



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** October 22, 2013  
**AGENDA ITEM NO.** 10c.

**Consent Agenda**

**Regular Agenda**

**Public Hearing**

**County Administrator's Signature**

**Subject:**

Approval of Ratification of the Acceptance of the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Award (Year 2) for the Pinellas County You Can! Program, for Fiscal Year 2013-2014.

**Department:**

Department of Health and Community Services

**Staff Member Responsible:**

Gwendolyn Warren, Executive Director

**Recommended Action:**

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS RATIFY, CONFIRM AND ENTER INTO THE MINUTES THE SUBSTANCE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) GRANT AWARD DOCUMENTS (YEAR 2) FOR THE PINELLAS COUNTY YOU CAN! PROGRAM.

**Summary Explanation/Background:**

This is a supplemental award of \$325,000.00 to fund Fiscal Year (FY) 2014 of the Pinellas County You Can! Program. This project is in collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program launched in an effort to enhance the adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. Other goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program. This project began October 1, 2012 and ends September 30, 2015.

Due to the exigent circumstances, it was necessary for the County Administrator to accept the SAMHSA Grant Award (Year 2) for the Pinellas County You Can! Program. This grant award is now before you for ratification of the County Administrator's acceptance.

**Fiscal Impact/Cost/Revenue Summary:**

The SAMHSA (Year 2) grant award is in the amount of \$325,000.00. There are no match funds required for the SAMHSA component of this grant.

**Exhibits/Attachments Attached:**

1. Contract Review Transmittal Slip
2. Delegated Memorandum dated September 3, 2013
3. Award Documents

The Grant Application in its entirety is available at Board Records

**NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP**

<b>PROJECT: Pinellas County YouCan! SAMHSA Grant Award for Year 2</b>	
<b>CONTRACT NO.:</b> number	<b>ESTIMATED EXPENDITURE / REVENUE:</b> \$325,000.00 (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

**OTHER SPECIFICS RELATING TO THE CONTRACT:**

One (1) copy of SAMHSA grant award for Year 2 of the Pinellas County YouCan! Project

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
<b>Originator:</b> Tim Burns Justice & Consumer Svc.	8/19/13	TB	Year 2 supplemental Award (TB)	
<b>Risk Mgmt:</b> Virginia Holscher	8/23/13	GW	Public Entity → Public Entity	
<b>Finance:**</b> Cassandra Williams	8/26/13	OBW		
<b>OMB:**</b> Eric Naughton	8/30	EN		
<b>Legal:</b> Carl Brody	8/30	CB		
<b>Assistant County Administrator or Executive Director:</b> Gwendolyn Warren, Healthy Communities Executive Director	9/4	GW		

Please return to Jadonn Sowell/Justice & Consumer Services By 9/4/13  
All inquiries should be made to Jadonn Sowell ext.46213.

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**DEPARTMENT OF JUSTICE & CONSUMER SERVICES**

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**MEMORANDUM**

**TO:** Robert S. LaSala, County Administrator

**THROUGH:** Gwendolyn Warren, Executive Director Health and Community Services *HW*

**FROM:** Tim L. Burns, Bureau Director Department of Justice & Consumer Services *TB*

**SUBJECT:** Approval and Acceptance of the SAMHSA Grant Award (Year 2) Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration (SAMHSA), Joint Adult Drug Court Discretionary Grant, Pinellas County You Can! Program, for Fiscal Year 2013-2014.

**DATE:** September 3, 2013

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**RECOMMENDATION:**

I RECOMMEND THE COUNTY ADMINISTRATOR APPROVE, ACCEPT, AND AUTHORIZE THE GRANT AWARD DOCUMENTS RELATED TO THE U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE (BJA) AND SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), JOINT ADULT DRUG COURT DISCRETIONARY GRANT, PINELLAS COUNTY YOU CAN! PROGRAM, FOR FISCAL YEAR 2013-2014.

**DISCUSSION:**

This is a supplemental SAMHSA award of \$325,000.00 to fund Fiscal Year (FY) 2013-2014 of the Pinellas County You Can! Program. This project is in collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program launched in an effort to enhance the adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. Other goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program. This project began October 1, 2012 and ends September 30, 2015.

Due to contract time periods, these documents are being presented for your signature prior to the Board of County Commissioners approval. The documents will be presented to the Board of County Commissioners via ratification at a later date.

**FISCAL IMPACT:**

This SAMHSA (Year 2) grant award is in the amount of \$325,000.00. There are no match funds required for the SAMHSA component of this grant.

Recommendation Approved: \_\_\_\_\_

*Robert S. LaSala*  
Robert S. LaSala, County Administrator *HW*

Date: 9-9-13**Attachments:**

1. Contract Review Transmittal Slip
2. SAMHSA (Year 2) Award Documents
3. BCC Agenda Memorandum Dated 12/11/12, No. 9



BJA FY 12 Joint Adult Drug Court  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment

Notice of Award

Issue Date: 07/31/2013

**Grant Number:** 5H79T1024477-02

**Program Director:**  
Nicholas Bridenback

**Project Title:** Pinellas County You Can!

Grantee Address	Business Address
COUNTY OF PINELLAS County Administrator 315 Court Street Clearwater, FL 33756	Pinellas County County Administrator 315 Court Street Clearwater, FL 33756

**Budget Period:** 09/30/2013 – 09/29/2014

**Project Period:** 09/30/2012 – 09/29/2015

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 COUNTY OF PINELLAS 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](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

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**SECTION I – AWARD DATA – 5H79TI024477-02****Award Calculation (U.S. Dollars)**

Consortium/Contractual Cost	\$316,704
Travel Costs	\$8,296
Direct Cost	\$325,000
Approved Budget	\$325,000
Federal Share	\$325,000
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$325,000</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
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: 1596000800A8  
Document Number: 12TI24477A  
Fiscal Year: 2013

IC	CAN	Amount
TI	C96T511	\$325,000

**TI Administrative Data:**

PCC: EADC-SCT / OC: 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI024477-02**

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.

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**SECTION III – TERMS AND CONDITIONS – 5H79TI024477-02**

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:

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

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**SECTION IV – TI Special Terms and Condition – 5H79TI024477-02**

**REMARKS:**

This award reflects approval of the budget submitted on January 11, 2013 as part of the continuation application.

**SPECIAL CONDITION OF AWARD:**

NONE

**SPECIAL TERM OF AWARD:**

NONE

**STANDARD TERMS OF AWARD:**

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

<http://www.samhsa.gov/Grants/management.aspx#noa> (Standard Terms of Award)

**Updated Key Staff change**

The recipient is required to notify the GMO in writing if the Project Director (PD) or key personnel specifically named in the NoA will withdraw from the project entirely, be absent from the project during any continuous period of 3 months or more, or reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award (for example, a proposed change from 40 percent effort to 30 percent or less effort). SAMHSA must approve any alternate arrangement proposed by the recipient, including any replacement of the PD or key personnel named in the NoA.

The request for approval of a substitute PD/key person should include a justification for the change, the biographical sketch of the individual proposed, other sources of support (if applicable), and any budget changes resulting from the proposed change. If the arrangements proposed by the recipient, including the qualifications of any proposed replacement, are not acceptable to SAMHSA, the grant may be suspended or terminated. If the recipient wants to terminate the project because it cannot make suitable alternate arrangements, it must notify the GMO, in writing, of its wish to terminate, and the GMO will forward closeout instructions.

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

Nicholas Bridenback, Project Director @ 15% level of effort

Kathleen Moore, Evaluator @ 5% level of effort

Jana Balicki, Clinical Director @ 10% level of effort

**REPORTING REQUIREMENTS:**

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - April 30, 2014  
2nd Report - October 31, 2014

**ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER**

**CONTACTS:**

**Holly Rogers, Program Official**

**Phone: (240) 276-2916 Email: [holly.rogers@samhsa.hhs.gov](mailto:holly.rogers@samhsa.hhs.gov) Fax: (240) 276-2970**

**Helen Zhou, Grants Specialist**

**Phone: (240) 276-2482 Email: [helen.zhou@samhsa.hhs.gov](mailto:helen.zhou@samhsa.hhs.gov) Fax: (240) 276-2410**