



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 12/3/2019

** = Mandatory, information must be provided*

or Procurement Director Award ☐

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

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

***Project Title/Description:**

Drug Court (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:**

Yes, we were unable to obtain signatures for the Board of Supervisor's Meeting on October 15, 2019 and November 5, 2019.

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 ☒ AmendmentDocument Type: GTAM Department Code: PCA Grant Number (i.e., 15-123): 20*014Effective Date: 09/30/2019 Termination Date: 09/29/2020 Amendment Number: 1☐ 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)?**

Funds are coming directly from the Federal Govt. _____

Contact: Nancy NaresDepartment: Pima County Attorney's OfficeTelephone: 520-724-8582

Department Director Signature/Date: _____

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@pima.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Pima County Attorney's Office	Date: 10/22/19
Contact information:	Name: Zachary Mack	Telephone: (520) 724-8588
Funding opportunity title:	Drug Court (Pima County Problem Solving Courts Initiative)	
Link to opportunity:	https://www.ncsc.org/Topics/Alternative-Dockets/Problem-Solving-Courts/State-Links.aspx	
Funding agency:	Dept of Health & Human Svcs. SAMHSA Trmt Drug Crts Subs Abuse & Mental Health Svcs	
Amount to be requested:	\$ 400,000.00	
Due date and time:	10/31/2019	03:00 PM
What are you going to spend the money on?	<p>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.</p>	
What will be the benefit to Pima County?	<p>Utilized Program funding to support prosecution objectives and reduce costs for this program to Pima County tax payers.</p>	
Indirect costs – check one:	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </div> <div> I will be requesting indirect costs. Indirect-cost rate to be requested: % I have attached a request for waiver of indirect costs (GMI Intranet) I need help understanding indirect costs </div> </div>	
By: _____ Date: <u>10/30/19</u>		
Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS To be completed by GMI staff																						
CFDA No.	93.243																					
Competitive Criteria:	Scored according to quality of response in requirements A-E, no longer than 10 pages w/5 section headings. Each section has max point allowance-total max points-100; pgs 22-24																					
Other Factors:	Expansion Grant w/3 Requirements of Service-1) involvement in project; 2) each provider must have 2yrs experience providing relevant services; 3) comply w/local/state licensing accreditation/certification requirements (pg 17-18)																					
Number of Awards:	38 Total amount to be awarded: \$ 15,200,000.00																					
Match Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If required what is the amount/percent: 0																						
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Data reporting requirements listed in Section I-2.2 and Section I-2.3. Data Collection-GPRA data will be collected via a face-to-face interview-using GPRA tool at 3 data collection points: 1) intake, 2) 6 mths post intake, 3) discharge. Progress Reports-annual report that includes a performance assessment report. Must also comply with reporting & schedules at samhsa.gov unless otherwise noted in FOA/NOA. (pg 26-27) Budget Period: 9/30/2019 to 9/29/2020; Project Period: 9/30/2018-9/29/2023 *This award is pursuant to the authority of PHS, Title V, Section 509; 42 U.S.C 290bb-2																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Will this project require additional office/project space?</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Will this project require staff time that cannot be paid for by the grant?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Will your project require any equipment items over \$5,000 per item?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Does the proposal use a fixed price contract?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Is this project subject to Human Subjects compliance?</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Does this project involve subrecipients?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Is there a Statutory Funding Preference from the funding agency?</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		Will this project require additional office/project space?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Will this project require staff time that cannot be paid for by the grant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Will your project require any equipment items over \$5,000 per item?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does the proposal use a fixed price contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is this project subject to Human Subjects compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does this project involve subrecipients?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is there a Statutory Funding Preference from the funding agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Allowable Indirect Rate: <u>Varies</u> If Indirect is not allowed, attach documentation.																						
List any other proposal or funder specific requirements:	Changes in key staff/level of effort require prior approval. Funding limitations on pg 21; Minimum served clients per yr/40; grant funds primarily to support direct services & have required activities (pg 8 & Section V); *NOA indicated form SMA-170 was missing but appears N/A; *Indirect costs allowed (F&A): Federal approved rate or de minimis rate-10% MTDC can be applied to salaries/wages/fringe, materials/supplies, services, travel and Subcontracts (1st 25k)-pg 83																					
GMI notes & recommendations: Grant ID:1H79TI081045-0; GTAW 19*017 RL- Didn't see anything in application explaining why they didn't claim indirect. This is year 2 of a 5 yr period. <i>indirect was not requested in original app. This is an extension</i>																						
By: <u><i>Amy Fish</i></u> Date: <u>11/14/19</u> <div style="text-align: center; font-size: small;">GMI Director</div>																						
County Administrator Approval Request																						
Approved: <u>✓</u> Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.																						
By: <u><i>Rur</i></u> Date: <u>11/15/2019</u> <div style="text-align: center; font-size: small;">County Administrator or Designee</div>																						

REQUEST FOR WAIVER OF INDIRECT COSTS

Requestor (Department Lead)	Zachary Mack
Project Title	Drug Court (Problem Solving Courts Initiative)
Sponsor Due Date:	
GMI Lead	

Pima County's Indirect Cost Waiver Policy:

Refer to County Administrator's March 5, 2019 directive regarding recovery of indirect costs:
"No grant acceptance on behalf of the County is to be processed unless there is a clear indication that indirect costs can and are being reimbursed" (insert link to memo).


Instructions for Requesting Indirect Cost Waiver

Please be aware the request for waiver must be submitted with the Grant Application Approval Request. All requests for waiver of indirect costs must present a compelling reason. Reasons that do not meet the "compelling reason" justification include:

- ✓ An application will be more competitive without indirect costs requested
- ✓ A budget cut is anticipated in future years

We are seeking a waiver of indirect costs for this project based on the following:

Grant application cited that all indirect costs will be borne by the participating local government agencies

Reviewed and Approved by: 	Date: 11/15/2019
County Administrator or his Designee	



Notice of Award

Issue Date: 07/29/2019

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

Center for Substance Abuse Treatment

Grant Number: 5H79TI081045-02

FAIN: H79TI081045

Program Director: Kate Lawson

Project Title: Pima County Problem Solving Courts Initiative

Organization Name: COUNTY OF PIMA

Business Official: Mr. David Smutzer

Business Official e-mail address: david.smutzer@pcao.pima.gov

Budget Period: 09/30/2019 – 09/29/2020

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 (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,
Debbie Dunne
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 5H79TI081045-02**Award Calculation (U.S. Dollars)**

Travel	\$36,586
Contractual	\$274,175
Other	\$89,239
Direct Cost	\$400,000
Approved Budget	\$400,000
Federal Share	\$400,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$400,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
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:	2019

IC	CAN	Amount
TI	C96N306	\$400,000

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

TI Administrative Data:

PCC: DC-AD18 / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI081045-02

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

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

SECTION III – TERMS AND CONDITIONS – 5H79TI081045-02

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

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 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.

SECTION IV – TI Special Terms and Conditions – 5H79TI081045-02

REMARKS

Continuation Award

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted for the Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts (DC-AD18) program is being continued.

This award reflects acceptance of the attestation letter signed and dated *February 4, 2019* by the Authorized Representative of the Organization, that there are no budget changes above 25% of the total previous budget period in response to the continuation application request.

2. Key Staff

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

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

Any changes to 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 and must be submitted as a post-award amendment in eRA Commons.

For additional information on how to submit a post-award amendment, please visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>. Any technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

3. All responses to award terms and conditions and prior approval requests must be

submitted in eRA Commons.

For additional 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

4. Recipients are expected to plan their work and 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.

Charitable Choice Form SMA-170

Your continuation application package for Year 2 is missing the Charitable Choice Form SMA-170 (https://www.samhsa.gov/sites/default/files/charchoice_assurance.pdf). All SAMHSA recipients must upload the Charitable Choice form (SMA 170). The Charitable Choice form must be filled out by faith-based organizations under the Center for Substance Abuse and Treatment (CSAT) programs. If your organization is NOT faith-based, indicate "Not Applicable" on the Charitable Choice form. Please submit the Charitable Choice form (SMA 170) for your organization via RAM in eRA.

STANDARD TERMS AND CONDITIONS**Annual Federal Financial Report (SF-425)**

By **December 31, 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

By **December 31, 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 budget 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_Grant.pdf

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

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 75.371, 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

Rene Gorospe, Grants Specialist

Phone: (240) 276-0583 **Email:** Rene.Gorospe@samhsa.hhs.gov