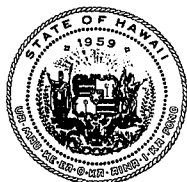


DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 19, 2016

DEPT. COMM. NO. 308

The Honorable Ronald D. Kouchi
President of the Senate
Twenty-Eighth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Joseph M. Souki,
Speaker of the House of Representatives
Twenty-Eighth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear Senate President Kouchi and Speaker Souki:

Pursuant to Section 102 of Act 119, SLH 2015, as amended by Act 124, SLH 2016, the Department of Health has requested approval to expend additional federal funds for Child and Adolescent Mental Health Division (HTH460) in the amount of \$6,575,075.00.

Attached is a copy of our department's request.

Sincerely,

Virginia Pressler, M.D.
Director of Health

Attachment

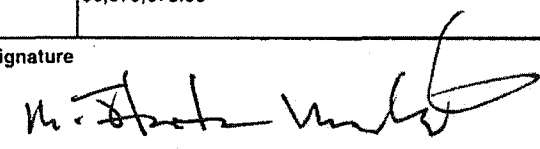
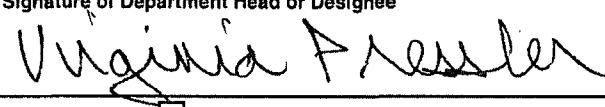

c: Honorable Jill N. Tokuda
Honorable Sylvia Luke
Wesley K. Machida, Director

Operating
 CIP

FEDERAL FUND REQUEST

Form E-1
(August 2015)

REQUEST APPROVAL TO INCREASE APPROPRIATION CEILING FOR FEDERAL FUNDS

1. FAMS ID 1216	2. Department HTH	3. Division CAMHD	4. Program ID/Org Code HTH460HF
5. Program Manager's Name M. Stanton Michels, M.D.		6. Program Manager's Phone No. 733-9339	7. Program Manager's Email stanton.michels@doh.hawaii.gov
8. CFDA No. (###-###) 93.104	9. CFDA Program Title Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances		
10. Award Program or Project Title Wraparound Program for Youth In or At-Risk of Mainland Placement			
11. Federal Award ID or Other Identifying No. SM063417		12. Award Amount \$8,098,790.00	
13. Appropriation Account Symbol S-17-605		14. Appropriation Account Title Wraparound Program for Youth In or At-Risk of Mainland Placement	
15. (Check one) <input type="checkbox"/> Appropriation Authorized in General/Supplemental Appropriation Act <input checked="" type="checkbox"/> Non-Appropriated Authorization		Fiscal Year: _____ Fiscal Year: <u>2017</u>	
16. Current Approved Appropriation \$1,523,715.00		17. Additional Appropriation Requested \$6,575,075.00	
18. Submitted By (Type Name) M. Stanton Michels, M.D.		Signature 	Date 12/16/2016
19. Department Head or Designee (Type Name) Virginia Pressler, M.D.		Signature of Department Head or Designee 	Date DEC 27 2016
20. Governor's Approval: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
_____ David Y. Ige Governor, State of Hawaii		_____  Signature	_____ Jan 11, 2017 Date

ATTACHMENTS:

- 1. Federal Award Notice
- 2. Form E-3 (Copy)

ROUTING:

- 1. Dept. to Governor Date: _____
- 2. Governor to Department Date: _____
- 3. Operating - Send Approved E-1 to B&F with A-19
 CIP - Send Approved E-1 to DAGS with JV

M/20

16-005652



SOC Expansion and Sustainability Coop
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 08/31/2016

Center for Mental Health Services

Grant Number: 1H79SM063417-01
FAIN: SM063417
Program Director: Stanton Michels

Project Title: Wraparound Program for Youth In or At-Risk of Mainland Placement

Grantee Address	Business Address
HAWAII STATE DEPARTMENT OF HEALTH Stanton Michels 3627 Kilauea Ave. Honolulu, HI 968162317	Stanton Michels Chief Child and Adolescent Mental Health Division 3627 Kilauea Ave. Honolulu, HI 96816

Budget Period: 09/30/2016 – 09/29/2017

Project Period: 09/30/2016 – 09/29/2020

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,523,715 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HAWAII STATE DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 of the PHS, 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 – 1H79SM063417-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$497,500
Fringe Benefits	\$246,462
Personnel Costs (Subtotal)	\$743,962
Supplies	\$52,450
Consortium/Contractual Cost	\$566,000
Travel Costs	\$50,624
Other	\$5,780
Direct Cost	\$1,418,816
Indirect Cost	\$104,899
Approved Budget	\$2,034,771
Federal Share	\$1,523,715
Non-Federal Share	\$511,056
Cumulative Prior Awards for this Budget Period	\$0
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$1,523,715

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,523,715
2	\$1,938,629
3	\$2,318,223
4	\$2,318,223

*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: 1996000449A4
 Document Number: 16SM63417A
 Fiscal Year: 2016

IC	CAN	Amount
SM	C96J558	\$1,523,715

IC	CAN	2016	2017	2018	2019
SM	C96J558	\$1,523,715	\$1,938,629	\$2,318,223	\$2,318,223

SM Administrative Data:

PCC: CMHI / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM063417-01

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
 Page-2

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 – 1H79SM063417-01

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.

SECTION IV – SM Special Terms and Conditions – 1H79SM063417-01

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.

This award reflects approval of the budget submitted on April 25, 2016, as part of the application

SPECIAL TERM 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

have evaluation processes and staff hired and ready to be trained in the Child and Family measures by the National Evaluation team. Your site will be required to begin collecting NOMs and National Evaluation measures within two weeks of participating in mandatory training on each. Your site will also be required to participate in webinar training on the National Evaluation measures and to participate in technical assistance calls with your sites TA liaison. You may discuss your plan in advance with your government project officer.

You will be required to provide reports on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted twice a year (the dates will be provided by your Government Project Officer). These reports will be reviewed by the Government Project Officer and National Evaluation team to determine progress and compliance with grant requirements.

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>

(NEW or COOPERATIVE AGREEMENT)

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

Michels Stanton, Project Director @ 15% 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 Semi-annual Report is due no later than the dates as follows:

1st Report - Included in the continuation grant application as the Progress report. (Recipients will receive due date notification of submission of continuation application)

2nd Report - October 30, 2017

Please submit your Programmatic Semi-annual Reports 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:

Lisa Rubenstein, Program Official

Phone: (240) 276-1927 **Email:** Lisa.Rubenstein@samhsa.hhs.gov **Fax:** (240) 276-1990

Gwendolyn Simpson, Grants Specialist

Phone: 240-276-1408 **Email:** gwendolyn.simpson@samhsa.hhs.gov **Fax:** 240-276-1430

Award Recipient Information

Department: HTH
 Program ID: HTH460
 DUNS Number: 809935679

Program Manager
 Name: M. Stanton Michels, M.D.
 Phone: 733-9339
 Email: stanton.michels@doh.hawaii.gov

Federal Award Information

CFDA Number: 93.104
 CFDA Program Title: Comprehensive Community Mental Health Services for Children with Serious
 Federal Awarding Agency: Substance Abuse And Mental Health Services Administration, Department Of
 Federal Award Identification No.: SM063417
 Award Project/Program Title: Wraparound Program for Youth In or At-Risk of Mainland Placement
 Federal Project / Performance Period: 09/30/2016 - 09/29/2020
 Liquidation Date: 12/31/2020
 Closed Out?: No

Federal Contact
 Name: Lisa Rubenstein
 Phone: (240) 276-1927
 Email: Lisa.Rubenstein@samhsa.hhs.gov

Award Notices

Award Date	Award Amount	Federal Budget Period
08/31/2016	\$1,523,715.00	09/30/2016 - 09/29/2017
	\$1,523,715.00 (Total Amount)	

State Project/Program Information

Project/Program Title: Wraparound Program for Youth In or At-Risk of Mainland Placement

Appropriated?: No **Operating?:** Yes **CIP?:** No **Approval** 09/19/2016

Appropriation Accounts

Sub Award Amount	Appn. Acct. Symbol	Pgm ID	MOF	Lapse Date	Act No.
\$0.00	S-17-605-H	HTH460	P - Other Federal Funds	06/30/2019	FED FUND
Account Title: WRAPAROUND PROGRAM FOR YOUTH					
\$0.00 (Sub Award Total)					

State Match/Cost Share

\$0.00 (State Funds Match Total)

Award Record Audit Trail

Created by Wakaba Stephens [09/06/2016 9:10 AM]

Recorded on 10/19/2016 at 11:01 AM

Last updated by Jessie Inazu [10/19/2016 11:01 AM]

Supporting Documents

Type	Filename	Uploaded By
Federal Award Notice	NOA FY17.pdf	hstephw on 09/06/2016 at 9:11 AM
Form E-2 (Request Approval to Expend Non-Appropriated Federal Funds	Form E-2 FY17.PDF	hgubalm on 10/19/2016 at 10:05 AM
Form E-3 (Letters to the Senate President and House Speaker as Notification of Request to Expend Non-Appropriated Federal Funds)	Form E-3 FY17.PDF	hgubalm on 10/19/2016 at 10:05 AM

Activity Log

Timestamp	Activity	Details	User
10/19/2016 11:01 AM	Recorded		OInazuJ
10/19/2016 10:12 AM	Submitted For Review	Appropriation Account: S-17-605-H ADDED Approval Date: <NULL> TO 09/19/2016 Supporting Document Form E-2 (Request Approval to Expend Non-Appropriated Federal Funds Form E-2 FY17.PDF: ADDED Supporting Document Form E-3 (Letters to the Senate President and House Speaker as Notification of Request to Expend Non-Appropriated Federal Funds) Form E-3 FY17.PDF: ADDED	hgubalm
10/19/2016 10:04 AM	Created Revision Draft		hgubalm
09/06/2016 1:17 PM	Recorded		OANDERSONM
09/06/2016 9:19 AM	Submitted For Review		hstephw
09/06/2016 9:10 AM	Created		hstephw