

SF 424
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Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	
* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	
* 3. Date Received: 01/03/2019	
4. Applicant Identifier: KYATCHUM	
5a. Federal Entity Identifier:	5b. Federal Award Identifier: H79SM063549-01M001
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
* a. Legal Name: COUNTY OF PINELLAS	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1596000800A5	* c. Organizational DUNS: 0552002160000
d. Address:	
* Street1: COUNTY OF PINELLAS	
Street2: 315 COURT ST, RM 601	
* City: CLEARWATER	
County/Parish:	
* State: FL: Florida	
Province:	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 337565165	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Elisa
Middle Name:	
* Last Name: DeGregorio	
Suffix:	
Title: Grants Administrator	
Organizational Affiliation:	
* Telephone Number: 727-464-8434	Fax Number:
* Email: edegregorio@pinellascounty.org	

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type: B: County Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):
* 10. Name of Federal Agency: Substance Abuse and Mental Health Services Adminis
11. Catalog of Federal Domestic Assistance Number: 997 CFDA Title:
* 12. Funding Opportunity Number: SU-17-002 * Title: SAMHSA Continuations
13. Competition Identification Number: SU-17-002-NCC Title: SAMHSA Continuations
14. Areas Affected by Project (Cities, Counties, States, etc.): File Name:
* 15. Descriptive Title of Applicant's Project: Pinellas County - Assisted Outpatient Treatment for Individuals with SMI
Attach supporting documents as specified in agency instructions. File Name:

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="FL-013"/>	* b. Program/Project: <input type="text" value="FL-013"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: <input type="text" value="09/30/2018"/>	* b. End Date: <input type="text" value="09/29/2022"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="997,160.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="997,160.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input checked="" type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Barry"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Burton"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="County Administrator"/>	
* Telephone Number: <input type="text" value="727-453-3457"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="grantscoe@pinellascounty.org"/>	
* Signature of Authorized Representative: <input type="text" value="Completed on submission to Grants.gov"/>	
* Date Signed: <input type="text" value="01/03/2019"/>	

**BUDGET INFORMATION -
Non-Construction Programs**

OMB Approval No. 4040-0006
Expiration Date 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	93.997			\$997,160.00	\$10,202.00	\$1,007,362.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$997,160.00	\$10,202.00	\$1,007,362.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	(2)	(3)	(4)	
a. Personnel	\$113,103.00				\$113,103.00
b. Fringe Benefits	\$64,152.00				\$64,152.00
c. Travel	\$0.00				\$0.00
d. Equipment	\$0.00				\$0.00
e. Supplies	\$0.00				\$0.00
f. Contractual	\$819,905.00				\$819,905.00
g. Construction	\$0.00				\$0.00
h. Other	\$0.00				\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$997,160.00				\$997,160.00
j. Indirect Charges	\$0.00				\$0.00
k. TOTALS (sum of 6i and 6j)	\$997,160.00				\$997,160.00
7. Program Income	\$0.00				\$0.00

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	\$10,202.00			\$10,202.00	
9 .				\$0.00	
10 .				\$0.00	
11 .				\$0.00	
12. TOTAL (sum of lines 8-11)	\$10,202.00	\$0.00	\$0.00	\$10,202.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$997,160.00	\$249,290.00	\$249,290.00	\$249,290.00	\$249,290.00
14. Non-Federal	\$0.00				
15. TOTAL (sum of lines 13 and 14)	\$997,160.00	\$249,290.00	\$249,290.00	\$249,290.00	\$249,290.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16 . Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	\$997,160.00	\$997,160.00			
17 .					
18 .					
19 .					
20. TOTAL (sum of lines 16-19)	\$997,160.00	\$997,160.00	\$0.00	\$0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	<input type="radio"/>	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
<input checked="" type="radio"/> Civil Rights Assurance (45 CFR 80)		04/16/2015
<input checked="" type="radio"/> Assurance Concerning the Handicapped (45 CFR 84)		04/16/2015
<input checked="" type="radio"/> Assurance Concerning Sex Discrimination (45 CFR 86)		04/16/2015
<input checked="" type="radio"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)		04/16/2015
3. Human Subjects Certification, when applicable (45 CFR 46)	<input type="radio"/>	<input checked="" type="radio"/>

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input checked="" type="radio"/>	<input type="radio"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input checked="" type="radio"/>	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	<input checked="" type="radio"/>	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	<input checked="" type="radio"/>	<input type="radio"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input checked="" type="radio"/>	
6. Has the 12 month narrative budget justification been provided?	<input checked="" type="radio"/>	<input type="radio"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input checked="" type="radio"/>	<input type="radio"/>
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	<input type="radio"/>	<input checked="" type="radio"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="radio"/>	<input checked="" type="radio"/>

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: Mr.	First Name: Barry	Middle Name:
Last Name: Burton		Suffix:
Title: County Administrator		
Organization: Pinellas County Board of County Commissioners		
Street1: 14 S. Ft. Harrison Ave.		
Street2:		
City: Clearwater		
State: FL: Florida	ZIP/Postal Code: 33756	ZIP/Postal Code4:
E-mail Address: grantscoe@co.pinellas.fl.us		
Telephone Number: (727) 464-3485	Fax Number:	

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix:	First Name: Karen	Middle Name:
Last Name: Yatchum		Suffix:
Title: Health Care Administrator		
Organization: Pinellas County		
Street1: Pinellas County		
Street2: 440 Court Street, 2nd Floor		
City: Clearwater		
State: FL: Florida	ZIP/Postal Code: 33756	ZIP/Postal Code4:
E-mail Address: kyatchum@pinellascounty.org		
Telephone Number: 727-464-5045	Fax Number:	

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227

Program Fraud Civil Remedies Act (PFCRA)

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Pinellas County
Duns Number: 055200216
Street1*: 440 Court Street, 2nd floor
Street2:
City*: Clearwater
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33756-5139
Project/Performance Site Congressional District*: FL-013

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Directions for Living
DUNS Number: 1777608990000
Street1*: 1437 S Belcher Rd
Street2:
City*: Clearwater
County: Pinellas County
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33764-2829
Project/Performance Site Congressional District*: FL-013

Project/Performance Site Location 2

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Personal Enrichment Through Mental Health Services, Inc.
DUNS Number: 1219743310000
Street1*: 11254 58th St No
Street2:
City*: Pinellas Park
County: Pinellas
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33782-2213
Project/Performance Site Congressional District*: FL-013

Additional Location(s)

File Name:

**Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549**

Reporting Period: September 30, 2018 through December 31, 2018

DESCRIPTION AND EXPLANATION OF CHANGES, IF ANY, MADE DURING THIS BUDGET PERIOD AFFECTING GOAL AND OBJECTIVES:

The purpose of the Pinellas County Assisted Outpatient Treatment (AOT) grant program is to implement AOT services within Pinellas County for individuals that may benefit from a less restrictive level of care than Involuntary Residential Treatment. The below goals and objectives differ from the initial application, but were submitted, and accepted by SAMHSA, in the County’s responses submitted via eRA Commons to the NOA dated 09/27/2018. In a subsequent NOA dated, 12/20/2018, SAMHSA indicated the condition associated with the Marginal Rating was removed.

Goal 1: Reduce psychiatric hospitalization utilization of PC AOT program clients.
Objective A: Successfully petition court for involuntary outpatient treatment for 375 clients meeting AOT criteria.
Objective B: Provide mental health treatment services according to court approved individualized treatment plan to 375 enrolled clients over the life of the program.
Objective C: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 2: Reduce justice system interaction for PC AOT program clients.
Objective A: Provide mental health treatment services according to court approved individualized treatment plan to 375 enrolled clients over life of the program.
Objective B: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 3: Identify & address behavioral health disparities among racial and ethnic minorities.
Objective A: Measure demographic data and service utilization of enrolled clients for disparities in access to and service use compared to all PC Baker Act initiations and general population.
Goal 4: Improve consumer/social outcomes of enrolled clients.
Objective A: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 5: Customer and family/caregiver satisfaction with program services.
Objective A: Engage families in IDT facilitated sessions.
Objective B: Conduct client centered surveys/focus groups to obtain feedback on program services.

1 Pinellas County SAMHSA Continuation Application Federal Award Identifier H79SM063549

Project Narrative | Pinellas County Board of County Commissioners

Continuation Application | Federal Award Identifier H79SM063549

DESCRIPTION AND EXPLANATION OF CHANGES, IF ANY, MADE DURING THIS BUDGET PERIOD AFFECTING THE PROJECTED TIME LINE FOR PROJECT IMPLEMENTATION

During the reporting period, Pinellas County Human Services convened the application partners and key stakeholders to develop updated responses to the conditional award 09/27/2018.

Included below is the updated timeline of key activities with the current status listed, as of the end of the reporting period.

Proposed Date <i>Source: Initial Application</i>	Key Activities	Responsible Agency	Status <i>as of 12/31/18</i>
Yr 1, Qtr 1	Award Acceptance	Pinellas County Human Services	Accepted by the BOCC 10/23/2018
New Item (not in application)	Removal of Conditions	Pinellas County Human Services	NOA removing conditions dated 12/20/2018
Yr 1, Qtr 1	Provider Contracts	Pinellas County Human Services and Contracted Partners	Contract with Directions for Living (DFL) is on the 01/08/2019 BOCC Agenda; Contracts with Personal Enrichment for Mental Health, Inc. (PEMHS); University of South Florida (USF); Sixth Judicial Circuit; and the Public Defender's Office (PD) are drafted and processing via the County Administrator's delegated process
Yr 1, Qtrs 1-2	Implementation/Progress Meetings	Pinellas County Human Services	10/02/2018 convened partners and stakeholders to develop responses to SAMHSA's conditional approval and weekly implementation meetings
Yr 1, Qtrs 1-2	Hiring and Training	Contracted Partners	Position Descriptions have been developed and posted for hiring
Yr 1, Qtr 2-4 and Yrs 2-4	Initial Client Assessments & Petitions	PEMHS and DFL	A client flow has been developed and key stakeholders are meeting to discuss process and flow of the program. The team anticipates the first petition in February of 2019
Yr 1, Qtrs 2-4 and Yrs 2-4	Case Management Services	DFL	Based upon the developed client flow, the Case Manager from the PD will review client history at initiation of case preparations and will initiate the SOAR process. The Case Manager from DFL will work with a counselor to engage with clients upon court order into AOT.

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549

Proposed Date <i>Source: Initial Application</i>	Key Activities	Responsible Agency	Status <i>as of 12/31/18</i>
Yr 1, Qtrs 2-4 and Yrs 2-4	Referrals for Medical & Social Services	DFL and PD	Based upon the developed client flow, initial referrals for SOAR services may be made by the PD staff during case preparations. The DFL treatment team will review the treatment plan and initiate services upon a client's court order into AOT. Every 15 days the team and the client will conduct an Integrated Decision Team (IDT) staffing to assess progress and address any barriers the individual is experiencing. While referrals will be on-going and not limited to the IDT staffing, this facilitated staffing will provide a team of practitioners to assist in the development and determination of appropriate referrals for each individual client.
Yr 1, Qtrs 3-4 and Yrs 2-4	Performance Assessment/Quality Assurance Monitoring	USF	The Evaluator has been participating in the AOT program development since the partners were convened on 10/02/2018.

DESCRIPTION AND EXPLANATION OF CHANGES, IF ANY, MADE DURING THIS BUDGET PERIOD AFFECTING THE APPROACH AND STRATEGIES PROPOSED IN THE INITIALLY APPROVED AND FUNDED APPLICATION:

While changes were made to the initial application, no additional changes have been made to the subsequent responses submitted to SAMHSA on October 30, 2018, and approved via an NOA dated 12/20/2018.

REPORT ON PROGRESS RELATIVE TO APPROVED OBJECTIVES, INCLUDING PROGRESS ON EVALUATION ACTIVITIES

APPROVED OBJECTIVES:

Successfully petition court for involuntary outpatient treatment for 375 clients meeting AOT criteria.

There has been no progress to report on this objective. The program is currently in development and anticipates the first court petition in February of 2019.

Provide mental health treatment services according to court approved individualized treatment plan to 375 enrolled clients over the life of the program.

There has been no progress to report on this objective. The program currently is in development and anticipates the first court petition in February of 2019.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan.

There has been no progress to report on this objective. The program currently is in development and anticipates the first court petition in February of 2019.

Measure demographic data and service utilization of enrolled clients for disparities in access to and service use compared to all PC Baker Act Initiations and General Population.

There has been no progress to report on this objective. The program currently is in development and anticipates the first court petition in February of 2019.

Engage families in IDT facilitated sessions.

There has been no progress to report on this objective. The program currently is in development and anticipates the first court petition in February of 2019.

Conduct client centered surveys/focus groups to obtain feedback on program services.

There has been no progress to report on this objective. The program currently is in development and anticipates the first court petition in February of 2019.

EVALUATION ACTIVITIES:

The program evaluator has attended the weekly meetings with partners and key stakeholders during this reporting period as the program is being developed. Upon implementation of the program, the evaluator will collect programmatic data for the performance assessment and quality assurance monitoring activities.

SUMMARY OF KEY PROGRAM ACCOMPLISHMENTS TO DATE AND LIST PROGRESS

To date, the Pinellas County AOT program has accomplished the following:

- Developed the approved narrative responses to have the initial award conditions removed.
- Detailed the program flow.
- Continued weekly/bi-weekly meetings, as necessary, to continue to implementation process.
- Drafted contractual agreements for AOT program partners.
- Posted job listings for SAMHSA funded AOT staff.

DESCRIPTION OF DIFFICULTIES/PROBLEMS ENCOUNTERED IN ACHIEVING PLANNED GOALS AND OBJECTIVES - BARRIERS TO ACCOMPLISHMENT

The largest barrier during this progress reporting period was the conditional nature of the award. Pinellas County and our partners worked diligently to get the condition removed to ensure funding was available to begin programmatic activities. Development activities occurred, but some activities, such as hiring staff, were hindered by the inability to expend grant funds as proposed.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

DESCRIPTION OF DIFFICULTIES/PROBLEMS ENCOUNTERED IN ACHIEVING PLANNED GOALS AND OBJECTIVES - ACTIONS TO OVERCOME DIFFICULTIES

Pinellas County and its partners worked together to develop the program flow and processes while awaiting the removal of the conditions noted in the initial award. Additionally, contractual agreements were being drafted while awaiting notice that the award conditions were removed so that activities would not be further delayed.

REPORT ON MILESTONES ANTICIPATED WITH THE NEW FUNDING REQUEST

The Pinellas County AOT program anticipates the following milestones with the new funding request:

- Successful petition of court for involuntary outpatient treatment for 100 clients in year 2 of the grant program.
- The provision of mental health treatment services according to the court approved individualized treatment plan for 100 clients enrolled in year 2.
- Connection of enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan for 100 clients enrolled in year 2.
- Appropriate GPRA data collection for the enrolled clients from program initiation through year 2.
- Engagement of family members in the IDT facilitated sessions.
- Administration of client centered surveys/focus groups to obtain feedback on program services.

KEY STAFF CHANGES (NEW OR ANTICIPATED) MUST BE REQUESTED IN ADVANCE AS STATED IN THE TERMS AND CONDITIONS OF AWARD. DESCRIBE THE CHANGE AND SUBMIT RESUMES AND JOB DESCRIPTIONS, LEVEL OF EFFORT AND ANNUAL SALARY FOR EACH POSITION.

There are currently no new or anticipated changes to Key Staff.

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y2 – 2019 - 2020

BUDGET JUSTIFACATION NARRATIVE

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
General Magistrate	J. Polland	\$39.74/hr	25%	\$20,665
Case Manager	TBD	\$37,080	100%	\$37,080
Baker Act Attorney	TBD	\$55,358	100%	\$55,358
Project Director	K. Yatchum	\$102,024	10%	\$0 (in-kind)
TOTAL SALARIES				\$113,103

JUSTIFICATION:

Pinellas County’s 6th Judicial Court and Public Defender’s Office will employ additional staff including the General Magistrate, Public Defender, and a Case Manager to handle the additional caseload of clients and hearings for the 100 clients (Y2-4) per year.

The Pinellas County 6th Judicial Circuit Court’s General Magistrate is responsible for legal work hearing and ruling in involuntary civil commitment (Baker Act and Marchman Act) cases. The position is responsible conducting hearings on petitions for involuntary commitment under Florida’s Baker Act and Marchman Act statutes and making findings of fact and recommendations and proposed orders by the Circuit Judge assigned.

The Public Defender’s Baker Act Attorney is responsible for meeting with the clients the day before the hearing and thoroughly reviewing the electronic medical records. The attorney will represent the clients throughout the treatment order. The Baker Act Attorney is responsible for ensuring the client’s civil rights are not violated. This position will work 100% on the AOT program.

The Public Defender’s Case Manager will review client history to ensure appropriate alignment of referrals with statutory guidelines for AOT. This position will maintain contact with the Baker Act Attorney and provide ongoing outreach and clinical care coordination services to meet the comprehensive health care needs of the clients and promote high quality, cost-effective outcomes. This position will work 100% on the AOT program.

The Project Director is Karen Yatchum, Health Care Administrator with the Pinellas County Department of Human Services. Ms. Yatchum will dedicate a minimum of 10% level of effort to the grant program. Funding is provided in-kind by Pinellas County.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A).....**\$113,103**

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost (rounded)
FICA	0.0765	3 FTE	\$8,969
Retirement	0.0752	3 FTE	\$17,937
Life Insurance	\$3.66/mo	2 FTE	\$88
Medical Insurance	\$1,548.25/mo	2 FTE	\$37,158
TOTAL FRINGE BENEFITS			\$64,152

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BUDGET JUSTIFACATION NARRATIVE

JUSTIFICATION:

Pinellas County’s 6th Judicial Court & Public Defender’s office has identified the fringe benefits stated above.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A).....**\$64,152**

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Meetings Y2 & Y4 only				\$0
			TOTAL	\$0

JUSTIFICATION:

Travel to Grantee meeting for Y2 was cancelled, per SAMHSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A).....**\$0**

D. Equipment:

FEDERAL REQUEST

Item	Rate	Cost
Not Applicable		\$0
	TOTAL	\$0

JUSTIFICATION:

No equipment purchases over \$5,000 have been identified by Pinellas County.

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF424A).....**\$ 0**

E. Supplies:

FEDERAL REQUEST

Item	Rate	Cost
Not applicable		\$0
	TOTAL	\$0

JUSTIFICATION:

Minimal supplies have been identified by the applicant’s contractual partners – see Contractual breakdown.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A).....**\$ 0**

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F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Directions for Living				
Personnel				
Counselors (2 FTE)		\$40,800		\$81,600
Care Coordinator (1 FTE)		\$38,760		\$38,760
Case Manager (3 FTE)		\$35,700		\$107,100
Integrated Decision Team (IDT) Facilitator (1 FTE)		\$42,840		\$42,840
Adult Outpatient Program (AOP) Field Supervisor (1FTE)		\$54,060		\$54,060
			Total Salaries:	\$324,360
Fringe Benefits (20.87%)				
FICA		7.65%		\$24,814
SUTA		0.69%		\$2,239
Workers Comp		1.63%		\$5,288
Medical		8.60%		\$27,895
Employee Professional Development		0.30%		\$974
Retirement		2.00%		\$6,487
			Total Fringe:	\$67,697
Travel				
Local Travel				
@400 miles per month per 5 FTEs @.43/mile (rounded)		\$0.43/mile		\$10,400
			Total Travel:	\$ 10,400
Supplies				
Office Supplies (8 FTEs)		\$25/mo		\$2,400
			Total Supplies:	\$ 2,400
Contractual/Fee for Service				
Psychiatric Evaluations (100 Y2)		\$420		\$42,000
Psychiatric Medication Management (202 Y2)		\$127		\$25,654
Psychiatric Testimony (257 Y2)		\$386		\$99,202
			Total Contractual:	\$166,856

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Name	Service	Rate	Other	Cost
Other				
Bus Passes/Daily		\$5/day		\$900
Cell Phones (8 FTEs)		\$53/mo		\$5,088
Electronic Health Record Licenses (8 FTEs)		\$60/mo		\$5,760
Computer Maintenance		\$150/mo		\$1,800
Professional Liability (8 FTEs)		\$92/mo		\$8,832
Payroll Services Costs (8 FTEs)		\$7/mo		\$672
Client Direct Assistance (100 Y2 clients)		\$30/client		\$3,000
Client Incentive (evaluative) (\$20/client 100 Y2)		\$20/client		\$2,000
			Total Other:	\$ 28,052
Indirect				
Diminimus Rate 10%				\$ 59,976
Subtotal Directions for Living				\$659,741

JUSTIFICATION:

Directions for Living

Contract Personnel

Counselor (2 FTE): The Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. They conduct interviews and make assessments of clients to determine needs for program services. They take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues. Master’s Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling.

200% of annual salary \$40,800 = \$81,600

Case Manager (3 FTE) Targeted Case Management includes assessing, linking, coordinating, and monitoring services from mental health, physical health, social, educational, entitlement, and vocational rehabilitation to help children, families and adults live work, and participate fully in their community. It includes a collaborative coordination and development of a culturally specific individualized services plan in partnership with the individual, which reflects strengths and self – identified goals. As an integral part of case management services, discharge/transition services are arranged or coordinated by the case manager as an individual is preparing for discharge and transition from one level of care to another. These services are designed to support the attainment of individual-defined goals as identified in the individuated Treatment Plan (e.g. stable living arrangements, quality relationships, employment, vocational training or school attendance.) All

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services will be provided within a Recovery-oriented system of care, which builds on the individual's strengths and incorporates community, natural systems, and clinical supports and services in the management of the individual's needs.

100% of annual salary \$35,700 = \$107,100

Care Coordinator (1 FTE): The Care Coordinator will be responsible to meet participate in the crisis unit team meetings daily to assist with identification of potentially eligible clients; facilitate the assessment, psychiatric opinions, background history on clients, and work closely with the Mental Health Court Liaison to file required paperwork in advance of the hearing. The Care Coordinator will engage with the client to assess needs, gauge interest in participating in the program, and coordinating the client with the treatment team upon enrollment in the program. The Care Coordinator will also collect required data for the evaluation of the program.

100% of annual salary \$38,760 = \$38,760

Integrated Decision Team (IDT Facilitator (1 FTE): The Integrated Decision Team Facilitator will lead the discussion that will identify the needs and resources for the client and will establish creative and effective safety and treatment plans. At critical junctures of the case, the IDT facilitator will assess the client's situation to determine risk level, identify options, and arrive at a shared decision on the best approach to ensure safety, mitigate risk, and provide assistance. The IDT facilitator is charged with ensuring that decisions are made via shared risk decision making. The IDT facilitator will encourage family attendance and will ensure that the staffing is in line with the model. The IDT facilitator is the face of the agency and will need to incorporate the five promises when working with families in this setting.

100% of annual salary of \$42,840 = \$42,840

Adult Outpatient Program (AOP) Field Supervisor: This is a responsible supervisory position providing leadership for an outpatient treatment program serving and adults with mental health problems. It requires management and supervisory skills, and clinical expertise. This position provides oversight adult services programs at all service locations.

100% annual salary of \$54,060 = \$54,060

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions.

@ 20.87% of gross salary

Travel: Local travel is estimated that 400 miles per month will be required for the Care Coordinator, Counselors and Case Managers to connect with clients wherever they are.

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Supplies: Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

Contractual: Psychiatry Services: A DFL Psychiatrist will provide psychiatric evaluations to include the Mental Status Examination and lethality risk. The Psychiatrist will provide first opinion or second opinion assessment and provide direct testimony in mental health court. The staff psychiatrist will oversee all psychiatric treatment, participate in continuation hearings as needed until the successful transition to less restricted services is established.

Psychiatric Examination @ \$420 per visit (100 Y2) = \$42,000
Psychiatric Medication Management @ \$127 per visit (202 Y2) = \$25,654
Psychiatric Testimony @ \$386/hr per hearing (257 Y2) = \$99,202

Other:

Transportation Services is to provide bus passes or taxi vouchers to clients needing to seek services in a location other than their permanent housing location.

Communications includes cell phone for staff which is required for timely communication as well as safeguard for staff as they are in the community.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Professional Liability Insurance represents property and general liability insurance.

Electronic Health Records licenses are required for all staff entering clinical data into the health record for clients.

Payroll service costs is the actual direct cost per employee to process payroll, payroll taxes and benefit costs. Actual cost is \$7.00 per month per FTE @ 8 Fte's.

Client direct assistance...for the provision of clothing, personal hygiene items, or items considered essential in nature where no other identifiable resources are available to purchase these items. Estimated cost to project is \$30 per 100 clients (Y2) projected to be served.

Client incentives...to encourage participation in data collection surveys at enrollment, six months post-enrollment, and six months post-discharge. Estimated cost is \$20 per 100 clients (Y2).

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Diminimus rate is 10%.

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Name	Service	Rate	Other	Cost
Personal Enrichment for Mental Health Services (PEMHS)				
Personnel				
Mental Health Court Liaison (0.5 FTE)		\$45,900		\$22,950
Psychiatric ARNP (0.25 FTE)		\$120,000		\$30,000
Supervisor (0.1 FTE)		\$54,060		\$5,406
			Total Salaries:	\$58,356
Fringe Benefits				
FICA		7.65%		\$4,464
Unemployment		1.50%		\$875
Workers Comp		2.75%		\$1,605
Medical		5.50%		\$3,210
Employee Professional Development		0.30%		\$175
Retirement		1.50%		\$875
			Total Fringe:	\$11,204
Travel				
Not Applicable				\$0
			Total Travel:	\$ 0
Supplies				
Office Supplies		\$25/mo		\$300
			Total Supplies:	\$ 300
Contractual/Fee for Service				
Psychiatric Evaluation & Testimony (\$275/case) (100 Y2)		\$275		\$27,500
			Total Contractual	\$27,500
Other				
Electronic Health Record Licenses (0.5 FTEs)		\$60/mo		\$720
Computer Maintenance		\$40/mo		\$480
Professional Liability (0.5 FTEs)		\$254/mo		\$1,524
Payroll Services Costs (0.5 FTEs)		\$17/mo		\$102
			Total Other:	\$ 2,826
Indirect				
Diminimus Rate 10%			\$100,186 x .10	\$10,019
Subtotal PEMHS				\$110,205

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JUSTIFICATION:

PEMHS

Contract Personnel

Mental Health Court Liaison (0.5 FTE): The Mental Health Court Liaison will work closely with Emergency Services/ Access Center staff as well as the CSU Treatment Teams to determine appropriate level of care for AOT services. The Mental Health Court Liaison will coordinate the necessary legal documents in order to petition the courts for involuntary outpatient treatment and coordinate the completion of assessment by two psychiatrists for recommendation on level of care for AOT services. The Mental Health Court Liaison will also work closely with Directions for Living surrounding individualized treatment recommendations for mental health court. The Mental Health Court Liaison will include the client's natural supports when developing the treatment recommendations, and will work closely with all collaborative program partners to advocate on behalf of the client. Additionally, the Mental Health Court Liaison will attend mental health court along with assessing psychiatrist. If the client is court ordered into AOT treatment, the Mental Health Court Liaison will work directly with Directions for Living Staff for immediate and seamless transitions into the AOT program from inpatient treatment.

50% of annual salary \$45,900 = \$22,950

Psychiatric ARNP (.25 FTE): The Psychiatric ARNP is a responsible position requiring clinical, psychiatric, medical, and administrative duties.

25% Level of Effort of annual salary of \$120,000 = \$30,000

Supervisor (.10 FTE): This is a responsible supervisory position providing leadership for an outpatient treatment program serving and adults with mental health problems. It requires management and supervisory skills, and clinical expertise.

10% Level of Effort of annual salary of \$54,060 = \$5,406

Fringe Benefits:

Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions.

@20.87% of gross salary

Travel:

No local travel anticipated.

Supplies:

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

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Psychiatry Services:

A PEMHS Psychiatrist will provide psychiatric evaluations to include the Mental Status Examination and lethality risk. The Psychiatrist will provide first opinion or second opinion assessment and provide direct testimony in mental health court.

\$275/case @ 100 cases Y2 = \$27,500

Other:

Electronic Health Records licenses are required for all staff entering clinical data into the health record for clients.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Professional Liability Insurance represents property and general liability insurance.

Payroll service costs is the actual direct cost per employee to process payroll, payroll taxes and benefit costs.

Indirect:

These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Diminimus rate is 10%.

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BUDGET JUSTIFACATION NARRATIVE

Name	Service	Rate	Other	Cost
University of South Florida, Florida Mental Health Institute				
Personnel				
Principal Investigator (.09 FTE)		\$101,972		\$9,178
Evaluator (.15 FTE)		\$109,456		\$16,418
			Total Salaries:	\$25,596
Fringe Benefits				
FICA		6.20%		\$1,587
Unemployment/Workers Comp		1.70%		\$435
Medicare		1.45%		\$371
Medical (0.24 FTE)		\$1,623/mo		\$4,675
Retirement		8.65%		\$2,214
			Total Fringe:	\$9,282
Travel				
Evaluation Meetings/Meetings w/County (YR2=25 trips @ 80 trips)		\$25/trip		\$2,000
			Total Travel:	\$ 2,000
Other				
Printing/Copying: Assessments, Meeting Material, etc. (@13 units)		\$20.48/unit		\$266
			Total Other	\$266
Indirect				
The F&A rate utilized by USF is the “other sponsored activity” rate (34.5%).		34.5%		\$ 12,815
Subtotal USF				\$49,959

JUSTIFICATION:

University of South Florida

Personnel:

Principal Investigator – Charles Dion (.09 FTE)

Charles Dion is the Director of the Department of Mental Health Law and Policy’s Policy Services Research Data Center (in USF’s College of Behavioral and Community Sciences). As Principal Investigator, he will plan, manage, and execute the evaluation analyses. He will negotiate all data use agreements, obtain the data, and perform all of the quantitative analyses and write up the findings.

9% of \$101,972 annual salary = \$9,178

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Researcher – Annette Christy (.15 FTE)

Dr. Christy will be responsible for coordinating, implementing and documenting all phases of the qualitative evaluation of the program intervention, including meeting with clinical/program, administrative, and evaluation staff to coordinate qualitative and quantitative aspects of the evaluation.

15% of \$109,456 annual salary = \$16,418

Fringe Benefits:

Fringe benefit costs for employees in benefit earning positions is calculated at 18% and includes: employer contributions for FICA (6.20%); Medicare (1.45%); Worker’s Compensation, Unemployment Insurance, and Terminal Leave Pay (1.7%); and Retirement Contributions (8.65%).

Health insurance is a separate cost and is calculated depending on the type of coverage the employee carries. Annual employer costs for health insurance is \$1,623/mo.

Travel:

The purpose of the local travel is for the PI and researcher to attend meetings with the county and other meetings as necessary to conduct the evaluation.

Other:

Printing/Meeting Materials: Minimal costs to cover printing charges related to evaluation reports.

Cost Accounting Standards Exception Justification: There are no exceptions to the University’s Cost Accounting Standards, in line with OMB Uniform Guidance.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)

(Combine the total of consultant and contract)**\$819,905**

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G. Construction:

NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other:

FEDERAL REQUEST

Item	Rate	Cost
Not applicable		\$0
	TOTAL	\$0

JUSTIFICATION:

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A).....**\$ 0**

Indirect Cost Rate:

Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A).....**\$ 0**

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BUDGET JUSTIFICATION NARRATIVE

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$ 113,103
Fringe	\$ 64,152
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 0
Contractual	\$ \$819,905
Other	\$ 0
Total Direct Costs*	\$ 997,160
Indirect Costs	\$ 0
Total Project Costs	\$ 997,160

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A)\$997,160

*** TOTAL INDIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A)\$0

TOTAL PROJECT COSTS:

Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A)\$997,160

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BUDGET JUSTIFICATION NARRATIVE

INFRASTRUCTURE SUMMARY:

Infrastructure: No more than 60% of the total grant award may be used for developing the infrastructure necessary for establishment and implementation of the program.

Category	Year 1	Year 2	Year 3	Year 4
Personnel	\$115,911	\$113,103	\$120,740	\$124,362
Fringe	\$51,216	\$64,152	\$54,238	\$55,865
Travel	\$ 0	\$ 0	\$ 0	\$ 0
Equipment	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 0	\$ 0	\$ 0	\$ 0
Contractual	\$384,366	\$392,057	\$399,896	\$407,894
Other	\$ 0	\$ 0	\$ 0	\$ 0
Total Direct Costs*	\$551,493	\$569,312	\$574,874	\$588,121
Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0
Total Project Costs	\$551,493	\$569,312	\$574,874	\$588,121
	55%	57%	58%	59%

Personnel:

- Developing partnerships with the courts and other service providers for service delivery:
 - Courts: Pinellas County will utilize funds to support a .25% General Magistrate within the 6th Judicial Circuit Court for the additional hearings created in support of the program.
 - General Magistrate salary - \$20,665 Y2
- Providing for court costs, including legal representation.
 - The Pinellas County Public Defender’s office will employ a dedicated public defender attorney and case manager to support the legal process and civil rights for the AOT participants. The case manager will be an integral part of the care team for the clients.
 - Public Defender’s Office salary 2 FTEs: \$92,438 Y2

Fringe:

- General Magistrate fringe .25 FTE - \$3,135
- Public Defender’s Office salary & fringe 2 FTEs: \$61,017

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Contractual:

- Developing partnerships with the courts and other service providers for service delivery; Supporting staff positions to oversee and monitor the AOT participants; Supporting case management positions to ensure linkage to appropriate services based on the approved treatment plan.
 - Directions for Living will be contracted with to support treatment services for the targeted population including intensive case management, provision of evidence based practices, supportive services, and will work closely with the program partners in support of clients.
 - Directions for Living salary & fringe 8 FTEs - \$392,057

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BUDGET JUSTIFICATION NARRATIVE

DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:

Category	Year 1	Year 2	Year 3	Year 4	Total
Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Fringe	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contractual					
Personnel	\$26,460	\$25,596	\$28,072	\$28,913	\$110,699
Fringe	\$8,702	\$9,282	\$10,068	\$10,371	\$38,917
Travel	\$72	\$2,000	\$90	\$90	\$342
Other	\$25	\$266	\$25	\$52	\$127
Indirect Cost	\$12,165	\$12,815	\$13,198	\$13,602	\$51,780
Other	\$ 0	\$ 0	\$ 0		\$ 0
Total Direct Costs*	\$47,425	\$49,959	\$48,353	\$49,797	\$190,689
Indirect Costs	\$ 0	\$ 0	\$ 0		\$ 0
Total Data Collection & Performance Measurement Costs	\$47,425	\$49,959	\$48,353	\$49,797	\$190,689