



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
SEP 15 2015 JLB

September 3, 2015

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners
THRU: Christopher Hunter, M.D., Ph.D., Director for J. Goodrich
Health Services Department
FROM: Donna Wyche, Manager
Mental Health and Homelessness Issues Division
Health Services Department
Contact: 407-836-7608
SUBJECT: Approval of Wraparound Orange Expansion
Consent Agenda - September 15, 2015

The County is completing their sixth year of a six year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and will begin a four year expansion grant to plan, implement and direct a coordinated and comprehensive service delivery system using a "System of Care" framework. The agreement will fund these services at \$1M per year for four years. The match requirement for the first three years is \$1-\$3 and \$1-\$1 for the fourth year. Current resources available in the community will meet the requirements for match.

This project, named Wraparound Orange, continues the capacity and quality of behavioral health services to children and their families through ongoing efforts in social marketing campaigns for stigma reduction as well as improving Cultural and Linguistic Competency in children's mental health service delivery across the County. In addition, the County has received notification of approval for the Wraparound Orange expansion which will allow for services to be provided to children and youth ages 0-21 and their families.

ACTION REQUESTED: Authorization to accept Grant Number 1U79SM062453-01 from the Substance Abuse and Mental Health Services Administration for the Wraparound Orange Expansion. (Mental Health and Homelessness Issues Division)

DW:HT

Attachment

Cc: Ajit Lalchandani, County Administrator
George Ralls, M.D., Deputy County Administrator



Notice of Award

SOC-Expansion and Sustainability
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Issue Date: 07/07/2015

Grant Number: 1U79SM062453-01
FAIN: SM062453

Program Director:
Anne M Sheffield

Project Title: Orange County Children's System of Care - Wraparound Orange Expansion

Grantee Address	Business Address
COUNTY OF ORANGE Donna Wyche Orange County Health Services 2002A E. Michigan Street Orlando, FL 328064614	Donna Wyche Principal Investigator Orange County of 2002A E. Michigan Street Orlando, FL 328064614

Budget Period: 09/30/2015 – 09/29/2016
Project Period: 09/30/2015 – 09/29/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF ORANGE in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 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,

Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SM062453-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$136,325
Fringe Benefits	\$48,051
Personnel Costs (Subtotal)	\$184,376
Supplies	\$42,400
Consortium/Contractual Cost	\$642,160
Travel Costs	\$28,972
Other	\$13,700
Direct Cost	\$911,608
Indirect Cost	\$88,392
Approved Budget	\$2,512,086
Federal Share	\$1,000,000
Non-Federal Share	\$1,512,086
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$1,000,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,000,000
2	\$1,000,000
3	\$1,000,000
4	\$1,000,000

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

Fiscal Information:

CFDA Number: 93.104
 EIN: 1596000773A1
 Document Number: 15SM62453A
 Fiscal Year: 2015

IC	CAN	Amount
SM	C96J550	\$1,000,000

IC	CAN	2015	2016	2017	2018
SM	C96J550	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

SM Administrative Data:

PCC: CMHI / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SM062453-01

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 – 1U79SM062453-01

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

SECTION IV – SM Special Terms and Conditions – 1U79SM062453-01

REMARKS:

As a reminder all SAMHSA official notifications will be electronically mailed to your organization's Business Official address as identified in the HHS Checklist, Part C.

1) *This award reflects approval of the budget submitted on April 10, 2015, as part of the application*

2) By October 30, 2015, a copy of the County's either federally negotiated Indirect Cost Rat Agreement or the County Cost Allocation Plan must be submitted to support the indirect costs reflect in your budget.

All responses must be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

SPECIAL TERM(s) OF AWARD:

DOMA:

On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in [insert program title]. This means that, as a recipient of SAMHSA funding [insert program title], you are required

to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

Disparity Impact Statement (DIS):

By November 30, 2015, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement 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 disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://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, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be [choose either: served, reached or trained] 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.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> **(COOPERATIVE AGREEMENT)**

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

Anne M. Sheffield, Project Director @ 100%% level of effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

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

1st Report - January 30, 2016
2nd Report - March 30, 2016
3rd Report - June 30, 2016
4th Report - September 30, 2016

**Please submit your Programmatic (annual, semi-annual or quarterly) Report to DGMPProgressReports@samhsa.hhs.gov and copy your Program Official.
(HARD COPIES SUBMISSION IS NOT REQUIRED)**

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.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Debra Cady, Program Official
Phone: (240) 276-1929 **Email:** Debra.Cady@samhsa.hhs.gov

Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 **Email:** gwendolyn.simpson@samhsa.hhs.gov **Fax:** 240-276-1430