File No. 110080

Committee Item No. 3
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. 110080 **RESOLUTION NO.**

[Accept and Expend Grant - San Francisco Adult Treatment Drug Court - $325,000]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant from Substance Abuse and Mental Health Services in the amount of $325,000 to fund the San Francisco Adult Treatment Drug Court 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 purpose of this project is to implement a new on site intensive outpatient (IOP) treatment program; and,

WHEREAS, DPH will subcontract with Asian American Recovery Services, Inc. (AARS) in the total amount of $254,417; 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 one existing position, one Health Worker III (Job Class #2587) at .65 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 $6,819; 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. .sco : partment 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 Adult Treatment Drug Court - $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 Adult Treatment Drug Court

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

3. Contact Person: Craig Murdock Telephone: 415-503-4702

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 implement a new on site intensive outpatient (IOP) treatment program at the San Francisco Drug Court (SFDC) at the Court site in order to support recovery, improve drug court compliance, reduce recidivism rates, and help clients transition to housing and employment. This new program will be implemented as collaboration between Asian American Recovery Services (AARS) and San Francisco Drug Court Staff. Services provided will include individual counseling, group therapy, services coordination, and other rehabilitative activities.

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: 254,417
Year 2; 254,417
Year 3: 254,417
Total for Project: 763,251

b. Will contractual services be put out to bid? No, existing contractor

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 $6,819 Year 2 $6,819, Year 3 $6,819
b2. How was the amount calculated? 18.87% 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 #: HCSA06/11
****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 Health

RFA TI-10-011			
Adult Treatment Drug Courts			
Budget for Years 1, 2, & 3			
09/30/2010-09/29/2011			Year 1 Cost
A. Personnel			
Position	Salary	LOE	
Project Director	93,522	0.20	0
Evaluation Director	108,888	0.10	0
2587 Health Worker III	57,457	0.65	37,324
COLA			0
Total		0.95	37,324
B. Fringe Benefits (Personnel x 33%)			12,316
C. Travel			
Purpose of Travel	Item	Rate	
CSAT Grantee Meeting in	Airfare	500	3,000
Washington DC	Hotel	150	2,700
(6 attendees, 3 days)	Per Diem	50	900
Grantee Meeting at	Airfare	500	1,500
location to be determined	Hotel	150	1,350
(3 attendees, 3 days)	Per Diem	50	450
Total Travel			9,900
D. Equipment			0
E. Supplies			0
F. Contract			
AARS Personnel			
Positon	Salary	LOE	
Drug Court Coordinator	73,585	0.20	0
Associate Director	74,160	0.10	7,416
Clinical Supervisor	72,100	0.10	7,210
Program Manager	55,000	0.25	13,750
Behavioral Health Counselors	38,000	1.00	36,417
Behavioral Health Counselors	38,000	1.00	36,417
Behavioral Health Counselors	38,000	1.00	36,417
Behavioral Health Counselors	38,000	0.50	18,208
Admin Assistant	34,800	0.25	8,700
Total	461,645	4.40	164,535
AARS Fringe Benefits (AARS Personnel X 27%)			44,505
AARS Supplies			
Office Supplies ($50/month x 12 mos x 420% LOE)			2,520
Desktop Computers ($1,700 each x 4 computers)			6,800
Network Printers ($300 each x 1 printer)			300
			9,620
AARS Other			
Staff Training ($50/mos x 12 mos x 4 persons)			2,400
Facility Rent ($1.21/sqft x 100 sqft x 420 % LOE)			6,098
			8,498
AARS Direct			227,158
AARS Indirect (12%)			27,259
AARS TOTAL			254,417
G. Construction			0
H. Other: GPRA Incentives ($20 x 100 clients x 2/client)			4,000
Total Direct Costs			317,957
Indirect (SFDPH Personnel x 18%)			7,043
TOTAL COSTS			325,000

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

San Francisco Adult Treatment Drug Court
BUDGET JUSTIFICATION
(September 30, 2010 – September 29, 2011)

A. PERSONNEL
B. MANDATORY FRINGE

1. 0.65 2587 Health Care Worker III
Annual Salary $57,457 x 0.65 FTE for 12 months = $37,324
Mandatory Fringe Benefits (@ 33%) = $12,316 $49,640

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	$37,324
Total Fringes	$12,316
TOTAL PERSONNEL:	**$49,640**

C. TRAVEL **$9,900**

Funds are budgeted for six (6) members of the Treatment Drug Court team to attend an annual CSAT grantee meeting in Washington D.C area. ($150/nights + $50 per diem) X 3 nights + airfare $500 = $1,100 X 6 staff members = $6,600
To attend an annual grantee meeting in Washington, DC or similar metropolitan area. Approximate cost for three day stay: ($150/night + $50 per diem) X 3 nights + airfare $500 = $1,100 X 3 staff members = $3,300

D. EQUIPMENT **$0**

E. SUPPLIES **$0**

F. CONTRACTUAL **$254,417**

SFDPH will contract with Asian American Recovery Services, Inc (AARS) to provide Intensive Outpatient Treatment services.

G. OTHER **$4,000**

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	**$317,957**
H. INDIRECT COSTS (18.87% of salaries)	**$7,043**
TOTAL BUDGET:	**$325,000**

Notice of Award

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

Issue Date: 09/30/2010

HCSA06-11

Grant Number: 1H79TI023151-01

Program Director:
Craig Murdock

Project Title: San Francisco Adult Treatment Drug Court

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Health Program Coordinator III 1380 Howard Street, 1st Floor San Francisco, CA 94103	San Francisco Department of Public Health Deputy Director of 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

Kathleen Sample
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI023151-01

Award Calculation (U.S. Dollars)

Salaries and Wages	$37,324
Fringe Benefits	$12,316
Personnel Costs (Subtotal)	$49,640
Consortium/Contractual Cost	$254,417
Travel Costs	$9,900
Other	$4,000
Direct Cost	$317,957
Indirect Cost	$7,043
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:	10TI23151A
Fiscal Year:	2010

IC	CAN	Amount
TI	C96T511	$325,000

TI Administrative Data:
PCC: ADRUG-CR / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI023151-01

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 – 1H79TI023151-01

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 – 1H79TI023151-01

REMARKS:

This Notice of Award (NoA) approves the revised budget submitted by the grantee on September 15, 2010. However, rent for the contractor is restricted and cannot be used for any purpose until all administrative issues have been resolved.

SPECIAL CONDITION(S) OF AWARD:

By November 1, 2010,

In order to determine whether costs are allowable, allocable, and reasonable, you must provide all answers to rent questions with a copy of the lease (SEE ATTACHMENT) for the amount of $6,098.

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:

Craig Murdock, Project Director @ 20% level of effort
Toni Rucker, Evaluation Director @ 10% level of effort
John Charles Simons, Project Evaluator @ 25% level of effort
Joanne Chao, Clinical Supervisor @ 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 - March 31, 2011
2nd Report - September 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
OPS, SAMHSA
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857

For Overnight or Direct Delivery:
Division of Grants Management
OPS, SAMHSA
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20850

CONTACTS:

Holly Rogers, Program Official
Phone: (240) 276-2916 **Email**: holly.rogers@samhsa.hhs.gov **Fax**: (240) 276-2970

Love Foster-Horton, Grants Specialist
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Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$ 6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	**$52,765**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.
(2) The coordinator will coordinate project services and project activities, including training, communication and information dissemination.
(3) Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$10,896**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400

that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND NARRATIVE JUSTIFICATION. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$ 750
(2) Treatment Services	1040 Clients	$27/client per year		$ 28,080
(3) Jane Doe (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*Travel at 3,124 @ .50 per mile = $1,562 *Training course $175 *Supplies @ $47.54 x 12 months or $570 *Telephone @ $60 x 12 months = $720 *Indirect costs = $9,390 (negotiated with contractor)	$ 46,167
(4) Jane Doe	Evaluator	$40 per hour x 225 hours	12 month period	$ 9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
(2) Treatment services for clients to be served based on organizational history of expenses.
(3) Case manager is vital to client services related to the program and outcomes.
(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the target population and will report GPRA data.
(5) Marketing Coordinator will development a plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)

(Combine the total of consultant and contact) **$86,997**

Category	Federal Request
Other	$ 15,819
Total Direct Costs*	$172,717
Indirect Costs	$ 5,093
Total Project Costs	$177,810

* TOTAL DIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **$172,717**

* TOTAL INDIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **$5,093**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$177,810**

ADD BELOW: OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER

Abstract

The City and County of San Francisco, Department of Public Health, is requesting Adult Drug Treatment Court funding in the amount of $325,000 per year for three years to implement a new on-site intensive outpatient (IOP) treatment program at the San Francisco Drug Court (SFDC) at the Court site in order to support recovery, improve drug court compliance, reduce recidivism rates, and help clients transition to housing and employment. This new program will be implemented as a collaboration between Asian American Recovery Services (AARS) and San Francisco Drug Court Staff. Services provided will include individual counseling, group therapy, services coordination, and other rehabilitative activities.

The San Francisco Drug Court (SFDC) was established in 1995 as an alternative to traditional sentencing options for drug offenders. Through a combination of judicial supervision and rehabilitation services, SFDC promotes accountability among defendants who are driven by addiction and facing felony drug or property charges. SFDC has a stand alone treatment clinic, the Drug Court Treatment Center (DCTC), which currently provides pre-treatment services and referrals to outpatient and residential drug treatment for SFDC clients. Over 3,500 individuals have entered Drug Court since its inception.

The SFDC population of focus is racially and ethnically diverse (primarily English speaking), very low-income, marginally housed or homeless, with an average age of 38. The majority of SFDC clients use drugs daily prior to entering treatment, with cocaine being the most common drug of choice and smoking being the most comment route of drug administration. The majority of SFDC clients self-report having experienced some form of drug treatment in the past.

The proposed Intensive Outpatient Program will serve fifty clients at a time, with two 6-month cycles per year, for a total served of 300 over the life of the grant.

The **goals** of the proposed enhancement are to increase SFDC participant treatment plan compliance as well as retention and completion rates. The **objectives** of the proposed enhancement are: 1) To provide culturally-competent Intensive Outpatient Treatment Services, including psycho-educational groups and individual and group treatment services, on-site at the SFDC lasting 6 months per cycle and serving at least 100 participants per year; at least 300 over the life of the grant. 2) To ensure successful non-treatment linkages to community-based services such as housing, employment, public benefits, health care and behavioral health care.

The desired measurable **outcomes** of the proposed enhancement are:

- 75% of IOP clients will keep court dates.
- 90% of IOP clients will maintain compliance with their treatment plans.
- 100% of IOP clients will participate in at least one non-treatment supportive service through an IOP referral leading to improved health status, employment, and/or housing.

Section A: Statement of Need

While San Francisco has managed to serve hundreds of clients each year through the San Francisco Drug Court (SFDC), there are many more SFDC clients in need of drug treatment services than can currently be accommodated in the City's system of care for recovering addicts. SFDC clients attend pre-treatment groups at the Drug Court Treatment Center while awaiting placement in one of the City's community-based residential or outpatient treatment slots. The addition of an Intensive Outpatient Treatment program on-site at the San Francisco Drug Court will provide expeditious access to treatment for 100 SFDC clients per year.

Thirteen years in operation, SFDC is an intensive rehabilitation and supervision program targeted toward non-violent drug-related felony defendants. The SFDC is a collaborative effort between the San Francisco Superior Court, District Attorney, Public Defender, Adult Probation, the Department of Public Health (DPH), Sheriff, and Police. In 2008, 470 defendants entered the SFDC program. SFDC supports the evidence-based practices of the Office of Justice Program's Ten Key Components of Drug Court with a special emphasis on performance measurement to improve program objectives.

The SFDC serves substance-addicted clients who are arrested or cited for a misdemeanor or non-violent felony within San Francisco city limits. Legal eligibility includes felony possession of narcotics, sales or possession for sale of narcotics, and theft offenses connected to the client's addiction.

The following chart summarizes demographics for the 2008 San Francisco Drug Court cohort.

Gender	Male	73%	**Veteran**		7%
	Female	27%	**Probationer**	(MTR entry)	29%
Ethnicity	African American	49%	**Parolee**		7%
	White	28%	**Incarcerated at Program Entry**		64%
	Latino	12%	**Primary Drug of Choice**	Cocaine	51%
	Asian/Pacific Islander	5%		Heroin	20%
	Other	6.5%		Methamphetamine	16%
Age	Average	38		Marijuana/Hashish	5%
	Range	18 to 70		Alcohol	4%
Living Situation	Apartment/House	34%		Other	3%
	Streets/Shelters	29%	**Frequency of Drug Use**	Daily	66%
	Relative(s)	24%		3-6 Times Per Week	14%
	Hotel	13%		No Past Month Use	13%
Income	None	71%		1-2 Times Per Week	4%
	Disability	16%		Monthly	2%
	Employed	7%	**Route of Administration**	Smoking	60%
	Assistance	5%	**(consumption method)**	Injection	22%
	Other	1%		Inhalant	10%
Education	High School Diploma	43%		Oral	8%
	GED	20%	**Age at Onset of Drug Use**	Average	23
	No GED/Diploma	37%		Range	8-55

Married/Significant Other		14%	**Psychiatric Disorder**	(Self-Reported)	34%
# Minor Children	Average	0	**Drug Treatment History**	(Self-Reported)	66%
	Range	0-6	**HIV Positive**	(Self-Reported)	7%
Language Preference	English	93%			
	Spanish	6%			
	Other	1%			

Additional analysis of the 2008 Drug Court population facilitates a greater understanding of participants. Male and female clients exhibit several statistically significant differences. Male Drug Court clients are more likely to be in custody at program entry than females (73% of men vs. 65% of women). Men are more likely to be injection drug users (26% vs. 16%), while women are more likely to administer substances by smoking (67% vs. 56%). Women are much more likely than men to self-report psychiatric disorders (47% vs. 27%), although overall rates of psychiatric disorder in the general population are almost identical for men and women (World Health Organization, 2009).

Differences between ethnic groups are also present in the 2008 cohort. White clients are more likely to be injection drug users than other ethnic groups (42% of whites, 14% of African Americans, 9% of Latinos, and 6% of Asian/Pacific Islanders), while Asian/Pacific Islanders are more likely to administer substances by smoking (82% of Asian/Pacific Islanders, 68% of African Americans, 67% of Latinos, and 42% of whites). Whites are also more likely than other ethnicities to self-report psychiatric disorders (46% of whites, 31% of African Americans, 22% of Asian/Pacific Islanders, and 15% of Latinos). Whites are more likely to live on the streets or in shelters prior to program entry (41% of whites, 29% of Asian/Pacific Islanders, 24% of African Americans, and 13% of Latinos), while Latinos are more likely to be living in stable housing (76% of Latinos, 65% of Asian/Pacific Islanders, 66% of African Americans, and 38% of whites).

Education, employment status (income), and gender were all significantly related to outcome. Clients with a high school diploma were more than 1.5 times as likely as those with neither a diploma nor a GED to complete Drug Court. This result is not surprising given that higher levels of education may lead to greater personal and social resources that could support the recovery process. Clients receiving public assistance were almost four times as likely as clients receiving disability payments to graduate. This large difference between income sources may be due to the considerable challenges faced by individuals with mental and physical disabilities. Finally, while 25 percent of men graduated, only 17 percent of women did. Many studies have found that women drop out of drug treatment programs more frequently, (Rempel & Destefano, 2002), however, others have found that male drug offenders are less successful in rehabilitation programs (Marlowe et al., 2007).

Of the 454 SFDC clients who exited the program in 2008, 22 percent graduated and 78 percent either self-terminated or were terminated by the court. The Office of Collaborative Justice Programs recently completed a six-year recidivism study of Drug Court clients entering the program in 2003. This study compared the arrest rates during the three years prior to program entry to the three years subsequent to program entry in order to assess the impact of Drug Court

participation on criminal behavior. San Francisco Drug Court appears to reduce arrest rates across all participants, and particularly among graduates.

- On average, Drug Court participants exhibited 4.32 arrests during the three years prior to Drug Court entry.
- Regardless of program outcome, participant arrest rates declined 37 percent, with an average of 2.73 arrests following Drug Court entry.
- Drug Court graduates experienced a 73 percent decrease in arrest rates, from an average of 3.36 arrests to 0.90 arrests, following Drug Court entry.

The foundation of this proposal is that expanded access to treatment will lead to improved treatment engagement and retention and higher SFDC graduation rates, which will in turn substantially reduce re-arrest rates in SFDC clients.

Section B: Proposed Evidence-Based Service/Practice

Purpose, Goals and Objectives

The **purpose** of the proposed Intensive Outpatient enhancement is to improve access to treatment for SFDC participants.

The **goals** of the proposed enhancement are to increase SFDC participant treatment plan compliance as well as retention and completion rates.

The **objectives** of the proposed enhancement are:

1) To provide culturally-competent Intensive Outpatient Treatment Services, including psycho-educational groups and individual and group treatment services, on-site at the SFDC lasting 6 months per cycle and serving at least 100 participants per year; at least 300 over the life of the grant.
2) To ensure successful non-treatment linkages to community-based services such as housing, employment, public benefits, health care and behavioral health care.

The desired **outcomes** of the proposed enhancement are:

- 75% of IOP clients will keep court dates.
- 90% of IOP clients will maintain compliance with their treatment plans.
- 100% of IOP clients will participate in at least one non-treatment supportive service through an IOP referral.

Evidence-Based Service/Practice

The SFDC IOP will provide intensive outpatient substance abuse services, including screening and assessment, psycho-educational classes, and individual and group therapy. SFDC's IOP will draw on two evidence-based practices (EBPs) that have proven effective with the target population: Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET).

Cognitive Behavioral Therapy describes a form of psychotherapy that emphasizes the important role of thinking in emotions and behavior. Cognitive behavioral and psycho-education approaches teach self-control strategies, coping strategies, symptom management, problem solving and skill-building activities. Cognitive behavioral therapies are widely recommended as

part of substance abuse and mental health treatment provided in tandem with specialty courts (Peters & Osher, 2004, 26). The proposed SFDC IOP will incorporate CBT in two of its primary interventions: Relapse Prevention and Anger Management.

- *Relapse Prevention* is a recommended cognitive behavioral approach that focuses on managing cravings, strengthening motivation to stop abuse, and enhancing personal relationships and networks to support recovery. A 2004 study found that low-income women living with co-morbid substance abuse and PTSD reduced their substance use and experienced less severe PTSD symptoms after 3 months of CBT relapse prevention treatment (Hien, D.A., et al).
- *Anger Management* is another recommended cognitive behavioral approach used frequently with criminal justice populations in treatment settings. The program will utilize *Anger Management for Substance Abuse and Mental Health Patients*, a 12-week group treatment CBT curriculum developed by SAMHSA.

Motivational interventions, such as Motivational Enhancement Therapy (MET) and Motivational Interviewing (MI), are used in treatment settings to promote internal motivation for behavioral change and treatment engagement. MET is a brief, non-confrontational treatment in which a clinician seeks to increase patients' commitment to reducing their drug abuse by heightening their awareness of the harmful personal consequences of that use. The National Registry of Evidence-Based Programs and Practices (NREPP) has recognized MET as an evidence-based practice. A 2007 multi-site study of 461 substance abuse outpatients found that MET resulted in more sustained reductions in substance use than counseling as usual (CAU) (Ball, S.A., et al). Motivational Interviewing (MI) is a client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence (NREPP). Motivational Interviewing is also recognized as an evidence-based practice by NREPP. NREPP notes that the following elements are common to Motivational Interviewing techniques:

- Establishing rapport with the client and listening reflectively.
- Asking open-ended questions to explore the client's own motivations for change.
- Affirming the client's change-related statements and efforts.
- Eliciting recognition of the gap between current behavior and desired life goals.
- Asking permission before providing information or advice.
- Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
- Encouraging the client's self-efficacy for change.
- Developing an action plan to which the client is willing to commit.

Motivational interviewing has been evaluated in numerous randomized studies with diverse drug using populations. A meta-analysis of 72 clinical trials found that motivational interviewing led to more change in substance use (Hettema, Steele, Miller, 2005). In one multi-site study, substance abuse treatment outpatients who received motivational interviewing were found to have improved treatment retention rates over those who received standard intake and evaluation (Carroll, K.M., et al 2006). Motivational interviewing is a flexible approach that can address culturally relevant content. In one randomized study, African-American drug users (mostly cocaine users) who received motivational interviewing relating their drug use to African-American community concerns were less likely to be using drugs at one-year follow-up than

were those who received substance abuse assessment and referral (54.3% versus 70.5%) (Longshore & Grills, 2000).

The SFDC IOP will incorporate MET and MI in all assessment activities and individual counseling sessions. Staff will receive training in MET/MI as well as ongoing feedback on their use of these techniques as part of supervision.

Evidence

The types of interventions described in this proposal have already proven successful in reducing recidivism and re-arrest in SFDC participants. Currently, the SFDC offers access to on-site pre-treatment and referral to both intensive outpatient and residential substance abuse treatment services. San Francisco's Collaborative Courts recently completed a six-year recidivism study of Drug Court clients entering the program in 2003. This study compared the arrest rates during the three years prior to program entry to the three years subsequent to program entry in order to assess the impact of Drug Court participation on criminal behavior. San Francisco Drug Court reduces arrest rates across all participants, and particularly among graduates.

- On average, Drug Court participants exhibited 4.32 arrests during the three years prior to Drug Court entry.
- Regardless of program outcome, participant arrest rates declined 37 percent, with an average of 2.73 arrests following Drug Court entry.
- Drug Court graduates experienced a 73 percent decrease in arrest rates, from an average of 3.36 arrests to 0.90 arrests, following Drug Court entry.

This proposal builds on the success of AARS's existing Intensive Outpatient Program, Project ADAPT, which currently serves SFDC clients under contract with the San Francisco Department of Public Health. The Department of Health monitors the program on an annual basis, and it has consistently received the highest scores (4 out of 4, "Commendable/Exceeds Standards") on all evaluation criteria (Program Performance, Program Compliance, Client Satisfaction).

Modifications/Adaptations

Evidence-based practice studies often use homogenized target patient populations. The SFDC is a court that works with a very diverse participant pool. Given the diversity within the target population (age, race/ethnicity, educational level, housing status, levels of acuity, offense type/severity, range of mental health disorders and/or cognitive impairments and symptoms), SFDC will employ flexibility in the delivery of evidence-based practices. Many EBPs are based on manualized curricula and/or use specific educational tools. According to client needs, IOP staff may opt to emphasize some topics over others, or adapt the session length or materials used to be more accessible to the participants.

Why These Evidence-Based Practices Were Chosen Over Others

The research pertaining specifically to evidence-based practices for drug court clients is limited, and therefore the proposed IOP enhancement integrates a number of evidence based treatment practices used successfully with similar populations and in similar settings. The framework of the IOP has been successful in treating the parolee population, especially when services are multidimensional and address criminal lifestyle and values, antisocial behaviors, and other factors that influence continued criminality (Taxman 2009).

How the Proposed Project Will Address:
Demographics: The SFDC is committed to providing culturally sensitive, respectful, empathetic and optimistic services that recognize the specific needs of all genders, ethnicities, and linguistic backgrounds. The race/ethnicity of the staff reflects the diversity of the participants and sexual orientation minorities are well represented amongst both staff and clients. Asian American Recovery Services (AARS) is a culturally-specific treatment provider with a track record of success in criminal justice settings.

Language and literacy: Program materials proposed for use in our project will be readable at the 6th grade level, and visual aids will be used extensively (e.g. drawing or summarizing bullet points on white boards in the counseling rooms).

Sexual identity, sexual orientation and gender identity: Because of concerns regarding stigma, clients will be allowed to identify or not identify their sexual orientation. People who are transgender or gender fluid will be welcomed and encouraged to express their gender identity when they feel safe doing so. Group ground rules will include respect for people from all walks of life (including race, culture, gender, sexual orientation, age, disability). In supervision, the program staff will be helped to maintain awareness of individual assumptions and emotional reactions (e.g. homophobia or internalized homophobia), so that they maintain an accepting, respectful counseling approach with clients diverse in sexual orientation or gender identity.

Disability: All agencies involved in the project are presently accessible to people with disabilities, a precondition for their receipt of funding from the City and County of San Francisco. This includes having TTY, large print, audio and video materials available, and access to interpreter services. The program offers programmatic access by offering drop in services to those who have difficulty keeping appointments, and will also meet clients off-site if clients prefer.

How Proposed Service/Practice Will Meet Goals and Objectives Within 3-Year Grant Period

Goals	**Interventions**	**Qualitative Participant Outcomes**
Outreach/ Engagement	MET/ MI	Commencement of Treatment
Drug Treatment	MET/MI CBT	Improved Life Skills Increase Health Knowledge & Health-Efficacy Improved Conditions of Life Decreased Substance Abuse Link Positive Recovery & Healthy Behaviors
Non-Treatment Linkages	Housing, Employment, Public Benefits, Health Care and Behavioral Health Care	Stability and substance abuse recovery maintained

Section C: Proposed Implementation Approach

How the Proposed Service/Practice Will Be Implemented

The proposed San Francisco Drug Court on-site Intensive Outpatient Treatment Program (IOP) will be implemented in partnership with Asian American Recovery Services (AARS). In the existing DCTC program, participants are provided pre-treatment services on-site and referred to community-based treatment services, including AARS's Intensive Outpatient Program, Project ADAPT. The proposed enhancement will allow eligible participants to receive Intensive Outpatient Program services on site at DCTC with the goal of improving treatment compliance, retention and graduation rates.

IOP clients will participate in a culturally sensitive and linguistically appropriate therapeutic program of structured activities that are individualized based on severity of addiction, history of relapse and co-occurring issues. Through peer and staff support clients will develop an understanding of the addiction process, new coping skills, and healthy life choices.

The proposed IOP is based on Project ADAPT, AARS's successful drug and alcohol treatment model. Project ADAPT is a comprehensive multi-cultural, multi-lingual program focusing on five fundamental processes:

A ACCEPTANCE of problem: Acceptance and ownership of own substance abuse problem and begin to explore alternatives to substance abusing lifestyle.

D DETERMINATION to change: Making a commitment to change through the building of a structured and productive lifestyle for oneself.

A ASSESSMENT of problems for changes: Self-analysis on underlying factors that contributed to substance abusing behavior.

P PARTICIPATION in making changes: Developing and achieving short and long term goals toward a structural and functional drug free lifestyle.

T TOWARD a drug free life: Leading a drug free life as a functional member of the family and community.

The five basic processes run throughout the program and are incorporated in the program's Stage Model curriculum.

Phase 1: Engagement
Phase 2: Self Reflection
Phase 3: Application
Phase 4: Transition

Specific program elements include:

Biopsychosocial Assessment: Clients receive a comprehensive biopsychosocial assessment upon entry into treatment to determine whether there is a need for other support services, such as primary care provider, psychiatric evaluation for medication and housing issues. Clients who need additional support services for stabilization are provided with appropriate linkages.

Individual sessions: Weekly/bi-weekly sessions for one-on-one counseling with assigned Counselor discussing personal issues, problems, educational/vocational needs, and treatment planning. Client's progress is evaluated on a regular basis to ensure appropriate level of care. Intensity of treatment is either intensified or stepped-down depending on client's ability to maintain a clean and sober lifestyle. Consistency in sobriety is an indication of that the client is

ready for transitional planning, which can include education/vocational training, participation in outside support groups, and/or referral to less intensive treatment program.

Process Groups: Daily process groups provide clients an opportunity to share their issues related to trauma, family, and grief/loss, and receive feedback and support from their peers.

Recreational Activities: Monthly structured outing activities to introduce individuals to clean and sober leisure and cultural activities such as team sports, personal fitness, and community events.

Psychoeducation Groups: Weekly group series based on structured curricula on various topics such as Stages of Change, Life Skills, Effects of Drug/Alcohol, and Parenting Workshop.

Relapse Prevention: Weekly group series using structured curricula and peer support to identify relapse triggers, developing healthy coping skills and maintaining clean and sober living.

Aftercare Activities: Weekly peer support groups with clients who are transitioning into the community. Various topics include education/vocational workshops, clean and sober living, and developing positive social support network.

Women Specific Services: Weekly women's group on site. Outreach activities to community organizations that work primarily with women such as, Child Welfare Services, Battered Women's Shelter, and Social Services, to increase women's enrollment. Design and develop curricula that address the needs of women in recovery (i.e. domestic violence, women's health, and parenting workshops.

Culturally Focused Meals: Daily meals prepared by and for clients to develop a sense of community and culture by sharing different ethnic food.

Art Group: Weekly group using art therapy techniques to explore various issues such as family of origin, cultural values, and family values.

Drama Workshop: Weekly group using drama techniques to explore various issues such as family of origin, cultural values and family values.

Family Support Activity: Monthly activities designed to foster healthy family relationships. Activities can include educational/informational presentations, picnics, community events/shows, etc.

Coordination with Court: AARS case managers/counselors will provide Drug Court staff with monthly progress reports on the status of clients' treatment progress and have an ongoing dialog with Drug Court staff. The co-location of treatment services at the drug court will facilitate strong two-way communication between treatment and Drug Court staff.

Graduation: Prior to completion, the client will develop a discharge plan with their Counselor, which will address issues of support, relapse and aftercare. Clients continue to work with staff with less structure and begin to apply new knowledge and coping skills out in the community. Upon successful completion, clients can participate in aftercare activities, such as weekly peer support groups with clients who are transitioning into the community. Upon successful

completion of target treatment goals and objectives clients are eligible to graduate from program. Graduations will be held four times a year.

Successful completion of program includes:
- Commitment to healing and recovery
- Consistency in clean and sober lifestyle
- Attainment of treatment goals
- Participation in healthy support network
- Awareness of the recovery process
- Awareness of relapse prevention techniques
- Successful completion of legal mandates

Staffing for the intensive outpatient program will include a 20% Level of Effort (LOE) Drug Court Coordinator, a 10% LOE AARS Associate Director, a 10% LOE Clinical Supervisor, and 350% LOE (3.5 full-time) Behavioral Health Counselors as well as a 25% LOE Administrative Assistant.

How Program Supports the Ten Key Components of Drug Courts

Key Component #1 Drug courts integrate alcohol and other drug treatment services with justice system case processing. The on-site IOP will promote integration by allowing for close coordination between Drug Court and treatment staff. IOP counselors will provide regular status reports to the Drug Court judge, who is considered the head of the collaborative treatment team, and the prosecutor, who has the ability to make recommendations to the Court.

Key Component #2 Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights. The IOP will be critical to SFDC's ability to meet the treatment needs of clients as dictated by the treatment plan mutually agreed to by the Judge, prosecution, and defense. Regular updates provided by the IOP's counselors will assist the collaborative treatment team in determining the best plan of action for each participant.

Key Component #3 Eligible participants are identified early and promptly placed in the drug court program. The court refers defendants to the SFDC treatment center for immediate assessment and placement in treatment programs. IOP staff will contribute to the Court's ability to provide timely and accurate assessment of suitability for SFDC, including the type and intensity of treatment.

Key Component #4 Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. The IOP will become a critical component of the SFDC's continuum of alcohol, drug, and other treatment and rehabilitation services. The IOP will also serve as an "access point" to the City's extensive system of care as it relates to both treatment and non-treatment related services. The IOP will coordinate closely with the City's Department of Public Health, which maintains the City's system of publicly funded primary care and behavioral health care services, as well as the Human Services Agency, which administers the City's general assistance program and emergency shelter and transitional housing services.

Key Component #5 Abstinence is monitored by frequent alcohol and other drug testing.

A series of timely progress reports provided by the IOP coupled with court appearances will encourage compliance with treatment protocols and judicial mandates. SFDC requires frequent and random drug testing of all participants. Drug tests will be used to document the sustained period of abstinence required for graduation from the IOP.

Key Component #6 A coordinated strategy governs drug court responses to participants' compliance. The IOP will become a critical component of the Court's response to treatment compliance and noncompliance by providing timely and accurate information on each participant's progress. Positive performance will result in positive affirmation from judicial officials, reduced supervision and eventual graduation from the IOP and from the SFDC. Sanctions, when needed, will be imposed based on their therapeutic value.

Key Component #7 Ongoing judicial interaction with each drug court participant is essential. Depending on their treatment stage and level of compliance, DC participants will appear before the judge weekly, bi-weekly, or monthly. The IOP will help the SFDC Judge to be effective in his/her role on the collaborative treatment team by providing accurate progress reports and by making informed recommendations regarding each participant. The co-location of the IOP and the SFDC will likely increase court appearance attendance because many participants will spend most of their time during the day on-site.

Key Component #8 Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. The SFDC utilizes information technology to manage and analyze data and client referral needs. The IOP will establish client data protocols that comply with the Program Evaluation to be administered for this project by the San Francisco Department of Public Health (as grantee). The Program Evaluation will address collection of GPRA data as well as other process and outcome benchmarks.

Key Component #9 Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. IOP staff as well as Court staff will meet benchmarks by continuing to educate themselves through regional and national training conferences, studies and research efforts. IOP staff will provide ongoing consultation to the Court with regard to the nature of AOD dependence, treatment modalities and relevant terminology, the dynamics of abstinence and preventing relapse, and cultural competence issues in the target population.

Key Component #10 Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. The collaborative structure of the DC requires constant communication among the team members and other collaborative courts to share information and to enhance DC effectiveness. The IOP will assist the SFDC is expanding the reach of its collaborative network by leveraging existing relationships in the community and by educating other community-based programs about the drug court.

Substance Abuse Agency (SSA) Letter: Please see Attachment 4

Screening and Assessment for Co-Occurring Substance Use and Mental Disorders and Appropriate Treating Planning for Participants with CODs

While DPH recognizes the value of the recommended GAIN tool, the department has made system wide implementation of a uniform tool a priority, in order to provide consistent standards

throughout the health delivery system. The SFDC IOP will utilize the Addiction Severity Index ("ASI") as its primary assessment tool, with results used to inform the treatment plan. The ASI is a semi-structured clinical interview that measures psychosocial problems in seven domains of functioning: medical, employment, alcohol, drug, legal, family/social, and psychiatric. Clients assessed as having possible co-occurring mental disorders will be referred for additional assessment and integrated treatment through the San Francisco Department of Public Health's Community Behavioral Health Services with all treatment coordinated and overseen by the client's primary IOP counselor.

The San Francisco Department of Public Health is in the process of implementing a new system-wide electronic health record system called SF Avatar. The Avatar suite of programs includes: Practice Management, Clinicians Work Station, Management of Services Organization, Addiction Management, Infoscriber, Avatar Mobile, Executive Reporting System, Data Warehouse, General Ledger and Web services. SF Avatar is designed to drive the Behavioral Health Information System (BHIS) from point of entry through registration, eligibility determination, clinical record keeping, billing, revenue collection, accounting, reporting, administrative and clinical decision support, quality management, and research and outcomes reporting. The ASI will be integrated into Avatar and required for use by all San Francisco behavioral health system of care providers. Use of one standardized assessment tool will allow for more efficient use of assessment data when viewed as part of the electronic health record.

The addiction severity index (ASI) has transformed the field of Mental Health and Substance Abuse treatment by standardizing assessment of all patients across all dimensions of their functioning. In research, the ASI became a mainstay of scientific analysis. Its collection of retrospective functional data offers addiction treatment specialists measurable data to analyze change over time. Later, in the mid 1980s when elected officials and taxpayers began demanding more accountability for their treatment dollars, the ASI and other instruments gave birth to standardized evaluation of patient progress during treatment, post-treatment outcome evaluation and ultimately, to data-driven improvements in treatment performance. Research validates the use of the ASI for identifying immediate mental health and substance use problems in a number of clinical trials. (McLellan et al, 1996, 2006)

The ASI has proven of great value in learning how to tailor treatment to better meet the needs of patients, allocate resources, and inform public health policy. As the needs of our nation's policy makers, researchers and practitioners continue to evolve, the ASI will serve as the common metric ensuring that the clinical information obtained will be valid and reliable.

Functionally, the ASI assessment has successfully helped treatment counselors and clinicians place a substantial number of substance use and mental health clients into treatment settings. The ASI assessment tool advocates for individualized, assessment-driven treatment placements across a broad continuum of care. The ASI assessment works well in systems wherein mental health and substance use treatment is readily available, which decreases client loss when the treatment they need is not immediately available and readily accessible. AARS has successfully relied on the ASI to place individuals into outpatient and inpatient care, especially for those individuals in early stages of readiness to change. The ASI has helped to reduce wait times for treatment placements and thereby improved access to care facilities.

The ASI places importance on integrated care systems by providing a clear and comprehensive summary of the many concerns which enhance healthier treatment planning and outcomes.

Time Line (Key Activities, Milestones, and Responsible Staff)

ADAPT On Site Services Project Implementation Timeline			
Goal/Objective/Event	**Project Activity**	**Responsible Agency**	**Completion Date**
Award Announced	DPH is notified of funding	SAMHSA	August, 2010
Program Staffing	ADAPT staff hiring process begins	DPH/AARS	October, 2010
Program Operational	Staff positions hired and trained	DPH/AARS	November, 2010
Clients Screened	Screening tools in place and in use	DPH/SFDC	December, 2011
Caseload of 50 reached	Intake and assessment completed for 50 eligible ADAPT participants	AARS	January, 2011
Group Services in place	Participants can attend three EBP meetings per week	AARS	January, 2011
Case Management	50 clients receive weekly case management services	AARS	January, 2011
Quarterly Reports Begin	Reports submitted to SAMHSA showing activities completed in first quarter	DPH, AARS	January, 2011
Client Graduation	Clients begin graduating as treatment goals are reached and community connections established	DPH, AARS	June, 2011
100 Clients Served	100 clients complete assessment process	AARS	December, 2011
75% of ADAPT Clients Keep Court Dates	Staff tracks compliance for first year of services	DPH, AARS	September, 2011
90% of ADAPT Clients Maintain Treatment Compliance	Staff tracks compliance for first year of services	DPH	September, 2011
100% of ADAPT Clients Participate in Supportive Service through Referral	Staff tracks compliance for first year of services	DPH	September, 2011
Annual Report	Reports submitted to BJA, CSAT showing activities completed in first year	DPH	October, 2011

File No. 110080

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

City Elective Officer Information *(Please print clearly.)*	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information *(Please print clearly.)*	
Name of contractor: Asian American Recovery Services, Inc. (AARS)	
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. 1. Kan Wong, Chair; Celinda Cantu; Andrea Canaan, MSW; Teresa Ferrer; Richard Hori, Dr. Nelson Kobayashi, Pharm.D.; Emalyn Lapus; Dr. Herb Leung, Pharm.D.; Bill Maher; Sululagi Palega; and Shelley Hom, RN, NP, CS, Secretary 2. Jeff Mori ED, Tony Duong Deputy Director 3. N/A 4. N/A 5. N/A	
Contractor address: 1115 Mission Rd, South San Francisco, CA 94080	
Date that contract was approved:	Amount of contract: $254,417
Describe the nature of the contract that was approved: Mental Health Svs	
Comments: AARS is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form (Mayor, Gavin Newsom)

X 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

Filer Information *(Please print clearly.)*	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	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