



COUNTY ADMINISTRATOR  
220 NORTH MAIN STREET, P.O. BOX 8645  
ANN ARBOR, MICHIGAN 48107-8645  
(734)996-3055  
FAX (734)994-2592

TO: Katie Scott, Chair  
Ways & Means Committee

THROUGH: Gregory Dill,  
County Administrator

FROM: Trish Cortes, Executive Director  
Washtenaw County Community Mental Health

DATE: April 17, 2019

SUBJECT: Washtenaw County Community Mental Health SAMHSA Federal  
Grant Award – Certified Community Behavioral Health Clinic

**BOARD ACTION REQUESTED:**

It is requested that the Washtenaw County Board of Commissioners approve the Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Grant award to Washtenaw County Community Mental Health (WCCMH) for the Certified Community Behavioral Health Clinic Expansion Grant, authorize the Administrator to amend the budget, and authorize removing 4.0 FTE from Hold/Vacant for the duration of the grant.

**BACKGROUND:**

As explained by the National Council for Behavioral Health, Certified Community Behavioral Health Clinic's (CCBHC) were created through Section 223 of the Protecting Access to Medicare Act, which established a demonstration program based on the Excellence in Mental Health Act. The Excellence Act is an initiative to expand access to mental health and addiction care in community-based settings.

The Excellence Act established a federal definition and criteria for CCBHCs, designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of service with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care.

States across the nation had the opportunity to apply to become CCBHC demonstration program states. But first, entities within the state needed to apply to become CCBHC certified. In April 2016, WCCMH applied to the State of Michigan to be certified as a CCBHC site and was awarded. In October 2016 the State of Michigan applied to participate in the 2 year demonstration program. A total of 24 states applied and in December 2016 SAMHSA announced

that 8 of those states were awarded. Michigan was not one of the awarded demonstration states. Because language in the demonstration law limits participation to only 8 states, the National Council and other congressional representatives began working to expand the Excellence Act, and/or funding, so additional states/organizations could participate in CCBHC initiatives.

**DISCUSSION:**

In May 2018, SAMHSA posted a Funding Opportunity Announcement for individual entities within the original 24 states that previously applied to now apply for available CCBHC Expansion Grant funds.

In July 2018 WCCMH submitted an application to SAMHSA for Expansion Grant funding. September 17, 2018 WCCMH received notification that our application was denied.

On December 18, 2018, WCCMH received an emailed Notice of Award stating our full funding request of \$1,713,210 for 2019 and \$1,784,971 for 2020 has been awarded beginning 12/31/18. Due to the delayed notice of award, WCCMH worked with SAMHSA to move the start date of programming. CCBHC service delivery will commence May 1, 2019.

The CCBHC Expansion grant program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring disorders (COD).

CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence.

The CCBHC is clinically responsible for the services provided. CCBHCs must offer the following services either directly or through a formal contract with a Designated Collaborating Organization. The required services include:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Screening, assessment and diagnosis including risk assessment
- Patient-Centered treatment planning or similar processes, including risk assessment and crisis planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Assertive Community Treatment (ACT)
- Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration

Additional requirements include:

- Establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered
- Establish an Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies
- Develop and implement plans for sustainability to ensure delivery of services once federal funding ends

Receipt of the SAMHSA grant does not obligate WCCMH to provide services after the grant period ends on December 31, 2020. However, a required component of the programming supported by these funds is the development of a plan to continue these services beyond this funding period. To address this requirement WCCMH is proposing that a portion of the funds raised through the Public Safety and Mental Health Millage allocated for mental health will be budgeted to fund these services, should the grant funding not be renewed and should other outside funding not be available. This is an appropriate funding source to continue these services because the services funded and the populations served through this grant are in alignment with the goals and services planned to be funded with the millage as recommended by the Community Mental Health Advisory Committee (CMHAC).

This grant provides funds of \$1,713,210 for 2019 and \$1,784,971 for 2020. The cost to continue the services funded by this expansion grant beyond the end of the grant period on December 31, 2020, and the amount to be budgeted to the mental health portion of the Public Safety and Mental Health Millage are:

- \$1,859,748 in 2021
- \$1,937,657 in 2022
- \$2,018,830 in 2023
- \$2,103,403 in 2024
- \$2,191,520 in 2025, and
- \$2,283,328 in 2026, the final year funds will be available from the current levy.

In summary, this grant provides an opportunity for WCCMH to offset spending of millage dollars for two years (or longer if extension of the grant is available). After the grant ends, the millage will fully cover programming. If the millage is not extended, non-mandated services without funding would no longer be provided.

**IMPACT ON HUMAN RESOURCES:**

This action would remove four positions from Hold/Vacant status and allow for 38 current positions (16 pre-millage positions and 22 millage created positions) to be offset with grant funding. The intent of this action is to use these grant funds to offset other funding sources for as long as the funds are available. Once grant funds are exhausted these positions will return to their original funding sources. Positions that were previously hold vacant would return to hold vacant status.

Specific impacted positions are detailed below:

**Positions Being Removed from Hold/Vacant**

<u>Position ID</u>	<u>Position Title</u>	<u>Grade</u>	<u>Group</u>	<u>Remove from Hold/Vacant</u>
21810028	Client Service Manager	21	1000	1.0
21810030	Client Service Manager	21	1000	1.0
21810062	Client Service Manager	21	1000	1.0
24920015	Crisis Service Professional	24	1000	1.0

<b>Pre-Millage Positions offset with CCBHC Grant Funding</b>						
<u>Position ID</u>	<u>Position Title</u>	<u>Group</u>	<u>Grade</u>	<u>Other Operational Funds</u>	<u>Millage</u>	<u>CCBHC</u>
23560020	Mental Health Nurse	1000	23	40%	30%	30%
24920002	Crisis Service Professional	1000	24	40%	30%	30%
24920003	Crisis Service Professional	1000	24	40%	30%	30%
24920004	Crisis Service Professional	1000	24	40%	30%	30%
24920005	Crisis Service Professional	1000	24	40%	30%	30%
24920009	Crisis Service Professional	1000	24	40%	30%	30%
24920010	Crisis Service Professional	1000	24	40%	30%	30%
24920011	Crisis Service Professional	1000	24	40%	30%	30%
24920012	Crisis Service Professional	1000	24	40%	30%	30%
24920013	Crisis Service Professional	1000	24	40%	30%	30%
24920014	Crisis Service Professional	1000	24	40%	30%	30%
24920016	Crisis Service Professional	1000	24	40%	30%	30%
34320001	Staff Psychiatrist	4100	34	80%	0%	20%
34450001	Nurse Practitioner	4100	34	80%	0%	20%
77530001	Access Supervisor	2000	77	40%	30%	30%
77530002	Access Supervisor	2000	77	40%	30%	30%

**Millage Created Positions Offset with CCHBHC Grant Funding**

<u>Position ID</u>	<u>Position Title</u>	<u>Group</u>	<u>Grade</u>	<u>Other Operational Funds</u>	<u>Millage</u>	<u>CCBHC</u>
34320004	Staff Psychiatrist	4100	34	0%	50%	50%
15810012	Peer Support Specialist	1000	15	0%	70%	30%
15810013	Peer Support Specialist	1000	15	0%	70%	30%
15810014	Peer Support Specialist	1000	15	0%	70%	30%
15810015	Peer Support Specialist	1000	15	0%	70%	30%
15810016	Peer Support Specialist	1000	15	0%	70%	30%
23550046	Mental Health Professional	1000	23	60%	10%	30%
23550047	Mental Health Professional	1000	23	60%	10%	30%
23550048	Mental Health Professional	1000	23	60%	10%	30%
23550049	Mental Health Professional	1000	23	60%	10%	30%
23550050	Mental Health Professional	1000	23	60%	10%	30%
23550051	Mental Health Professional	1000	23	60%	10%	30%
23550052	Mental Health Professional	1000	23	60%	10%	30%
24920017	Crisis Service Professional	1000	24	40%	30%	30%
23560020	Mental Health Nurse	1000	23	40%	30%	30%
24920018	Crisis Service Professional	1000	24	40%	30%	30%
24920019	Crisis Service Professional	1000	24	40%	30%	30%
24920020	Crisis Service Professional	1000	24	40%	30%	30%
24920021	Crisis Service Professional	1000	24	40%	30%	30%
24920022	Crisis Service Professional	1000	24	40%	30%	30%
24920023	Crisis Service Professional	1000	24	40%	30%	30%
77530003	Access Supervisor	2000	77	40%	30%	30%

**IMPACT ON BUDGET:**

The total grant budget amount is \$3,498,181, for the period of May 1, 2019 through December 31, 2020. No additional county general fund dollars are requested to support this grant. Should the grant not be extended, and should outside funding not be available, then a portion of the mental health allocation would be allocated towards the continuation of this program in the following amounts: \$1,859,748 in 2021

- \$1,937,657 in 2022
- \$2,018,830 in 2023
- \$2,103,403 in 2024
- \$2,191,520 in 2025
- \$2,283,328 in 2026

**IMPACT ON INDIRECT COSTS:**

There is no impact to indirect costs.

**IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**

There is no impact to County departments or outside agencies.

**CONFORMITY TO COUNTY POLICIES:**

The request is in conformance with County policies.

**ATTACHMENTS/APPENDICES:**

- Resolution
- Budget
- WCCMH application Program Narrative
- Notice of Award

A RESOLUTION APPROVING THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)  
FEDERAL GRANT AWARD FOR THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH  
CLINIC EXPANSION GRANT (CCBHC)

WASHTENAW COUNTY BOARD OF COMMISSIONERS

April 17, 2019

WHEREAS, Certified Community Behavioral Health Clinic's (CCBHC) were created through Section 223 of the Protecting Access to Medicare Act, which established a demonstration program based on the Excellence in Mental Health Act; and

WHEREAS, States across the nation had the opportunity to apply to become CCBHC demonstration program state. But first, entities within the state needed to apply to become CCBHC certified. In April 2016, WCCMH applied to the State of Michigan to be certified as a CCBHC site and was awarded. In October 2016 the State of Michigan applied to participate in the 2 year demonstration program; and

WHEREAS, a total of 24 states applied and in December 2016 SAMHSA announced that 8 of those states were awarded. Michigan was not one of the awarded demonstration states. Because language in the demonstration law limits participation to only 8 states, the National Council and other congressional representatives began working to expand the Excellence Act, and/or funding, so additional states/organizations could participate in CCBHC initiatives; and

WHEREAS, in May 2018, SAMHSA posted a Funding Opportunity Announcement for individual entities within the original 24 states that previously applied to now apply for available CCBHC Expansion Grant funds. In July 2018 WCCMH submitted an application to SAMHSA for Expansion Grant funding. September 17, 2018 WCCMH received notification that the application was denied; and

WHEREAS, on December 18, 2018, WCCMH received an emailed Notice of Award stating the full funding request of \$1,713,210 for 2019 and \$1,784,971 for 2020 has been awarded beginning 12/31/18. Due to the delayed notice of award, WCCMH worked with SAMHSA to move the start date of programming. CCBHC service delivery will commence May 1, 2019; and

WHEREAS, CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence. WCCMH will integrate the CCBHC grant initiatives with existing programming offered under traditional community mental health services as well as millage expansion; and

WHEREAS, the grant funds awarded by SAMSHA are intended to support the expansion of services through the CCBHC model, and that a required component of the grant program is the development of a plan to continue the provision of these services beyond the end of the funding period; and

WHEREAS, the grantee has awarded WCCMH with a total award of \$3,498,181 for the time period of 12/31/2018 - 12/30/2020; and

WHEREAS, should the 2017 millage not be renewed by voters, and should no other replacement source of funding be found, that these services would cease to be provided upon the expiration of the levy.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the Washtenaw County Community Mental Health SAMHSA Federal Grant Award for the Certified Community Behavioral Health Clinic Expansion Grant and authorizes the Administrator to sign the grant agreement.

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes the Administrator to sign delegate contracts, upon review and approval of Corporation Counsel.

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes position modifications as follows:

**Remove from hold vacant:  
Effective May 1, 2019**

<b>Position ID</b>	<b>Position Title</b>	<b>Grade</b>	<b>Group</b>	<b>Remove from Hold/Vacant</b>
21810028	Client Service Manager	21	1000	1.0
21810030	Client Service Manager	21	1000	1.0
21810062	Client Service Manager	21	1000	1.0
24920015	Crisis Service Professional	24	1000	1.0

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes the following budget revision, as attached hereto and made a part hereof.

BE IT FURTHER RESOLVED that should grant or outside funding not be available following the end of this grant period, that funding to continue these services would come from the mental health portion of the 2017 Mental Health and Public Safety Millage in an amount estimated to be \$1,859,748 in 2021, \$1,937,657 in 2022, \$2,018,830 in 2023, \$2,103,403 in 2024, \$2,191,520 in 2025, and \$2,283,328 in 2026.



**Washtenaw County Community Mental Health  
2018-2020 CCHBC SMHSA Grant  
ORG: 22245150**

<b>Revenues</b>	Original Budget	Revised Budget	Variance
50 - Federal Revenue	\$ -	\$ 3,498,181	\$ 3,498,181
Total Revenue	\$ -	\$ 3,498,181	\$ 3,498,181
<b>Expenditures</b>			
70 - Personal Services	\$ -	\$ 3,020,460	\$ 3,020,460
75 - Supplies	\$ -	\$ 22,094	\$ 22,094
80- Other Svcs & Charge:	\$ -	\$ 455,627	\$ 455,627
Total Expenditures	\$ -	\$ 3,498,181	\$ 3,498,181



CCBHCs Planning Grants  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 12/18/2018

Center for Mental Health Services

**Grant Number:** 1H79SM081845-01

**FAIN:** H79SM081845

**Program Director:** Lisa Gentz

**Project Title:** Washtenaw County Community Mental Health CCBHC Expansion

**Organization Name:** WASHTENAW, COUNTY OF

**Business Official:** Shawn FitzGerald

**Business Official e-mail address:** fitzgeralds@washtenaw.org

**Budget Period:** 12/31/2018 – 12/30/2019

**Project Period:** 12/31/2018 – 12/30/2020

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,713,210 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to WASHTENAW, COUNTY OF in support of the above referenced project. This award is pursuant to the authority of Protecting Access to Medicare Act of 2014 Section 223(c)(1) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,  
Eileen Bermudez  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79SM081845-01**

**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$865,520
Fringe Benefits	\$565,670
Travel	\$36,621
Supplies	\$6,560
Other	\$83,093
Direct Cost	\$1,557,464
Indirect Cost	\$155,746
Approved Budget	\$1,713,210
Federal Share	\$1,713,210
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$1,713,210

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,713,210
2	\$1,784,971

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

**Fiscal Information:**

CFDA Number: 93.829  
 EIN: 1386004894A1  
 Document Number: 18SM81845A  
 Fiscal Year: 2019

IC	CAN	Amount
SM	C96J800	\$1,713,210

IC	CAN	2019	2020
SM	C96J800	\$1,713,210	\$1,784,971

**SM Administrative Data:**

PCC: CCBHC / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM081845-01**

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

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

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**SECTION III – TERMS AND CONDITIONS – 1H79SM081845-01**

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 75 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**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM Special Terms and Conditions – 1H79SM081845-01****REMARKS****New Award**

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the Certified Community Behavioral Health Clinic Expansion Grants (SM-18-019) funding opportunity has been selected for funding.

This award reflects conditional approval of the budget submitted July 6, 2018 as part of the application by your organization. See special conditions below for further information.

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions and prior approval requests must be submitted through the eRA Commons system.

4. Register Program Director/Project Director (PD) in eRA Commons:  
If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).

**Key Staff**

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

- Lisa Gentz, Project Director @ 50% level of effort
- James Dalrymple, Evaluator @ 10% level of effort

Any changes in key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

## **SPECIAL TERMS**

### **Disparity Impact Statement (DIS)**

By *February 28, 2019*, submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, \*service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

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

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

**All responses to award terms and conditions must be submitted as .pdf documents in**

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the “View Terms Tracking Details” page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading “4 Additional Materials – grantee” in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Granttee.pdf](https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf)

## SPARS

Recipients of Center for Mental Health Services (CMHS) awards are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA) (PL 103-62, as amended by PL 111-352). These data are collected and reported using SAMHSA's Performance Accountability and Reporting System (SPARS).

CCBHC recipients will be expected to complete Annual Goals and Budget training no later than March 1, 2019, and will be expected to enter Annual Goals and Budget information and data no later than April 1, 2019.

SPARS can be accessed at <https://spars.samhsa.gov/>.

## SPECIAL CONDITIONS

### Revised Budget

Due **January 31, 2019** via eRA Commons:

- The Psychiatrist personnel line has an annual salary of \$205,532. SAMHSA follows NIH guidance for salary limitations, which is at the Executive Level II of \$189,600 as of 1/7/2018. This results in a maximum that can be charged to the grant of \$189,600 X 85% = \$161,160. The difference of \$13,542 (\$174,702 - \$161,160) should be reallocated elsewhere in the budget. This reduces the Personnel category total to \$865,520, and the difference will be moved to Other category for this Notice of Award.
- The Fringe rate of 65.4% multiplied by the approved Personnel category total of \$865,520 X 65.4% = \$565,670. The difference of \$8,850 should be reallocated elsewhere in the budget. This amount of \$8,850 will be moved to the Other category for this Notice of Award.
- Under the Travel category:
  - No grantee meetings being held for this grant program, per the FOA. The amount of \$2,676 budgeted for this trip to DC should be reallocated elsewhere in the budget. This amount of \$2,676 will be moved to the Other category for this Notice of Award.
  - A mileage rate of \$0.565 is used to budget local mileage. Using the allowable IRS mileage rate of \$0.545 X 17,700 results in allowable total of \$9,647. The difference of \$353 should be reallocated elsewhere in the budget. This amount of \$353 will be moved to the Other category for this Notice of Award.
- Identify the line items in the budget that apply to data collection costs to show that the following 15% FOA requirement is met: "No more than 15 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment."
- Identify the line items in the budget that apply to technical assistance costs to show that the following up to \$25,000 FOA requirement is met: "Up to \$25,000 of the annual grant award for each budget period may be used to purchase technical assistance (TA). If TA is not needed, the recipient may use those funds for allowable or required activities."

**All responses to award terms and conditions must be submitted as .pdf documents in**

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the “View Terms Tracking Details” page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading “4 Additional Materials – grantee” in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Granttee.pdf](https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf)

## **STANDARD TERMS AND CONDITIONS**

### **Standard Terms for Awards**

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 2 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### **Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

### **Annual Federal Financial Report (SF-425)**

By **March 30, 2020**, submit via eRA Commons.

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.

### **Annual Programmatic Progress Report (4.1.c)**

By **March 30, 2020**, submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the “View Terms Tracking Details” page in the eRA Commons System no later than 90 days after the end of each 12-month incremental period.

The Annual Programmatic Report must, at a minimum, include the following information:

- 
- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
  - A summary of key program accomplishments to-date.
  - Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
  - Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

**The response to this term must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.**

For more information on how to upload a document in response to a tracked term, please reference under heading “4 Additional Materials – grantee” in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Granttee.pdf](https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf)

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

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