

File No. 111005

Committee Item No. 1  
Board Item No. 21

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: September 28, 2011

Board of Supervisors Meeting

Date 10/4/11

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget & Legislative Analyst Report          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ethics Form 126                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |

#### OTHER

(Use back side if additional space is needed)

- |                                     |                                     |                              |
|-------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | * Abstract - Tori Rucker PhD |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                        |
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Completed by: Victor Young

Date: Sept 23, 2011

Completed by: Victor Young

Date: 9-29-11

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

1 [Accept and Expend Grant - Primary and Behavioral Health Care Integration - \$473,485]

2  
3 **Resolution authorizing the San Francisco Department of Public Health to accept and**  
4 **expend a grant from Department of Health and Human Services, Substance Abuse and**  
5 **Mental Health Services, and Center for Mental Health Services in the amount of**  
6 **\$473,485 to fund the Primary and Behavioral Health Care Integration for the period**  
7 **September 1, 2011, through August 31, 2012.**

8  
9  
10 WHEREAS, Department of Health and Human Services (HHS), Substance Abuse and  
11 Mental Health Services (SAMHSA), and Center for Mental Health (CMHS) has agreed to fund  
12 DPH in the amount of \$473,485 for the period of September 1, 2011 through August 31, 2012;  
13 and,

14 WHEREAS, The full project period of the grant starts on September 1, 2011 and ends  
15 on August 31, 2015, with years two, three and four subject to availability of funds and  
16 satisfactory progress of the project; and,

17 WHEREAS, As a condition of receiving the grant funds, HHS, SAMHSA, and CMHS  
18 requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with  
19 the Clerk of the Board of Supervisors in File No.111005; which is hereby declared to be a part  
20 of this resolution as if set forth fully herein; and,

21 WHEREAS, The purpose of this project is to integrate primary care personnel and  
22 services into Substance Abuse program settings; and,

23 WHEREAS, DPH will subcontract with AmeriCorps VISTA in the total amount of  
24 \$6,600; for the period of September 1, 2011 through August 31, 2012; and,  
25

1 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH  
2 for nine existing positions, one Eligibility Worker (Job Class #2903) at .50 FTE, one  
3 Epidemiologist II (Job Class #2803) at .25 FTE, one Epidemiologist II (Job Class #2803) at  
4 .65 FTE, one Health Worker II (Job Class #2586) at .50 FTE, one Medical Evaluations  
5 Assistant (Job Class #2430) at .50 FTE, one Medical Evaluations Assistant (Job Class #2430)  
6 at .50 FTE, one Nurse Practitioner (Job Class #2328) at .20 FTE, one Physician Specialist  
7 (Job Class #2230) at .50 FTE and one Registered Nurse (Job Class #2320) at .40 FTE, for  
8 the period of September 1, 2011 through August 31, 2012; and,

9 WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
10 \$52,177; and,

11 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the  
12 amount of \$473,485 from HHS, SAMHSA, and CMHS; and, be it

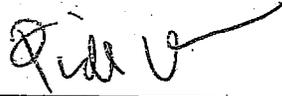
13 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the  
14 grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

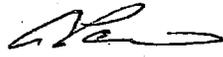
15 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 agreement on behalf of the City.

17  
18  
19  
20 RECOMMENDED:

21   
22 \_\_\_\_\_  
23 Barbara Garcia, MPA  
24 Director of Health  
25

APPROVED:

  
\_\_\_\_\_  
Office of the Mayor

  
\_\_\_\_\_  
Office of the Controller



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:** August 25, 2011

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Primary and Behavioral Health Care Integration-  
\$473,485

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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



b2. How was the amount calculated? 13.50% of DPH salaries

c. If no, why are indirect costs not included? n/a

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

12. Any other significant grant requirements or comments:

The grant budget code in FAMIS is: HMAD03, grant detail 1200, index code HMHMRCGRANTS

**\*\*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: \_\_\_\_\_

8/26/11

Department Approval: \_\_\_\_\_



(Barbara A. Garcia)

(Director of Health)

San Francisco Department of Public Health  
 Primary and Behavioral Health Care Integration (PBHCI)  
**Budget for Year 1 (09/01/11-08/31/12)**

Budget Date 08/23/11

**A. Personnel**

Position	Months	Salary	FTE	Budget
<u>Integrated Care Team</u>				
Physician Specialist	12	165,128	0.50	82,564
Registered Nurse	10	120,855	0.40	40,285
Eligibility Worker	10	57,727	0.50	24,053
Medical Evaluations Assistant	10	53,890	0.50	22,454
<u>Preventive Screening and Registry Tracking</u>				
Medical Evaluations Assistant	10	53,890	0.50	22,454
<u>Wellness Programs</u>				
Nurse Practitioner	10	161,342	0.20	28,890
<u>Evaluation</u>				
Epidemiologist	10	93,746	0.25	19,530
Health Worker	10	52,729	0.50	21,970
<u>Infrastructure: CCMS Development &amp; Maintenance</u>				
Epidemiologist	10	93,746	0.65	49,929
<b>Total Personnel</b>			<b>4.00</b>	<b>312,129</b>

**B. Fringe** 93,640

**C. Travel** 3,000

**D. Equipment** 0

**E. Supplies** 0

**F. Contract (AmeriCorps VISTA Peer Counselor Interns)** 6,600

**G. Construction** 0

**H. Other (Client Evaluation Incentives)** 5,939

**Total Direct Cost** 421,308

**Indirect Cost** 52,177

**Total Cost** 473,485

San Francisco Department of Public Health  
 Primary and Behavioral Health Care Integration (PBHCI)  
 Budget for Years 1-4 (09/01/11-08/31/15)

Budget Date 08/23/11

A. Personnel		Year 1	Year 2	Year 3	Year 4	TOTAL
Position	Salary	FTE	Budget	Budget	Budget	Budget
<u>Integrated Care Team</u>						
Physician Specialist	165,128	0.50	82,564	82,564	82,564	82,564
Registered Nurse	120,855	0.40	40,285	48,342	48,342	48,342
Eligibility Worker	57,727	0.50	24,053	28,864	28,864	28,864
Medical Evaluations Assistant	53,890	0.50	22,454	26,945	26,945	26,945
<u>Preventive Screening and Registry Tracking</u>						
Medical Evaluations Assistant	53,890	0.50	22,454	26,945	26,945	26,945
<u>Wellness Programs</u>						
Nurse Practitioner	161,342	0.20	28,890	32,268	32,268	32,268
<u>Evaluation</u>						
Epidemiologist	93,746	0.25	19,530	23,437	23,437	23,437
Health Worker	52,729	0.50	21,970	26,365	26,365	26,365
<u>Infrastructure: CCMS Development &amp; Maintenance</u>						
Epidemiologist (0.65 FTE in Year 1)	93,746	0.65	49,929	0	0	0
Epidemiologist (0.30 FTE in Years 2-4)	93,746	0.30	0	29,031	29,031	29,031
<b>Total Personnel</b>			<b>312,129</b>	<b>324,761</b>	<b>324,761</b>	<b>324,761</b>
<b>B. Fringe</b>			<b>93,640</b>	<b>97,428</b>	<b>97,428</b>	<b>97,428</b>
<b>C. Travel</b>			<b>3,000</b>	<b>3,000</b>	<b>3,000</b>	<b>3,000</b>
<b>D. Equipment</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. Supplies</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>F. Contract (AmeriCorps VISTA Peer Counselor Interns)</b>			<b>6,600</b>	<b>7,800</b>	<b>7,800</b>	<b>7,800</b>
<b>G. Construction</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>H. Other (Client Evaluation Incentives)</b>			<b>5,939</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Direct Cost</b>			<b>421,308</b>	<b>432,989</b>	<b>432,989</b>	<b>432,989</b>
<b>Indirect Cost</b>			<b>52,177</b>	<b>40,496</b>	<b>40,496</b>	<b>40,495</b>
<b>Total Cost</b>			<b>473,485</b>	<b>473,485</b>	<b>473,485</b>	<b>473,484</b>

**A. Personnel** \$312,129

Physician Specialist 0.50 FTE \$82,564  
The Physician Specialist will see South of Market Mental Health Services (SOMMHS) clients/patients one-on-one for routine, preventive and chronic conditions care. The Physician Specialist is budgeted at 0.50 Full-Time Equivalency (FTE) for 10 months in Year 1 and 12 months in Years 2-4.

Registered Nurse 0.40 FTE \$40,285  
The Registered Nurse will see patients one-on-one for routine, preventive and chronic conditions care and help monitor and maintain the chronic disease registry. The Registered Nurse is budgeted at 0.40 FTE for 10 months in Year 1 and 12 months in Years 2-4.

Eligibility Worker 0.50 FTE \$24,053  
The Eligibility Worker will interview clients to establish benefits eligibility and ensure maximum reimbursements for services. The Eligibility Worker is budgeted at 0.50 FTE for 10 months in Year 1 and 12 months in Years 2-4.

Medical Evaluations Assistant (Primary Care) 0.50 FTE \$22,454  
As part of the Integrated Care Team, the Medical Evaluations Assistant (MEA) will assist the Physician Specialist and Registered Nurse in completing routine client/patient medical procedures. The MEA will possess a recognized Medical Assistant Degree or Certificate, or have completed and Emergency Medical Technician/Paramedic training program. The MEA is budgeted at 0.50 FTE for Integrated Care Team responsibilities for 10 months in Year 1 and 12 months for Years 2-4.

Medical Evaluations Assistant (Prevention) 0.50 FTE \$22,454  
In the MEA's role of Preventive Screening and Registry Tracking, the MEA will administer the chronic disease registry and perform preventive screenings. The MEA is budgeted at 0.50 FTE for Preventive Screening and Registry Tracking responsibilities for 10 months in Year 1 and 12 months in Years 2-4.

Nurse Practitioner 0.20 FTE \$28,890  
The Nurse Practitioner will coordinate all Wellness program, self-management, and group and individual coaching activities for PBHCI participants and staff. The Nurse Practitioner is budgeted at 0.20 FTE for 10 months in Year 1 and 12 months in Years 2-4.

Epidemiologist (Evaluation) 0.25 FTE \$19,530  
The Evaluation Epidemiologist will provide data analysis and cleaning; disseminate project Evaluation information to the Project Evaluator; and generate data and evaluation reports for the Project Evaluator. The Evaluation Epidemiologist is budgeted at 0.25 FTE for 10 months in Year 1 and 12 months in Years 2-4.

Health Worker 0.50 FTE \$21,970  
The Health Worker will assist the Project Evaluator and Evaluation Epidemiologist with data analysis and cleaning; assist SOMMHS in tracking PBHCI participants; provide survey administration, data entry, and data record keeping; and conduct follow-up interviews with PBHCI participants. Additionally, the Health Worker tracks and disburses client evaluation incentives. The Health Worker is budgeted at 0.50 FTE for 10 months in Year 1 and 12 months in Years 2-4.

**Epidemiologist (CCMS)** 0.65 FTE \$49,929  
Under the direction of the Community Programs Deputy Director and Privacy Officer, the Coordinated Case Management System (CCMS) Epidemiologist will develop, implement, and maintain the CCMS database. The CCMS Epidemiologist will provide 0.65 FTE in Year 1 and 0.30 FTE in Years 2-4. The CCMS Epidemiologist is budgeted for 10 months in Year 1 and 12 months in Years 2-4.

**B. Fringe** \$93,640  
Payroll taxes and fringe benefits include employer's share of Federal, State, and local mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability insurance premiums; and employer's contribution to employee retirement plans. SFDPH fringe benefits are budgeted at 30% of personnel costs (salaries).

**C. Travel** \$3,000  
Funds are budgeted for the Project Director and one other PBHCI project staff to attend annual grantee meetings in the Washington, DC area in order to present the results of the project and receive technical assistance from SAMHSA staff. Travel expenses for these three-day meetings include roundtrip airfare, four (4) nights in a hotel, and ground transportation to/from San Francisco and Washington, DC area airports. (SFDPH personnel do not receive per diem.) It is anticipated that a Primary Care staff member will accompany the Project Director on 1 annual trip; the Wellness Program Nurse Practitioner also on 1 trip; and the Project Evaluator on 2 trips. Accordingly, travel expenses are budgeted across Program, Wellness, and Evaluation modalities.

**D. Equipment** \$0

**E. Supplies** \$0

**F. Contract (AmeriCorps VISTA Peer Counselor Interns)** \$6,600  
SFDPH will contract with AmeriCorps Volunteers in Service to America (VISTA) for intern Peer Counselors. Interns will be students in college-level Primary Care and/or Behavioral Health areas of study. Peer Counselors will co-facilitate group wellness activities and other related tasks as directed by the Wellness Program Nurse Practitioner. AmeriCorps VISTA interns will receive stipend payments for their effort on the PBHCI project. AmeriCorps VISTA interns are budgeted at 10 months in Year 1 and 12 months for Years 2-4.

**G. Construction** \$0

**H. Other (Client Evaluation Incentives)** \$5,939  
Non-cash client incentives will be awarded to PBHCI participants for participation and completion of the baseline and quarterly follow-up Evaluation interviews. The value of Client Evaluation Incentives will range from \$10 to \$20 and will be in the form of gift cards for groceries, clothing/apparel, and similar items as determined by the Project Evaluator and Project Director.

**Indirect** \$52,177  
SFDPH indirect costs budgeted at 13.50% of personnel (salaries) over the four-year project term. This rate is based on the Fiscal Year 2007-08 Indirect Cost Rate; the SFDPH indirect cost rate in effect for Primary Care programs at the time the PBHCI grant application was submitted in May 2009.



**Grant Number:** 1U79SM059756-01

**Program Director:**  
 Toni Rucker

**Project Title:** SF: "The Primary and Behavioral Health Care Integration" Initiative

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH  1380 Howard Street 4th Floor San Francisco, CA 94103	Marcellina Ogbu Deputy Director of Health San Francisco Dept. of Public Health 1380 Howard Street 5th Floor San Francisco, CA 94103

**Budget Period:** 09/01/2011 – 08/31/2015

**Project Period:** 09/01/2011 – 08/31/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,893,939 (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 Section 520A 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](http://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

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**SECTION I – AWARD DATA – 1U79SM059756-01****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$1,286,412
Fringe Benefits	\$385,924
Personnel Costs (Subtotal)	\$1,672,336
Consortium/Contractual Cost	\$30,000
Travel Costs	\$12,000
Other	\$5,939
<b>Direct Cost</b>	<b>\$1,720,275</b>
Indirect Cost	\$173,664
Approved Budget	\$1,893,939
Federal Share	\$1,893,939
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$1,893,939</b>

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**SUMMARY TOTALS FOR ALL YEARS**

YR	AMOUNT
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1	\$1,893,939
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\* 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: 11SM59756A  
Fiscal Year: 2011

IC	CAN	Amount
SM	C96PPAC	\$1,893,939

**SM Administrative Data:**

PCC: PCBHI-PT / OC: 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SM059756-01**

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.

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**SECTION III – TERMS AND CONDITIONS – 1U79SM059756-01**

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

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**SECTION IV – SM Special Terms and Condition – 1U79SM059756-01**

**REMARKS:**

An unobligated balance (UOB) of funds may be carried over into the current budget period without Grants Management Officer prior approval for the following reason:

Beginning October 1, 2011, a grantee may carryover previous Unobligated Balance(s) (UOB) of funds up to 25% of the total federal share from a subsequent budget period (the year in which the funds will be needed) without prior approval from the Grants Management Officer. The intention to carryover up to this threshold must be reflected in the remarks section of the Federal Financial Report (FFR) submitted for the FY2011 budget period. The subsequent FFR must reflect the actual UOB carryover amount in the remarks section. If the amount of carryover exceeds 25%, the Grants Management Specialist (GMS) will notify the grantee that they must return the federal share over the threshold due to noncompliance and may rescind this authority. However, the grantee may request for approval, a carryover above the 25% threshold, but must submit a detailed budget and narrative justification if the program requires additional funds. The total amount requested and justified must be both the 25% plus the amount requested over that in order to analyze the total unobligated balance of funds budget concept. The applicability of this authority for your project is stated above.

This cooperative agreement funds and sets out the terms and conditions governing a collaborative effort between the (San Francisco Dept of Public Health) and the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

While the responsibility for conducting these activities lies primarily with (San Francisco Dept of Public Health), the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), through its designated representatives shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement. In addition to these terms and conditions and the applicable statutes and regulations, grantees are bound by the HHS Grants Policy Statement and all requirements in the Request for Applications (RFA) document.

**Role of Grantees:**

Grantees must:

- (1) Comply with terms and conditions of the cooperative agreement award.
- (2) Collaborate with CMHS staff in project implementation and monitoring.

**Role of Federal Project Officer:**

The Project Officer (PO) will have overall responsibility for monitoring the conduct and progress of Grantee Sites, including conducting site visits. The PO will provide substantial input, in collaboration with the grantees, both in the planning and implementation of the program and in evaluation activities, and will make recommendations regarding program continuance. Likewise, POs will participate in the publication of results and packaging and dissemination of products and materials in order to make the findings available to the field. CMHS/SAMHSA staff will receive authorship/co-authorship credit on all publications to which they have made substantial contributions.

**Role of the Grants Management Officer:**

The Grants Management Officer (GMO) is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMO utilizes information from site visits, reviews of expenditure and audit reports, and other appropriate means to assure that the project is operated in compliance with all applicable Federal laws, regulations, guidelines, and the terms and conditions of award. Questions concerning the applicability of regulations and policies to this cooperative agreement, and all requests for required prior approvals such as requests for permission to expend funds for certain items should be directed to the GMO. Required approvals must be provided in writing and the GMO is the only person, except for the SAMHSA Administrator, who may grant such required approvals. Written approvals granted by other officials are not binding on the government. All changes in the terms of the cooperative agreement award must be issued in writing by the GMO.

#### SPECIAL CONDITION OF AWARD:

1. This award was reduced to the Recommended Funding Level of \$1,893,939. This represents total funding for four years.
2. Although the grantee is receiving a maximum funding of \$1,893,939 for four years, the grantee is responsible for maintaining a 12 month budget period each year as listed below. Also, the grantee must submit a Federal Financial Report (FFR), (Standard Form 425) at the end of each budget period reporting expenditures up to the Maximum total allocated for that budget period. See Reporting Requirements Section below for more detailed information.

Budget Period and Maximum Allocated for each budget period are as follows:

Budget Period 01: 9/1/2011 - 8/31/2012: \$473,485  
Budget Period 02: 9/1/2012 - 8/31/2013: \$473,485  
Budget Period 03: 9/1/2013 - 8/31/2014: \$473,485  
Budget Period 04: 9/1/2013 - 8/31/2015: \$473,484

Within 15 days of receiving the Notice of Award, the grantee must submit to the SAMHSA Grants Management Specialist (and a copy to your Government Project Officer) by way of email attachment a revised budget based on a 12 month period.

3. Other Cost: Infrastructure - Examination Room Equipment & Supplies \$15,000, Group Room Equipment & Furniture \$5,000, provide a itemized breakdown of each cost and submit to the SAMHSA Grants Management Specialist.

#### Special Programmatic Terms and Conditions for all PBHCI Grantees

1. By 30 28, 2011 the grantee must submit a work plan for how tobacco cessation activities will be included in your wellness-related education and programming activities.

#### SPECIAL TERM(S) OF AWARD:

As required by the Federal Funding Accountability and Transparency Act of 2006, this new award is subject to the subaward and executive compensation reporting requirement of 2 CFR Part 170. Although the full text of this regulation is attached, you may access the language online at <http://www.samhsa.gov/grants/subaward.aspx>.

The following SAMHSA Term of Award is applicable to all (Type 1) new SAMHSA grants which start on or after Oct. 1, 2010. At this time, Type 2s (competing renewals) and Type 3s (competing supplements) are not included, but may be subject to this requirement in the future:

#### Reporting Subawards and Executive Compensation

- a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

i. the total Federal funding authorized to date under this award is \$25,000 or more;

ii. in the preceding fiscal year, you received-

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

i. As part of your registration profile at <http://www.ccr.gov>.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if-

i. in the subrecipient's preceding fiscal year, the subrecipient received-

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

i. Receives a subaward from you (the recipient) under this award; and

ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

- iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- v. Above-market earnings on deferred compensation which is not tax-qualified.
- vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

**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 and can be found at [www.samhsa.gov](http://www.samhsa.gov).
- 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 Federal Financial Report, Standard Form 425.

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. For postaward requirements and instructions may be found at [www.samhsa.gov](http://www.samhsa.gov) then click on "grants", then "grants management".

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:

Toni Rucker, Project 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.



OF UNLIQUIDATED OBLIGATIONS FOR EACH 12 MONTH BUDGET PERIOD MUST BE EXPLAINED IN THE REMARKS SECTION (#12). IN ADDITION, YOUR INTENTION TO CARRYOVER THE UNOBLIGATED BALANCE OF FUNDS UP TO 25% OF THE CURRENT FEDERAL SHARE MUST BE STATED IN THE REMARKS SECTION. SUBSEQUENT FFRS MUST REFLECT THE ACTUAL CARRYOVER AMOUNT. If possible, disbursements reported on the FFR should equal/or agree with the top portion of the FFR (#10 a-c). The FFR may be accessed from the following website at [http://www.whitehouse.gov/omb/grants\\_forms](http://www.whitehouse.gov/omb/grants_forms) including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed to this office.

2) Submission of a Programmatic quarterly Report is required, contact your Government Project Officer for the dates.

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) Audit requirements for Federal award recipients are detailed at [http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf). Specifically, non-Federal entities that expend a total of \$500,000 or more in Federal awards, during each Fiscal Year, are required to have an audit completed in accordance with OMB Circular A-133. The Circular defines Federal awards as Federal financial assistance (grants) and Federal cost-reimbursement (contracts) received both directly from a Federal awarding agency as well as indirectly from a pass-through entity and requires entities submit, to the Federal Audit Clearinghouse (FAC), a completed Data Collection Form (SF-SAC) along with the Audit Report, within the earlier of 30 days after receipt of the report or 9 months after the fiscal year end.

The Data Collection Forms and Audit Reports MUST be submitted to the FAC electronically at <http://harvester.census.gov/fac/collect/ddeindex.html>. For questions and information concerning the submission process, please visit <http://harvester.census.gov/sac/> or call the FAC 1-800-253-0696.

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](http://www.samhsa.gov), then click on "grants"; then "grants management"; then "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:  
Division of Grants Management,  
OFR, SAMHSA  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20850

#### CONTACTS:

Trina Dutta, Program Official  
Phone: (240) 276-1944 Email: [trina.dutta@samhsa.hhs.gov](mailto:trina.dutta@samhsa.hhs.gov)

Sherie Fairfax, Grants Specialist

**Phone:** 240-276-1415 **Email:** sherie.fairfax@samhsa.hhs.gov **Fax:** 240-276-1430

### Abstract

The SF PBHCI Initiative will provide integrated primary and behavioral health care, care management and wellness programs to seriously mentally ill (SMI) clients previously unconnected to primary care and at high risk for chronic conditions such as metabolic syndrome, diabetes, HIV, TB and hepatitis C. A total of 250 unduplicated clients will be served in the first year (550 over the course of the four-year grant).

In San Francisco's behavioral health system, a significant percentage of seriously mentally ill (SMI) clients are unconnected to primary care. This increases use of emergency rooms and urgent care, exacerbates chronic conditions and leads to early death for persons with SMI. The SF PBHCI initiative will ensure that seriously mentally ill clients become connected to a full-scope, person-centered, culturally competent healthcare home, thus reducing dependence on emergency services, improving chronic conditions self-management, and improving the overall health status of persons with SMI.

SF PBHCI will serve a culturally diverse group of indigent and uninsured SMI clients, many of whom will be homeless or marginally housed. Clients will receive primary care and wellness services in the mental health setting with an emphasis on preventive screening and self-management of chronic conditions. Electronic tracking of client conditions and outcomes will be improved through implementation of a chronic disease management registry and a Coordinated Case Management System (CCMS). This PBHCI initiative takes place within an urban Department of Public Health that has already embraced primary care/behavioral health integration and is making rapid progress toward a fully integrated system of care. The project will be a partnership between two divisions of the San Francisco Department of Public Health: Community Behavioral Health Services and Community Oriented Primary Care. The services site will be South of Market Mental Health Services (SOMMHS), with outstationed medical staff from Tom Waddell Health Center, one of the nation's leading providers of primary care for homeless and formerly homeless individuals.

All clients served will be linked to a Primary Care Provider, and 80% will have two or more primary care visits per year. Eighty percent (80%) of linked clients will receive individual or group coaching for self-management of chronic medical conditions. Project outcomes will include reducing medically-related hospitalizations by 45%, improving health indicators (LDL <100 and hemoglobin A1c <7) for 60% clients with diabetes, and screening 90% of clients for HIV and TB.

\*\* Complete copy of document is  
located in

File No. 111005

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
 (S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>AmeriCorps VISTA</b>	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) Not applicable; (2) Kristen Haggins, contact person for AmeriCorps VISTA activities in the State of California; (3) None; (4) None; and (5) None</p>	
Contractor address: Corporation State Offices, 11150 W. Olympic Blvd, Suite 670, Los Angeles, CA 90084 Phone 310-235-7421; Fax 310-235-7422; Email ca@cns.gov	
Date that contract was approved: 08/23/11	Amount of contract: \$30,000 over 4 years
Describe the nature of the contract that was approved: Integrating Primary Care staff into Behavioral Health clinics, related infrastructure improvements, and project evaluation.	
Comments: AmeriCorps VISTA is a program of the Corporation for National & Community Services, which is an agency of the United States Federal Government. See <a href="http://www.americorps.gov/about/programs/vista.asp">http://www.americorps.gov/about/programs/vista.asp</a> for more information.	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

