

File No. 101198

Committee Item No. 4

Board Item No. 4

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND NEIGHBORHOOD SERVICES

Date 10/25/10

Board of Supervisors Meeting

Date 11/2/2010

Cmte Board

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| <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 Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

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Completed by: Gail Johnson

Date 10/21/10

Completed by: [Signature]

Date 10/28/10

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

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1 [Accept and Expend Grant - Department of Public Health - Screening, Brief Intervention, and
2 Referral to Treatment Project - \$25,331]

3 **Resolution authorizing the San Francisco Department of Public Health, to retroactively**
4 **accept and expend a grant in the amount of \$25,331 from the University of California,**
5 **San Francisco to fund the Screening, Brief Intervention, and Referral to Treatment**
6 **project, and to enter into an agreement for the use of these funds for the period of**
7 **September 30, 2009, through September 29, 2010.**

8
9 WHEREAS, The University of California, San Francisco (UCSF) is the recipient of a
10 grant award from the Substance Abuse and Mental Health Services Administration
11 (SAMHSA)/ Center for Substance Abuse Treatment (CSAT) to support the SBIRT Medical
12 Residency Training Program; and,

13 WHEREAS, Through this grant, UCSF has agreed to fund DPH in the amount of
14 \$25,331 for the period of September 30, 2009 through September 29, 2010; and,

15 WHEREAS, DPH will use these funds to 1) lead didactic sessions; 2) host patient panel
16 forums; 3) link specialty treatment programs with SBIRT networks; and 4) provide SBIRT
17 training to medical residents; and,

18 WHEREAS, As a condition of receiving the grant funds, the Substance Abuse and
19 Mental Health Services Administration / Center for Substance Abuse Treatment through the
20 University of California San Francisco requires the City to enter into an agreement (the
21 "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File
22 No. 101198; which is hereby declared to be a part of this resolution as if set forth
23 fully herein; and,

1 WHEREAS, the grant does not require an ASO amendment and partially reimburses
2 the department for one existing position, including Senior Physician Specialist (Job Class
3 #2232) at .10 FTE, for the period of September 30, 2009 through September 29, 2010; and,

4 WHEREAS, The grant budget includes a provision for indirect costs of \$1,876; now,
5 therefore, be it

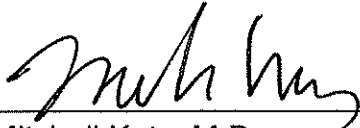
6 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
7 in the amount of \$25,331 from the University of California, San Francisco; and, be it

8 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
9 expend the grant funds in accordance with the requirements set forth in the Agreement,
10 pursuant to San Francisco Administrative Code section 10.170-1; and, be it

11 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
12 agreement on behalf of the City; and, be it

13 FURTHER RESOLVED, That the Controller is directed to designate the positions
14 funded under this agreement as "G" or grant-funded positions which would terminate when
15 the agreement expires.

16
17 RECOMMENDED:

18 
19 _____
20 Mitchell Katz, M.D.
21 Director of Health

APPROVED:

22 
23 _____
24 Office of the Controller

25 
Office of the Mayor



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D. *MHZ*
Director of Health

DATE: September 9, 2010

SUBJECT: Grant Accept and Expend

GRANT TITLE: Screening, Brief Intervention, and Referral to Treatment - \$25,331

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
- Grant application: Not Applicable, DPH did not apply for this grant
- Award Letter - Not applicable , no application was submitted
- Agreement
- Other (Explain): None

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,
1380 Howard St.

Certified copy required Yes

No

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

Grant Information Form
(Effective January 2000)

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: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2. Department: San Francisco Department of Public Health (SFDPH)
Community Behavioral Health Services (CBHS)

3. Contact Person: Alice A. Gleghorn, PhD
Alcohol & Other Drug Program Administrator
Telephone: 415-255-3722

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$25,331
(09/30/09 - 09/29/10)

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Department of Health and Human Services (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)

b. Grant Pass-Through Agency (if applicable): University of California, San Francisco (UCSF)

8. Proposed Grant Project Summary: The SBIRT grant will provide 10% funding for a Senior Physician Specialist who will lead didactic sessions with healthcare professionals; host patient panel forums; link specialty treatment programs with SBIRT networks, provide clinical supervision to medical residents practicing SBIRT skills, and provide medical residents with hands-on training in specific narcotic replacement therapies.

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

Start-Date: 9/30/09

End-Date: 9/29/10

10. Number of new positions created and funded: None

11. If new positions are created, explain the disposition of employees once the grant ends? Not applicable.

12a. Amount budgeted for contractual services: \$0

b. Will contractual services be put out to bid? Not applicable.

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements?
Not applicable.

d. Is this likely to be a one-time or ongoing request for contracting out? Not applicable.

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$1,876

b2. How was the amount calculated? 8% of direct expenses

c. If no, why are indirect costs not included? Not applicable.

Not allowed by granting agency To maximize use of grant funds on direct services

Other (please explain):

14. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend funds retroactive to September 30, 2009. DPH finalized the agreement on May 28, 2010.

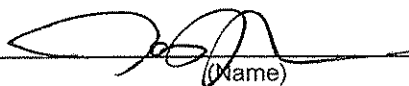
****Disability Access Checklist****

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

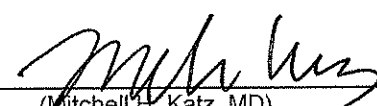
- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) New Structure(s)

16. 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:  _____
(Name)

Date Reviewed: 9/9/10

Department Approval:  _____
(Mitchell H. Katz, MD) (Director of Health)

San Francisco Department of Public Health (SFDPH)
Community Behavioral Health Services (CBHS)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
09/30/09-09/29/10

Budget

Revenue

UCSF	\$ 25,331
Total Revenue	\$ 25,331

Expense

Senior Physician Specialist (10% Effort)	\$ 18,309
Payroll Taxes & Fringe Benefits (28.1%)	\$ 5,146
Indirect Expense (8%)	\$ 1,876
Total Expense	\$ 25,331

San Francisco Department of Public Health (SFDPH)
Community Behavioral Health Services (CBHS)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
09/30/09-09/29/10

Budget Justification

Personnel **\$18,309**

Senior Physician Specialist: David Hersh, MD 10% Effort \$18,309

As Co-principal Investigator for the SBIRT project, Dr. Hersh will lead didactic sessions including those addressing the local crack cocaine epidemic and co-morbid psychiatric disorders; host patient panel forms; serve as an important resource linking the City's specialty treatment programs with the SBIRT project's network of early intervention and referral activities; provide clinical supervision and performance feedback for medical residents practicing SBIRT skills during elective periods at CBHS Outpatient Buprenorphine Induction Clinic (OBIC); and provide medical residents with hands-on training in office-based buprenorphine treatment. Dr. Hersh will devote 10% effort to the SBIRT project.

Payroll Taxes & Fringe Benefits **\$5,146**

Budgeted at 28.1% of project salaries, payroll taxes and fringe benefits include employer's share of Federal, State, and locally mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability premiums; and employer's contribution to employee retirement plans.

Indirect Expense **\$1,876**

Budgeted at 8% of direct expenses, indirect expenses include departmental administrative, accounting, payroll, and human resources support for project personnel and activities.

**Amendment Number 1
Agreement between
The Regents of the University of California
and
City & County of San Francisco, Department of Public Health
CFDA Number: 93.243
Prime Grant Number: U79 TI020296
DPA and Fund Number: 404851-24044**

**Agreement Number: 5573sc
Amendment Number 1**

This cost reimbursement Agreement ("Agreement") between The Regents of the University of California, on behalf of its San Francisco campus, a corporation of the State of California ("University") and City & County of San Francisco, Department of Public Health ("Subcontractor") for a project entitled "A SBIRT Residency Program at San Francisco General Hospital", under the direction of Paula J. Lum, M.D., University's Principal Investigator, and David Hersh, M.D., Subcontractor's Project Director, is amended as follows:

Reference Article III – Term

The term of this amendment is from September 30, 2009 through September 29, 2010.

Reference Article IV – Compensation

The total amount available for the term referenced in Article III and itemized in Attachment A is \$25,331.00. This amount will not be exceeded nor shall any funds be carried forward into future years without prior written approval of the University's Principal Investigator and a subsequent formal amendment to this Agreement.

Reference Article V – General Regulations and Rebudgeting

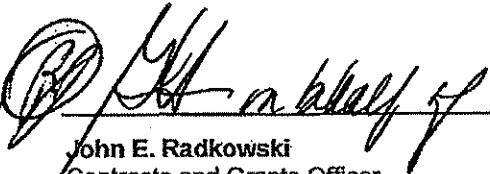
Applicable provisions of the current Award are hereby incorporated. The Notice of Award is included as Attachment B.

All other terms and conditions of the Agreement remain in full force and effect.


IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the month, day and year specified below.

The Regents of the University of California

City & County of San Francisco, Department of
Public Health

By 

John E. Radkowski
Contracts and Grants Officer
Office of Sponsored Research

By 

Name: Barbara A. Garcia, MPA
Deputy Director of Health
Title: and Director of Community
Programs

Date MAY 28 2010

Date May 28, 2010

ATTACHMENT A

The Regents of the University of California
 A SBIRT Medical Residency Program at San Francisco General Hospital
 CSAT/SAMHSA RFA No. TI-08-003

SFDPH CBHS Subcontract
 SFGH SBIRT
 Subcontract No.
 Term: 9/30/09 to 9/29/10

Expense Name	Role on Project	% Effort	Base Salary	Salary Requested	Fringe @28.1%	Total
Alica Gleghom, PhD	PI	10%	In-kind	In-kind	0	-
David Hersh, MD	Co-PI	10%	183,092	18,309	5,146	23,455
Total Salaries				18,309	5,146	23,455
Total Direct Cost						23,455
TDC						Indirect Cost (8%)
						1,876 *
Total Expenses						25,331

* LESS: EQUIPMENT

ATTACHMENT B

Notice of Award

Issue Date: 02/04/2010



SBIRT - Medical Residency Program
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Grant Number: 5U79TI020296-02 REVISED

Program Director:
Paula J Lum

Project Title: A SBIRT Medical Residency Program at San Francisco General Hospital

Grantee Address	Business Address
UNIVERSITY OF CALIFORNIA SAN FRANCISCO Program Director 995 Potrero Avenue, Building 80 Ward 84 San Francisco, CA 94110	Director Regents of the University of California 3333 California Street Suite 315 San Francisco, CA 94118

Budget Period: 09/30/2009 – 09/29/2010

Project Period: 09/30/2008 – 09/29/2013

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF CALIFORNIA SAN FRANCISCO 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.samhisa.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, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

SECTION I – AWARD DATA – 5U79TI020296-02 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$248,908
Fringe Benefits	\$55,684
Personnel Costs (Subtotal)	\$304,592
Supplies	\$24,470
Consortium/Contractual Cost	\$87,751
Travel Costs	\$12,250
Other	\$21,850
Direct Cost	\$450,913
Indirect Cost	\$29,629
Approved Budget	\$480,542
Federal Share	\$480,542
Less Unobligated Balance	\$105,542
Cumulative Prior Awards for this Budget Period	\$375,000

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$375,000
3	\$375,000
4	\$375,000
5	\$375,000

* 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: 1946036493A6
 Document Number: U9TI20296A
 Fiscal Year: 2009

IC	CAN	Amount
TI	C96T502	\$375,000

TI Administrative Data:

PCC: SBIRT-MD / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U79TI020296-02 REVISED

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

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5U79TI020296-02 REVISED

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

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

Treatment of Program Income:
Additional Costs

SECTION IV -- TI Special Terms and Condition -- 5U79TI020296-02 REVISED

REMARKS:

This award approves carryover of an unobligated balance in the amount of \$105,542 from 2008 year funds to 2009 year funds per grantee email dated December 22, 2009. If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

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

CONTACTS:

Reed Forman, Program Official
Phone: (240) 276-2416 Email: reed.forman@samhsa.hhs.gov

Erwin Morales, Grants Specialist
Phone: (240) 276-1425 Email: erwin.morales@samhsa.hhs.gov Fax: (240) 276-1430



Notice of Award

SBIRT - Medical Residency Program
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Issue Date: 06/29/2009

Grant Number: 5U79TI020296-02

Program Director:
Paula J Lum

Project Title: A SBIRT Medical Residency Program at San Francisco General Hospital

Grantee Address	Business Address
UNIVERSITY OF CALIFORNIA SAN FRANCISCO Program Director 995 Potrero Avenue, Building 80 Ward 84 San Francisco, CA 94110	Director Regents of the University of California 3333 California Street Suite 315 San Francisco, CA 94118

Budget Period: 09/30/2009 – 09/29/2010
Project Period: 09/30/2008 – 09/29/2013

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$375,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section II) to UNIVERSITY OF CALIFORNIA SAN FRANCISCO 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, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

SECTION I -- AWARD DATA -- 5U79TI020296-02

Award Calculation (U.S. Dollars)

Salaries and Wages	\$199,626
Fringe Benefits	\$46,012
Personnel Costs (Subtotal)	\$245,638
Supplies	\$6,900
Consortium/Contractual Cost	\$80,751
Travel Costs	\$6,000
Other	\$13,900
Direct Cost	\$353,189
Indirect Cost	\$21,811
Approved Budget	\$375,000
Federal Share	\$375,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$375,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$375,000
3	\$375,000
4	\$375,000
5	\$375,000

* 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: 1946036493A6
 Document Number: U9TI20296A
 Fiscal Year: 2009

IC	CAN	Amount
TI	C96T502	\$375,000

TI Administrative Data:

PCC: SBIRT-MD / OC: 4145

SECTION II -- PAYMENT/HOTLINE INFORMATION -- 5U79TI020296-02

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 -- 5U79TI020296-02

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 – 5U79TI020296-02

REMARKS:

This award approves funding in the amount of \$375,000 as requested in your application dated February 27, 2009.

NONE

SPECIAL CONDITION(S) OF AWARD:

NONE

SPECIAL TERM(S) OF AWARD:

NONE

STANDARD TERMS OF AWARD:

1) 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:

Paula Lum, Project Director @ 30% level of effort
Kay Judish, Project Coordinator @ 25% level of effort
Neda Ratanawongsa, Co-Investigator @ 10% level of effort

2) 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 \$196,700 annually.

3) 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>.

4) 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, Mike Daniels, SAMHSA Federal Preservation Coordinator at mike.daniels@samhsa.hhs.gov or 240-276-0759.

5) 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.

6) 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&E allowance) must be reduced by the allotted meal cost(s).

7) All other previous terms and conditions remain in effect.

8) All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management.

CONTACTS:

Reed Forman, Program Official
Phone: (240) 276-2416 Email: reed.forman@samhsa.hhs.gov

Erwin Morales, Grants Specialist
Phone: (240) 276-1425 Email: erwin.morales@samhsa.hhs.gov Fax: (240) 276-1430