - the highest concentration in the city. These statistics are supported and magnified by a survey of the Superior Court's case management system, which found that 37% of all San Francisco drug arrests are in this region. These figures underestimate drug-*related* arrests, as they count only those cases whose "leading charge" is a drug offense. In a separate analysis of Police arrest records from September of 2007, a startling **60%** of cases from this region had some associated drug or alcohol related charge.

Data from the Department of Public Health treatment records indicate that a wide variety of drugs are being used in this region: Heroin (32%), Cocaine/Crack (23%), Alcohol (22%), Marijuana (8%) and notably, Methamphetamine (12%), which has increased 23% in the past 4 years (percentages listed are from Fiscal Year 05-06). The U.S. Department of Justice reports that San Francisco is a "primary market area" for methamphetamine distribution and that the level of methamphetamine consumption is considerably higher than that of most other cities.

According to the San Francisco Department of Public Health, the SOMA and Tenderloin neighborhoods account for 37% of all methamphetamine use in San Francisco and the Drug Abuse Warning Network data indicates that San Francisco ranks ***first*** in the nation for methamphetamine-related emergency room visits.

Between March and November 2009, more than 1,600 defendants' cases were heard at the CJC. Of those, more than 500 were assessed by the Department of Public Health Social Workers for CJC services and service linkages in the community. Over 63 percent of assessed clients faced significant substance abuse problems. Nearly half were at risk for mental health issues. Fifty percent of assessed CJC clients were homeless or marginally housed.[2] Because of the prevalence of clients with dual or multiple diagnoses, the proposed enhancements will focus on the high percentage of CJC clients living with co-occurring disorders (COD).

2. Project/Program Design and Implementation

The success of the CJC can be attributed to two key factors: 1) rapid access to a comprehensive array of services and resources for clients most in need; and 2) the strong collaborative effort between multiple co-located participating agencies. The project enhancements described below build on these foundational premises of the CJC. SAMHSA-CSAT funds are requested to create a dual-diagnosis capable **Intensive Outpatient Program (IOP)** co-located on-site to expand access to treatment for CJC clients with co-occurring disorders (COD). BJA funds are requested for **Infrastructure Development,** including technological upgrades and training

[2] The CJC's definition of "homeless" is: individuals living on the streets, abandoned buildings, emergency or domestic violence shelters, hospital or forensic programs, institutions, transitional and/or substance abuse treatment programs as well as other emergency and transient situations whose income is $23,750 or less as defined by the U.S. Department of Housing and Urban Development (HUD) in 2008.

activities. Technological infrastructure upgrades will improve case processing, client data collection, client tracking, and coordination across participating agencies, while comprehensive training for court staff will improve their efficacy in interactions with COD clients.

Intensive Outpatient Program: In partnership with PDEC, a culturally-specific, peer-based provider of outpatient treatment services, the CJC will design and implement an on-site, co-occurring disorder Intensive Outpatient Program (IOP). CJC's current staff-to-client ratio is 80:1, which limits services to triage and care coordination only, and does not allow for the types of intensive and individual services that have proven successful with the target population. Additionally, clients mandated to treatment must frequently wait up to 8 weeks for placement in an appropriate drug or mental health treatment program. Locating the new IOP on-site and providing immediate access to treatment will reduce barriers to engagement.

The IOP will provide comprehensive mental health and substance abuse assessment, strengths-based case management, and treatment groups of up to 60 CJC clients, including those awaiting placement in residential treatment. The treatment approach will be flexible and tailored to the unique needs, goals, cultural perspectives, stages of treatment, and symptom severity of each client.

Potential suitability for the program will be determined through the Global Assessment of Individual Needs – Short Screener (GAIN-SS) tool. Within one week of referral, clients will undergo a thorough clinical assessment conducted by the IOP's licensed clinicians, who will be employed by the San Francisco Department of Public Health (DPH). Clients will be assigned case managers, who will work with the client in developing their treatment plan based on assessment results. To ensure the availability of intensive individualized services, caseloads will not exceed 25 per case manager. Case management will be client-centered and will focus on the

development of skills across a number of life domains using a care coordination instrument known as the Domains of Risk and Strength (DORS). The program will make extensive use of motivational interventions, such as Motivational Interviewing, to promote client's internal motivation for behavioral change and treatment engagement. DPH clinicians in the IOP will ensure that all IOP clients are linked to primary care "homes" within the DPH system of care where they will have access to an integrated primary care/behavioral health team.

On-site IOP treatment groups will be co-facilitated by PDEC , a provider of culturally-specific (African American) peer-based outpatient treatment services, and licensed mental health professionals from DPH. IOP clients will attend at least three groups per week, including psycho-educational groups focused on drug education, skills building and problem solving, as well as clinically-focused COD group interventions. Specialized COD group interventions will include Seeking Safety, an intervention developed for the treatment of substance abuse and Post Traumatic Stress Disorder; and Overcoming Addiction, an intervention for clients with serious psychiatric disorders such as schizophrenia and substance abuse. Further, the program will assist clients to change patterns in criminal thinking and behavior by utilizing cognitive behavioral strategies such as a manualized curriculum on Criminal and Addictive Thinking (Hazelden).

Throughout their participation in the program, clients may be referred to residential facilities, if indicated, and will also receive an array of wraparound services as needed. When clients are referred to residential treatment, case managers at the IOP will maintain contact with the residential treatment provider in order to communicate regarding court proceedings and treatment progress.

The program's clinical manager will be a licensed mental health professional and the IOP will also have a part-time licensed Psychiatrist to provide medication evaluations and compliance

monitoring. One case manager will staff the courts to assist clients during their hearings, provide crisis intervention, coordinate assessments and treatment plans. PDEC will provide dedicated staffing for up to three groups per week. Treatment staff will be reflective of the population and culturally competent to serve client needs.

As participants near graduation, case managers will help them develop a discharge plan for maintaining a drug- and crime-free lifestyle. To graduate from the IOP Program, participants must be compliant with their treatment plan for at least six months, consistently attend AA/NA meetings, demonstrate community engagement and support, obtain stable housing, secure a stable source of income, and have a discharge plan in place. When appropriate, the discharge plan will include reunification with children and other family members. All graduates will be linked with aftercare and relapse prevention services in the community.

Infrastructure Development: Because the CJC consists of multiple departments, all with existing data and case tracking technology, communication across departments has been cumbersome. In order to facilitate its mission effectively, it is critical for the CJC to have Information Technology Systems on-site where all partner agencies and criminal justice partner agencies, including the Adult Probation Department, SF Police Department, and District Attorney's office can have access to the databases necessary for criminal case processing. Currently, the CJC facility does not have the IT infrastructure to access the criminal justice information necessary for effective case processing. Staff must transport case information by hand from the central criminal courthouse, which is 12 blocks from the CJC. Utilizing grant funds would allow the CJC to be properly wired to provide access to criminal justice databases (CLETS, CABLES) and the Court Case Management System. This would allow efficient case processing and data collection. Costs include hard wiring, database hosting, licenses, and new

computers. Additionally, these funds would allow the CJC to employ a Database Assistant to enter all CJC court data into the CJC database.

Training: Court staff (including District Attorneys and Probation Officers) will be cross-trained in substance abuse, mental health and COD issues and approaches. The goal of training will be to assist court staff in better understanding and recognizing symptoms and behavior patterns in clients with co-occurring disorders, and how to use appropriate and effective techniques during interactions. The trainings will follow an established curriculum based on the Crisis Intervention Team training used nationally with peace officers and may include symptom identification, de-escalation, when and how to arrange for a mental health evaluation, and the local mental health system, including access points.

a. Purpose, goals and objectives

Purpose: The purpose of the proposed enhancements is to improve access to treatment for eligible offenders with co-occurring disorders and to improve partner agency coordination through infrastructure development and training activities.

Goal 1. Treatment Ready access to on-site Intensive Outpatient treatment services will help clients comply with treatment mandates.

Objective 1.1. A Licensed Mental Health Professional and Case Manager will provide strengths-based case management and treatment services to CJC clients with co-occurring disorders, serving at least 60 unduplicated clients per year.

Objective 1.2. PDEC will provide culturally-specific outpatient treatment services, including psycho-educational groups, to at least 60 unduplicated CJC clients per year.