DAVID Y. IGE GOVERNOR OF HAWAII



# STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. BOX 3378 HONOLULU, HI 96801-3378 In reply, please refer to:

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

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

v	Operating
	CIP

# **FEDERAL FUND REQUEST**

Form E-1 (August 2015)

# REQUEST APPROVAL TO INCREASE APPROPRIATION CEILING FOR FEDERAL FUNDS

1. FAMS ID		2. Department					3. Division	4. Progran	n ID/Org Code
1216		нтн					CAMHD	HTH460HF	:
		<u> </u>	T					L	
5. Program Manager				Manager's Phone		_	Manager's Email		
M. Stanton Michels, M	1.D.		733-9339			stanton.mich	nels@doh.hawaii.gov		
8. CFDA No. (##.###)	9. CFDA F	Program Title			L				
93,104	Comprehe	ensive Community Mental	Health Serv	ces for Children	with S	erious Emoti	onal Disturbances		
10. Award Program	or Project	Title							<del></del>
Wraparound Program	for Youth I	n or At-Risk of Mainland F	Placement						
11. Federal Award ID	or Other	Identifying No.					12. Award Amount		
SM063417						4	\$8,098,790.00		
13. Appropriation Ac	count Syn	nbol	14. Appro	priation Accou	nt Title		•		
S-17-605			Wraparour	d Program for Y	Youth In	or At-Risk o	of Mainland Placement		
15. (Check	Appropria	ation Authorized in Gene	ral/Suppler	nental Appropr	iation A	Act	Fiscal Year:		
one)		opriated Authorization					Fiscal Year:	2017	
16. Current Approve	d Appropr	iation		17. Additional	Approp	oriation Rec	uested		
\$1,523,715.00				\$6,575,075.00					
18. Submitted By (T	ype Name)		Signature						Date
M. Stanton Michels, N	M.D.		Mr.	That	<b></b>	Vm	Lo	of the restate of the second control control	12/16/2016
19. Department Hea	d or Desig	nee (Type Name)	Signature	of Department	Head o	r Designee			Date
Virginia Pressier, M.D			VV	Miss	D	XA	enter		EC 2 7 2016
20. Governor's App	roval:	APPROVI	ED	DIS	APPR	OVED			
Dov	id V. Igo		An	nd US			·		Jan 11, 2017
Governor, State of	id Y. Ige of Hawaii		Signature		0=			<del></del> •	Date
ATTACHMENTS:			ROUTING	1. De	ept. to G	overnor	Date:		
1. Federal Award N	lotice			☐ 2. G	overnor	to Departmen	t Date:		
2. Form E-3 (Copy)	ı			3. C	perating	- Send Appro	oved E-1 to B&F with A-19		

CIP - Send Approved E-1 to DAGS with JV

# Notice of Award



٠,

SOC Expansion and Sustainability Coop
Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

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** 

HAWAII STATE DEPARTMENT OF HEALTH

Stanton Michels

3627 Kilauea Ave. Honolulu, HI 968162317 **Business Address** 

Stanton Michels

Chief

Child and Adolescent Mental Health Division

Issue Date: 08/31/2016

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 <a href="www.samhsa.gov">www.samhsa.gov</a> (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			

<sup>\*</sup>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

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

# **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-HHŞ-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

SAMHSA programs, same-sex spouses/marriages are to be recognized in the Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED). This means that, as a recipient of SAMHSA funding in the Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with SED, 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, 2016, 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 <a href="http://www.samhsa.gov/grants/grants-management/disparity-impact-statement">http://www.samhsa.gov/grants/grants-management/disparity-impact-statement</a>.

\*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 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 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.

## PROGRAMMATIC TERM OF AWARD:

Grantees must agree to participate in any required **national evaluation** being conducted to determine the effectiveness of grant operations. This will be *in addition* to the required National Outcomes Measures (NOMS) reporting. In anticipation of a National Evaluation, please be sure to Page-4

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: <a href="http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions">http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions</a> (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 <a href="mailto:DGMProgressReports@samhsa.hhs.gov">DGMProgressReports@samhsa.hhs.gov</a> 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

Fregeral Award Identification No.: SIMU0341/ DUNS: 8099350/9 Status: KEU

Award Recipient Information

Department:

HTH

**HTH460** Program ID:

**DUNS Number: 809935679** 

**Program Manager** 

Name: M. Stanton Michels, M.D.

Phone: 733-9339

Email: stanton,michels@doh.hawaii.gov

FAM5 IU: 1216

Federal Award Information

**CFDA Number:** 

93.104

**CFDA Program Title:** 

Comprehensive Community Mental Health Services for Children with Serious Substance Abuse And Mental Health Services Administration, Department Of

Federal Awarding Agency: 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 12/31/2020

**Federal Contact** 

**Liquidation Date:** 

Closed Out?:

Νo

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)

#Rederal Award Identification No.: SIMU0341/ DUNS: 809935079 Status: REC FAMS ID: 1/210

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

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]

06/30/2019

**FED FUND** 

Туре	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

Status: KEU

FAM5 ID: 1210

Activity Log			
Timestamp	Activity	Details	User
10/19/2016 11:01 AM	Recorded		OlnazuJ
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</null>	hgubalm
10/19/2016 10:04 AM	Created Revision Draft		hgubalm
09/06/2016 1:17 PM	Recorded	(1) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	OANDERSONM
09/06/2016 9:19 AM	Submitted For Review		hstephw
09/06/2016 9:10 AM	Created		hstephw