



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT** **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 09/18/2018

\* = Mandatory, information must be provided

or Procurement Director Award ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

SAMHSA Treatment Drug Courts, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

**\*Project Title/Description:**

Pima County Problem Solving Courts Initiative

**\*Purpose:**

The Pima County Problem Solving Courts Initiative will provide multiple points of intervention for individuals with substance use disorders who are involved in the legal system. Through a continuum of specialty court programs in misdemeanor and felony systems, high-risk/high-need individuals will be quickly identified, assessed and referred to treatment and wraparound resources while following a court monitored program that adheres to best practice standards.

**\*Procurement Method:**

Not applicable.

**\*Program Goals/Predicted Outcomes:**

The Pima County Problem Solving Courts Initiative seeks to reduce substance use and co-occurring disorders among individuals involved in the justice system by: 1) expanding enrollment and access to resources in the felony Drug Treatment Alternative to Prison (DTAP) and Drug Court programs; 2) creating a Consolidated Misdemeanor Problem Solving Court (CMPSC) to provide earlier intervention for high-risk/high-need individuals with co-occurring substance use disorders; 3) forming the Pima County Problem Solving Court Collaborative with membership from each specialty court and other stakeholders, to increase collaboration, sharing of information, and resources across all courts and with other systems; and 4) ensuring adherence to the 10 Key Components and Drug Court Best Practice Standards for each participating court.

**\*Public Benefit:**

Utilized Program funding to support prosecution objectives and reduce costs for this program to Pima County tax payers.

**\*Metrics Available to Measure Performance:**

Annual programmatic and financial report.

**\*Retroactive:**

No.

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount: \$\* \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

**If Yes, is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-73.

**Amendment / Revised Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ \_\_\_\_\_

Is there revenue included? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: GTAW Department Code: PCA Grant Number (i.e., 15-123): 19-017

Effective Date: 09/30/2018 Termination Date: 09/29/2019 Amendment Number: \_\_\_\_\_

☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 400,000.00

**\*All Funding Source(s) required:** SAMHSA Treatment Drug Courts Department of Health and Human Services Substance Abuse and Mental Health Service

**\*Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Match funding from other sources?** ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Funding Source:** \_\_\_\_\_

**\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Directly from the Federal government.

Contact: Rozana Villanes

Department: County Attorney

Telephone: 724-5631

Department Director Signature/Date: David Smith 9/5/18

Deputy County Administrator Signature/Date: \_\_\_\_\_

County Administrator Signature/Date: C. R. Helms 9/16/18  
(Required for Board Agenda/Addendum Items)



Notice of Award

Issue Date: 08/08/2018

SAMHSA Treatment Drug Courts  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 1H79TI081045-01  
FAIN: H79TI081045  
Program Director: Kate Lawson

Project Title: Pima County Problem Solving Courts Initiative

Grantee Address	Business Address
COUNTY OF PIMA 130 West Congress, 10th Floor  Tucson, AZ 857011317	Mr. David Smutzer Pima County Attorney's Office 42 N. Stone Avenue 19th Floor Tucson, AZ 85701

Budget Period: 09/30/2018 – 09/29/2019  
Project Period: 09/30/2018 – 09/29/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$400,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PIMA in support of the above referenced project. This award is pursuant to the authority of PHS, Title V, Section 509; 42 U.S.C 290bb-2 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

\_\_\_\_\_  
Chair, Board of Supervisors  
ATTEST:

See additional information below

\_\_\_\_\_  
Clerk of the Board of Supervisors

APPROVED AS TO FORM:

Civil Deputy, County Attorney  
**CHRISTOPHER STRAUB**

Date: 8-27-2018

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**SECTION I – AWARD DATA – 1H79TI081045-01****Award Calculation (U.S. Dollars)**

Contractual	\$274,175
Travel	\$36,586
Other	\$89,239

Direct Cost	\$400,000
<b>Approved Budget</b>	<b>\$400,000</b>
Federal Share	\$400,000
Cumulative Prior Awards for this Budget Period	\$0

<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$400,000</b>
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SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$400,000
2	\$400,000
3	\$400,000
4	\$400,000
5	\$400,000

\*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:	1866000543B5
Document Number:	18TI81045A
Fiscal Year:	2018

IC	CAN	Amount
TI	C96N306	\$400,000

IC	CAN	2018	2019	2020	2021	2022
TI	C96N306	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000

**TI Administrative Data:**

PCC: DC-AD18 / OC: 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI081045-01**

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 – 1H79TI081045-01

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 – TI Special Terms and Conditions – 1H79TI081045-01

#### **REMARKS**

##### **FY 2018 New Award**

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI 18-008 has been selected for funding.

1a) This award reflects approval of the budget submitted *February 20, 2018* as part of the application by your organization.

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, SAMSHA 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

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[https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).

### **Key Staff**

Key staff are listed below:

*Kate Lawson, Project Director @ 100% level of effort (in kind)*

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 **November 30, 2018** you must:

Submit an electronic copy of a DIS to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award.

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 <http://www.samhsa.gov/grants/grants-management/disparity-impactstatement>.

\*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 Term of Award, 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 subpopulations.
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

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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 AND CONDITIONS**

### **Standard Terms for Awards FY 2018**

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018 and the following award terms applicable to your award type as identified below:

**\* New Grant**

SAMHSA's Terms and Conditions Webpage is located at:  
<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### **Annual Programmatic Progress Report**

Submission of an Annual Programmatic Report is due no later than December 30, 2019.

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 uploaded as a .pdf into the Terms Tracker in the eRA Commons Systems. Please contact your Government Program Official (GPO) for program specific submission information.

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

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

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR 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

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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>.

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

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, 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.**

### **Staff Contacts:**

Arnold Crozier, Program Official

**Phone:** (240) 276-2909 **Email:** Arnold.Crozier@samhsa.hhs.gov

Doug Lees, Grants Specialist

**Phone:** (240) 276-1653 **Email:** Doug.Lees@samhsa.hhs.gov