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Jeffrey A. Meyers Commissioner

> Katja S. Fox Director

# STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964

July 16, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

#### **REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend Comprehensive Youth Treatment Strategic Implementation Grant funds from the Substance Abuse and Mental Health Services Administration in the amount of \$25,000 effective upon date of Governor and Executive Council approval, through June 30, 2020 and further authorize the funds to be allocated as follows. 100% Federal Funds.

# 05-95-92-921010-20590000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV, BUR FOR CHILDRENS BEHAVRL HLTH, STATE YOUTH TREATMENT PLANNING

Class/Object	Class Title	Current Authorized Budget	Increase/ (Decrease) Amount	Revised Modified Budget
SFY 2020	Class Title	Duaget	Amount	Budget
000-400146	Federal Funds	\$188,250	\$25,000	\$213,250
	General Funds	<u>\$0</u>	` <b>\$0</b>	<u>\$0</u>
Total Revenue	·	\$188,250	\$25,000	\$213,250
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020-500200	Current Expenses	\$1,000	<b>\$</b> 0	\$1,000
039-500188	Telecommunications	\$250	\$0	\$250
041-500801	Audit Fund Set Aside	<b>\$</b> 188	* <b>\$2</b> 5	\$213
042-500620	Additional Fringe Benefits	\$1,500	<b>\$</b> 0	\$1,500
059-500117	Temp Full Time	\$14,537	<b>\$</b> 0	\$14,537
060-500602	Benefits	\$6,400	<b>\$</b> 0	\$6,400
070-500704	In State Travel	\$875	<b>\$</b> 0	\$875
080-500713	Out of State Travel	\$2,500	\$24,975	\$27,475
102-500731	Contracts for Program Svcs	<b>\$161,000</b>	<u>\$0</u>	<u>\$161,000</u>
Total Expense		\$188,250	\$25,000	\$213,250

His Excellency, Governor Christopher T. Sununu and the Honorable Council July 16, 2019 Page 2 of 2

#### **EXPLANATION**

The Department of Health and Human Services, Division for Behavioral Health seeks approval to accept and expend Comprehensive Youth Treatment Strategic Implementation Grant federal funds in the amount of \$25,000 from the Center for Mental Health Services, Substance Abuse and Mental Health Service Administration (SAMHSA). This request represents an administrative supplemental award made for providing and/or requesting targeted technical assistance and training. This grant does not have a matching funds requirement. A copy of the grant award is attached.

The Substance Abuse and Mental Health Services Administration (SAMHSA) granted this Technical Assistance (TA) award for the purpose of site visits to other State Youth Treatment-Implementation (SYT-I) grantees to witness a program that is successfully serving the grant's target population. The SYT-I team from New Hampshire will travel to Texas to learn directly from their SYT-I team about strategies for integrating evidence-based practices in the overall treatment process to achieve positive outcomes for youth and their families. The team will travel to Houston, TX to visit both inpatient and outpatient facilities for youth with substance use disorders and/or co-occurring substance use and mental health disorders (SUD/COD), as well as Youth Recovery Organizations and a Recovery High School. The team will then travel to San Marcos, TX to visit another adolescent substance abuse treatment center and to Austin, TX to meet with the Texas SYT-I team. The interactive meeting will focus on solution-focused strategies to promote peer-to-peer learning and will include components of effective models of care for youth and their families, how they created a Continuum of Care for adolescents and transitional aged youth in their state, and the use of data to inform our program's approach.

Funds will be used for:

Class 041 Audit fund set aside expense.

Class 080 Out of State travel to attend meetings and project activities.

Area served: Manchester and Nashua

Source of Funds: 100% Federal from Substance Abuse and Mental Health Service Administration.

In the event that federal funds become no longer available, general funds will not be requested to support the program expenditures.

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Jeffrey A. Meyers Commissioner

# Division for Behavioral Health Bureau for Children's Behavioral Health

# State Youth Treatment Planning Grant

## **Fiscal Situation**

# 010-095-092-921010-20590000

SFY 2020 CR Appropriation	\$188,250
Supplemental Award (9/30/18 - 9/30/19)	<u>\$ 25,000</u>
Revised SFY2020 CR Appropriation	\$213,250





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State Youth Treatment-Implementation Department of Health and Human Services Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 3H79TI080192-02S1 FAIN: H79TI080192 Program Director: Erica Ungarelli

Project Title: Comprehensive Youth Treatment Strategic Implementation

Grantee Address

NH state Dept/Public Health

29 HAZEN DRIVE

CONCORD, NH 033016503

**Business Address** 

Donna Walker

NH Dept Health and Human Services

Issue Date: 09/27/2018

105 Pleasant Street Concord, NH 033013852

Budget Period: 09/30/2018 - 09/29/2019 Project Period: 09/30/2017 - 09/29/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a supplement in the amount of \$25,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NH state Dept/Public Health in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service 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 (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

#### SECTION I - AWARD DATA - 3H79TI080192-02S1

Award Calculation (U.S. Dollars) Salaries and Wages Fringe Benefits Personnel Costs (Subtotal) Materials & Supplies Contractual Travel	\$57,457 \$22,068 \$79,525 \$4,000 \$659,174 \$5,886
Other	\$30,415
Direct Cost Indirect Cost Approved Budget Federal Share Cumulative Prior Awards for this Budget Period	\$779,000 \$6,000 \$785,000 \$785,000 \$760,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$25,000

SUMMARY TOTALS FOR ALL YEARS				
YR	AMOUNT			
2	\$785,000			
3	\$760,000			
4	\$760,000			

<sup>\*</sup>Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

#### Fiscal Information:

CFDA Number:

93.243

EIN:

1026000618B3

Document Number:

17TI80192A

Fiscal Year:

2018

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CAN

Amount

TI

C95N527

\$25,000

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<u>TI</u>	C96N527		\$25,000	

### TI Administrative Data:

PCC: SYT-I / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 3H79TI080192-02S1

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 - 3H79TI080192-02S1

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 - 3H79TI080192-02S1

#### **REMARKS**

#### **Technical Assistance Supplement**

This notice of award provides supplemental funding in the amount of \$25,000 in the "Other" cost category of federal funding for the purchase of Technical Assistance (TA) or for other allowable activities as outlined in the FOA of your grant award.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

#### SPECIAL CONDITIONS

#### Revised Budget (\$25k Supplement)

By November 14, 2018, you must submit a revised SF-424A - BUDGET INFORMATION - Non Construction Programs and budget narrative/justification clearly indicating how you will use the funding.

The \$25,000 supplemental funds should be clearly itemized in appropriate budget

categories of the SF-424A. The budget narrative/justification should state how the funding will be used. If any portion of the funding is used for the purchase of TA utilizing a contract, clearly articulate who the contract is with and the activities/services they will provide.

The SF-424A BUDGET INFORMATION - Non-Construction Programs can be found at: https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf

A Sample Budget Narrative and Justification can be found in Appendix of the FOA for your grant award.

Upload the completed .pdf of the SF-424A and the budget narrative/justification to the "View Terms Tracking Details" page in eRA Commons.

#### Staff Contacts:

Ramon Bonzon, Program Official

Phone: 240-276-2975 Email: Ramon.Bonzon@samhsa.hhs.gov

Elizabeth Carlini, Grants Specialist

Phone: (240) 276-0582 Email: elizabeth.carlini@samhsa.hhs.gov Fax: (240) 276-1430