

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	<input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="01/17/2018"/>	4. Applicant Identifier: <input type="text" value="DARODRIGUEZ"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="H79SM063331-02"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

*** a. Legal Name:**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="1596000800A5"/>	* c. Organizational DUNS: <input type="text" value="0552002160000"/>
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d. Address:

*** Street1:**
Street2:
*** City:**
County/Parish:
*** State:**
Province:
*** Country:**
*** Zip / Postal Code:**

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: *** First Name:**
Middle Name:
*** Last Name:**
Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:** **Fax Number:**

*** Email:**

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: 243 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 Cooperative Agreement to Benefit Homeless Individuals
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="09/30/2016"/>	* b. End Date: <input type="text" value="09/29/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="800,000.00"/>
* 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="800,000.00"/>
* 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="Mark"/>
Middle Name: <input type="text" value="S."/>	
* Last Name: <input type="text" value="Woodard"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="County Administrator"/>	
* Telephone Number: <input type="text" value="727-464-3485"/>	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="01/17/2018"/>

**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 Cooperative Agreement to Benefit Homeless Individuals	93.243			\$800,000.00		\$0.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$800,000.00	\$0.00	\$0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Pinellas County Cooperative Agreement to Benefit Homeless Individuals	(2)	(3)	(4)	
a. Personnel					\$0.00
b. Fringe Benefits					\$0.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies					\$0.00
f. Contractual	\$800,000.00				\$800,000.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$800,000.00				\$800,000.00
j. Indirect Charges					\$0.00
k. TOTALS (sum of 6i and 6j)	\$800,000.00				\$800,000.00
7. Program Income					\$0.00

Standard From 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 Cooperative Agreement to Benefit Homeless Individuals	\$0.00	\$0.00	\$0.00	\$0.00	
9 .				\$0.00	
10 .				\$0.00	
11 .				\$0.00	
12. TOTAL (sum of lines 8-11)	\$0.00	\$0.00	\$0.00	\$0.00	
SECTION D - FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
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 Cooperative Agreement to Benefit Homeless Individuals	\$800,000.00				
17 .					
18 .					
19 .					
20. TOTAL (sum of lines 16-19)	\$800,000.00	\$0.00	\$0.00	\$0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

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 checked="" 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 type="radio"/>	<input checked="" 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: Mark	Middle Name: S.
Last Name: Woodard		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: Ms.	First Name: Daisy	Middle Name:
Last Name: Rodriguez		Suffix:
Title: Health Care Administrator		
Organization: Pinellas County Human Services		
Street1: 440 Court Street, 2nd fl		
Street2:		
City: Clearwater		
State: FL: Florida	ZIP/Postal Code: 33756	ZIP/Postal Code4:
E-mail Address: darodriguez@pinellascounty.org		
Telephone Number: 727-464-4206		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 BOARD OF CNTY
COMMISS
Duns Number: 055200216
Street1*: PINELLAS COUNTY
Street2: BOARD OF COUNTY COMMISSIONERS
City*: CLEARWATER
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 337565139
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: Operation PAR, Inc
DUNS Number: 0892776020000
Street1*: 13800 66th Street North
Street2:
City*: Largo
County: Pinellas
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33771-4909
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: WestCare Gulf Coast
DUNS Number: 0389328230000
Street1*: 33 6th Street South
Street2:
City*: St.
Petersburg
County: Pinellas County
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33701-4117
Project/Performance Site Congressional District*: FL-013

Project/Performance Site Location 3

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

Additional Location(s)

File Name:

**Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier SM063331**

Reporting Period: January 1, 2017 through December 31, 2017

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

The purpose of the Pinellas County Cooperative Agreement to Benefit Homeless Individuals (CABHI) is to increase capacity of services available to individuals who have experienced chronic homelessness and who are also struggling with substance use disorders, mental health disorders, or co-occurring substance abuse/mental health disorders. During this reporting period, Pinellas County has continued towards the goals and objectives identified in the initial application and identified in the table below. Three (3) local mental health and/or substance abuse service providers have executed agreements with Pinellas County and have actively participated in grant activities. No changes to the proposal’s goals and objectives have been made during this reporting period.

Goal 1: Reduce chronic homelessness
Objective A: House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.
Objective B: Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.
Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness
Objective A: Improve integration of behavioral healthcare system with homeless system
Objective B: Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.
Objective C: Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.
Goal 3: Reduce behavioral health disparities among racial and ethnic minorities
Objective A: Reduce differences in Access to Service.
Objective B: Reduce the differences in Service Use.
Objective C: Decrease the differences in Outcomes.

**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 chaired weekly Program Coordination Committee Meetings to ensure the appropriate coordination of services to individuals referred to the CABHI program. This weekly meeting is completed via conference call with one meeting a month being conducted in-person to discuss all active clients. Through these weekly calls and monthly in-person meetings, programmatic staff have been able to communicate client needs and challenges in a constructive manner which has led to the identification of further opportunities to assist CABHI clients with connecting to additional resources and more effectively engaging in program services. Examples of

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier SM063331

the facilitation of effective engagement includes the transition of clients from one counselor's caseload to a different counselor, with whom they feel more comfortable working with; coordination of treatment staff with case managers to facilitate individualized introductions/rapport development; communication of client behavioral cues that may assist the provider in connecting with the individual; and discussion of a client's need for certain services to include multiple staff in encouraging participation in additional services that can positively impact the client's progress.

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: Year 2 NCC application</i>	Key Activities	Responsible staff	Status <i>as of 12/31/18</i>
Activity Proposed and In-Progress in Year 2 NCC application	Development and execution of Memorandums of Understanding with Housing Providers	Abigail Stanton, Planning & Contracts, Pinellas County Human Services	Completed March 2017
November 1, 2016	Housing providers identify potential project participants for year 1	Pinellas Hope, HEP, SvDP (Housing provider staff) via referrals	Completed Yr 1
November 15, 2016 and quarterly thereafter	Local Government Steering Committee Meeting	Project Director	Meetings Held: January 18, 2017 February 22, 2017 May 17, 2017 August 16, 2017 November 15, 2017
December 15, 2016	Begin engagement, screening and face-to-face GPRA interviews	Operation PAR Case manager	In Progress as of February 11, 2017
Activity not previously proposed Began January 31, 2017 and occurs weekly	Program Coordination Committee Conference Call	Facilitated by Pinellas County Human Services and attended by Programmatic Staff	Ongoing activity
January 2, 2017 – September 30, 2017	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Contracted Service Providers	First Client Referred to Service Provider(s) February 18, 2017
Activity Proposed and In-Progress in Year 2 NCC application	Non-Competing Continuation Application Submission	Pinellas County Human Services	January 20, 2017
March 1, 2017 and semi-annually thereafter	6-month GPRA interviews of all clients	Evaluator	CABHI Staff initiated 6-Month GPRA Interview activities in July 2017 (i.e., locating clients, scheduling interviews, etc.)

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier SM063331

Proposed Date <i>Source: Year 2 NCC application</i>	Key Activities	Responsible staff	Status <i>as of 12/31/18</i>
March 1, 2017 and semi-annually thereafter	Report of progress and performance to SAMHSA via Local Performance Assessment	Evaluator	Submitted with Progress Report Submissions on: April 28, 2017 October 30, 2017
Activity not previously proposed Began April 25, 2017 and occurs monthly	In-Person Program Coordination Meeting	Facilitated by Pinellas County Human Services and attended by Programmatic Staff	Ongoing
August 1, 2017	Housing providers identify potential project participants for year 2	Housing provider staff referrals	In Progress/ongoing
September 1, 2017	Begin engagement, screening and face-to-face GPRA interviews	Operation PAR Case manager	In Progress/ongoing
October 1, 2017-September 30 2018	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Contracted Service Providers	In Progress/ongoing
August 1, 2018	Housing providers identify potential project participants for year 2	Housing provider staff referrals	No timeline changes anticipated
September 1, 2018	Begin engagement, screening and face-to-face GPRA interviews	Contracted Service Providers	No timeline changes anticipated
October 1, 2018-September 30 2019	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Contracted Service Providers	No timeline changes anticipated
As required by SAMHSA	Participate in Cross-Site Evaluation as needed	Evaluator, Project Director	In Progress/ongoing Completed Site Visit November 14-15, 2017

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:

A few changes have been implemented during this reporting period, including: transitioning from an ARNP staff member to a Fee for Service Model; delayed implementation and low demand for telehealth services; and the identification of additional service opportunities for CABHI clients.

The transition from a specific ARNP staff position to a Fee for Service Model was done to provide for an increase in access to services in the community via more flexible scheduling options by offering more than one individual provider. Through utilizing the contractor’s full medical psychiatric services staff, CABHI clients are able to realize the scheduling flexibility of multiple providers.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier SM063331

The Pinellas County CABHI Program realized a delay in implementation of and low demand for telehealth services during the reporting period. The delayed implementation was due, in part, to some hesitation on the part of the identified housing provider sites. Housing providers were hesitant to agree to the placement of telehealth equipment at their sites due to perceived concerns related to the location, security, distribution and subsequent collection of telehealth equipment. CABHI staff worked to alleviate the concerns with continued education of the housing providers regarding the potential benefits of client access to telehealth equipment.

The program's slower than anticipated start resulted in a smaller client census, thus reducing the demand for telehealth services. With a lower than anticipated client load in the first year, treatment staff have had the flexibility of scheduling to allow for onsite care without a greater need for telehealth services. As the client census increases towards the program's target GPRA rates, it is anticipated the program will realize more emphasis being placed on telehealth services.

CABHI program staff have identified the need for a few additional positions, including: a Peer Support Specialist position to assist in recruitment and engagement efforts; an additional Mental Health Counselor; and an additional SOAR Specialist. These positions will assist current staff with the case load and provide CABHI clients additional scheduling options.

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

APPROVED OBJECTIVES:

House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.

The Pinellas County CABHI Program does not house individuals. The program was designed to offer services to individuals already housed through the County's Coordinated Entry Process.

Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.

Treatment staff working on the Pinellas County CABHI Program work closely with the local permanent supportive housing providers to ensure CABHI clients on the verge of losing housing are afforded every opportunity to maintain their residence. Efforts may include additional treatment services to minimize disruptions at the housing sites due to a client's behavioral health concerns. Additionally CABHI staff have worked with clients during a substance abuse relapse to connect them with detox services and maintain connections throughout the client's flow through these services and transition back into permanent housing. As of this report, of the 24 clients with a 6-month follow-up GPRA entered into SPARS, 23 (95.8%) have remained in permanent housing.

The Pinellas County CABHI Program utilizes a SOAR Specialist to assist eligible clients in obtaining disability benefits. The inclusion of such a position in the CABHI program has been beneficial in aiding the SOAR staff with obtaining the documentation necessary from behavioral health treatment providers to

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier SM063331

ensure the client's need is appropriately articulated in an application for such benefits. SOAR staff have assisted 28 CABHI clients.

Improve integration of behavioral healthcare system with homeless system.

The Pinellas County CABHI Program has made great progress in integrating the behavioral healthcare system with the homeless system. CABHI Program staff have developed good working relationships with the three primary permanent supportive housing providers within Pinellas County: Homeless Emergency Project; Pinellas Hope; and Boley Centers. These relationships have provided program staff with the space necessary to maintain an onsite presence at the housing locations and provided an avenue for communication amongst the CABHI staff and the housing site staff. Additional outreach activities continue to connect the CABHI program with other local housing providers, such as the housing authority and Ready for Life, a nonprofit dedicated to providing assistance to foster care youth as they transition to adulthood. The Pinellas team has connected with the local coordinated entry continuum of care, the Homeless Leadership Board, to identify potential clients at the point of housing or immediately prior to. Through identifying potential clients through coordinated entry, the program has the opportunity to reach out to the housing provider regarding the individual's suitability for a program referral.

Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.

Through hiring four (4) counselors (3 Substance Abuse/Co-Occurring and 1 Mental Health); two (2) case managers; a peer support specialist; and a SOAR benefits specialist, the CABHI program has been able to increase service capacity for clients with histories of chronic homelessness who have recently been permanently housed and having a serious mental illness (SMI), substance abuse disorder (SUD), serious emotional disturbance (SED), and/or co-occurring disorder (COD). These dedicated program staff are able to focus efforts at the housing sites, thus increasing accessibility by meeting the clients where they are at. The SOAR specialist affords eligible CABHI clients with focused assistance efforts with applications for disability benefits. These efforts will assist clients with receiving the benefits necessary to assist with not only maintaining housing, but further accessing the necessary behavioral health services beyond the CABHI program. The program intends to further rollout telehealth services as the client census increases to provide greater flexibility for clients whom have transportation struggles. The program has enrolled 95 clients to date, all of whom had identified behavioral health needs. These clients were provided access to CABHI treatment staff for services which may not have been accessible prior to the program's implementation.

Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.

The program utilizes evidence based therapeutic practices to provide clients with behavioral health treatment services. One key to client engagement in these services has been the regular coordination amongst CABHI staff to ensure each individual client is met where they are. Staff communicate individual client struggles and identified opportunities to mitigate these to further engage the client in treatment.

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Reduce differences in Access to Service.

The project has worked to increase access to service for all races and ethnicities. Regarding race, according to the 2012-2016 American Community Survey 5-Year Estimates, 82.5% of Pinellas County consists of one race and Caucasian resulting in 17.5% of the population being non-Caucasian or mixed race. To date, the project has enrolled 95 clients of which 28.4% are non-Caucasian or mixed race. Additionally, the same census estimates indicates that 8.8% of the population is of Hispanic origin. To date of the 95 clients enrolled, 11.6% of clients served are Hispanic.

Reduce the differences in Service Use.

The project monitors the number and types of services provided to the clients and has worked to ensure clients receive the services they need. The project employs a number of methods to ensure clients receive services. When the client is capable, bus passes are distributed to clients so that they can attend treatment sessions. If the client finds using bus passes too stressful, transportation is provided the partnering agencies to ensure the client receives treatment. Also, many clients receive services on-site which eliminates transportation issues and reduces and inequity in service accessibility. An additional tool used the project is behavioral telehealth.

Decrease the differences in Outcomes.

Of the 95 clients enrolled, only 12 have been discharged. As a result, many post-discharge outcomes do not have an adequate sample size to say anything definitive regarding client outcomes. As more clients are discharged and more 6-month follow-ups are completed (to date 24 6-month follow-ups have been completed), the project can better assess differences in outcomes and determine if the project was able to decrease any disparities that may have existed.

EVALUATION ACTIVITIES:

Local Activities – Please detail

The Evaluation Activities follows the plan set forth in the Evaluation Plan which is broken into three sections Local Evaluation Activities (Process and Outcome Measures), GPRA Evaluation and Cross-Site Evaluation. Each will be addressed below.

LOCAL PROCESS EVALUATION

The project will review the following process questions in the table below. The program will be analyzed using gender, race, ethnicity and other variables identified at the time of analysis as variables to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions		
Question	Data Source	Progress
What activities and actions taken by the Steering Committee helped improve the clinical and housing outcomes for individuals served?	Identification of activities, their timeline and implementation and correlated outcomes	The Steering Committee first and foremost informed community members of the project and its intent by

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		holding regularly scheduled quarterly meetings. One accomplishment was the buy-in from the Pinellas County Homeless Leadership Board.
How did the strategies and interventions used by the Steering Committee assist in the overall quality improvement of the system of care for individuals served?	Provider input over time of the project to assess referral, access, retention and outcomes for participants and assess if the project improved the system of care.	Early in the Project, the Steering Committee was influential in identifying Performance Measures it believed would best serve the Project and the Community. Since then they have directed the Project Leadership as to what direction the project needs to go for sustainability.
Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?	Data from the Case Manager/Outreach Specialist provided to the evaluator as well as project expenses to identify what services were provided and their effectiveness.	Two case managers who provide in-person contact with housing providers and potential clients, four counselors (three substance abuse and one mental health) to see clients on-site, one SOAR specialist to provide services to assist clients with additional benefits on-site are active in the project. To date, the project has had excess funds and has requested a Prior Approval for Carryover to address the enrollment issues in the Project.
Are the targets and indicators linked and used to inform quality improvement activities?	Review of minutes from weekly staff meetings to address targets and indicators.	The Project staff meet weekly to review project targets. A dashboard is produced quarterly to inform the Local Government Steering Committee. The major issue at present is recruitment and those numbers are constantly reviewed to develop quality improvement activities to increase enrollment.

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<p>What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and other benefit programs and how are these efforts informing the implementation and/or enhancing the long term sustainability of integrated community systems that provide permanent housing and supportive services?</p>	<p>Review of minutes from weekly staff meetings to address barriers.</p>	<p>The SOAR team works with our clients who need assistance in getting other benefits (such as Medicaid). At each weekly meeting, the SOAR staff is given the opportunity to review their caseload and needs. Other clinical staff also interact to make warm handoffs of their clients to the SOAR team. SOAR staff are diligent in informing treatment staff of documentation required for a disability application to ensure the most complete application submission for each client.</p>
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Additional process questions include the monitoring of the following processes to track access and efficiency of client engagement:

- Monitoring referral rates from the different housing providers,
 - Progress: This information is monitored and published quarterly in a Project Dashboard developed and produced by Pinellas County with assistance from the Evaluation Team.
- Monitoring time from referral to screening
 - Progress: This information is monitored analyzed by the Evaluation Team. The average time from referral to screening is 12.7 days.
- Monitoring time from screening to assigning the client to a provider
 - Progress: This information is monitored analyzed by the Evaluation Team. The average time from screening to assigning a client to a behavioral health provider is 8.8 days.
- Monitoring the time from assignment to a provider till admission in the providers program.
 - To evaluate this last measure, a new survey has been developed which monitors service type, service date and service dose (length of session). Since the treatment providers do not share the same electronic health record, this form allows the project to track client treatment sessions.

LOCAL OUTCOME EVALUATION

Outcomes Questions: The project will review the following outcome and process questions in the table below. The program will be analyzed using gender, race, ethnicity and other variables identified at the time of analysis as variables to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Outcome Questions		
Question	Data Source	Progress
How many individuals were reached through the program and how many	Data from GPRA and Case Manager/Outreach Specialist	To date, 95 clients have been enrolled. This data is still

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<p>were enrolled in Medicaid and other benefit programs as a result of participation in this program?</p>		<p>under analysis. Data is being collected by the SOAR team and relayed to the Evaluation Team.</p>
<p>What effect did linkage to HUD’s Coordinated Entry system have on housing goals?</p>	<p>Data from Housing Providers on how they accessed HUD’s Coordinated Entry System.</p>	<p>At present, the Coordinated Housing Data is being received and reviewed by the Evaluation Team to be presented to the Case Managers. This linkage is still being reviewed for effectiveness.</p>
<p>What program/contextual factors were associated with increased access to and enrollment in Medicaid and other benefit programs?</p>	<p>Case Manager/Outreach Specialist to identify factors addressing enrollment in Medicaid and other benefit programs.</p>	<p>This data is still under analysis. Data is being collected by the SOAR team and relayed to the Evaluation Team.</p>
<p>What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?</p>	<p>Review of identified variables and correlation with patient results and project outcomes and goals.</p>	<p>Not enough clients have been discharged at this time (12 at the writing of this report) to assess the effect of permanent housing, recovery support or treatment on key goals.</p>
<p>Was the permanent housing and recovery support effective in maintaining the project outcomes at client follow-up interviews?</p>	<p>Review of identified variables and correlation with patient results and project outcomes and goals.</p>	<p>Permanent housing was extremely effective in maintaining client follow-up interviews. Of the 29 clients eligible for follow-up interviews, only 5 were not completed with 3 of the 5 having left housing and could not be found. Note that at present, an additional 35 clients are eligible for follow-up interviews and are still within the follow-up window. The reason they have not been completed is because there was a lapse in receiving the client incentive cards. That has been corrected and the project expects to start</p>

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		collecting follow-up interviews soon.
What program and contextual factors were associated with positive clinical and housing outcomes?	Focus group/questionnaires of participants are correlation with project outcomes.	Two focus groups were performed by RTI during the Cross-Site Evaluators' site visit. Unfortunately, the results of those interviews have not been made available to the project.

Project Goals and Objectives: The following table outlines the project's goals, expected outcome and Performance Measure to assess local performance. These will be reviewed at the weekly staff meetings and acted upon accordingly.

Local Project Goals, Objectives and Performance Measures	
Goal 1: Reduce chronic homelessness	
Objective	Performance Measure
Objective A: House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.	Performance Measure: Enroll 125 project-eligible chronically homeless individuals per year. Progress: To date, 95 clients have been enrolled. The enrollment issues has been addressed elsewhere in the application renewal.
Objective B: Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.	Performance Measure: At 6 months post-intake, 60% of all clients enrolled will have remained in permanent housing as measured by the GPRA tool. Progress: As of this report, of the 24 clients with a 6-month follow-up GPRA entered into SPARS, 23 (95.8%) have remained in permanent housing.
Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness	
Objective	Performance Measure
Objective A: Improve integration of behavioral healthcare system with homeless system	Performance Measure: Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3. Progress: The project is currently in the first four months of Year 2. As a result this Measure cannot be calculated at this time.
Objective B: Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.	Performance Measure: Increase the percentage of homeless receiving tele-health/mobile MH services by 10% from year 1 to 2 and 20% from year 2 to 3. Progress: The project is currently in the first four months of Year 2. As a result this Measure cannot be calculated at this time.
Objective C: Determine best practice for	Performance Measure:

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<p>serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.</p>	<ol style="list-style-type: none"> 1. Increase the percentage of participants who reduce the number of times they utilize emergency room services, are arrested or are Baker Acted in the 6 months after admission to the project compared to the 6 months preceding admission to the project. 2. Increase the percentage of participants from Year 1 to Year 2 and from Year 2 to Year 3 who upon discharge from the project, complete at least 50% of their treatment plan objectives. 3. Increase the percentage of participants who are successfully discharged from the project from Year 1 to Year 2 and from Year 2 to Year 3. 4. For those clients subject to drug screens, increase the percentage of clients from Year 1 to Year 2 and from Year 2 to Year 3 who test negative in 75% of their drug screens. <p>Progress: The project is still working with county officials to track and monitor this data. No results are available at this time.</p>
<p>Goal 3: Reduce behavioral health disparities among racial and ethnic minorities</p>	
<p>Objective</p>	<p>Original Performance Measure</p>
<p>Objective A: Reduce differences in Access to Service.</p>	<p>Performance Measure: Increase the yearly percentage of racial and ethnic minorities admitted to the program using, year 1 as the base rate.</p> <p>Progress: The project is currently in the first four months of Year 2. As a result this Measure cannot be calculated at this time.</p>
<p>Objective B: Reduce the differences in Service Use.</p>	<p>Performance Measure: Increase the yearly percentage of racial and ethnic minorities who remain in treatment for at least 30 days, using year 1 as the base rate.</p> <p>Progress: The project is currently in the first four months of Year 2. As a result this Measure cannot be calculated at this time.</p>
<p>Objective C: Decrease the differences in Outcomes.</p>	<p>Performance Measure: Increase the yearly percentage of racial and ethnic minorities who are successfully discharged from the project, using year 1 as the base rate.</p> <p>Progress: The project is currently in the first four months of Year 2. As a result this Measure cannot be calculated at this time.</p>

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- **GPRA:** The following GPRA numbers were taken from the SPARS report on 1/9/2018. For Intake, 93 clients have been enrolled out of an expected 156 for a rate of 59.6%. The project is awaiting 2 more clients that have been enrolled but have yet to get the GPRA collected due to scheduling. That would bring the rate to 60.9%. At present, the project is short 30 intakes to meet an 80% intake rate and 61 short of meeting a 100% intake rate. At the end of the second fiscal year (9/29/2018) the project's goal is 250 clients enrolled. To meet that number, the project must enroll 155 clients over the next 38 weeks for an average intake of 4 per week. To reach an 80% intake rate (200 clients enrolled), the project will need to enroll 105 clients over the next 38 weeks for an average intake of 3 clients per week. The project is confident it can meet these rates.
- Regarding Follow-Up, the project as of 1/9/2018 has a 6 month follow-up rate of 63.2% (24 out of 38 due). The project is behind due to a delay in obtaining incentive cards for the clients. This has been corrected. To reach 80%, the project needs to collect 6 more follow-ups. All clients are well within the collection window and the project foresees no issues in meeting the mandated rate.
- **SCI:** The project has worked hard to obtain the Supplemental Client Interviews along with the GPRA interviews. To date, 10 Interviews were submitted in October, 2017; 20 in November, 2017; and 19 in December, 2017; and 11 in January, 2018.

SUMMARY OF KEY PROGRAM ACCOMPLISHMENTS TO DATE AND LIST PROGRESS

To date, the Pinellas County Cooperative Agreement to Benefit Homeless Individuals (CABHI) has accomplished the following:

- The Cross-site study site visit occurred on November 14-15, 2017
- The project has teamed with the Pinellas County's Homeless Leadership Board, the areas coordinated entry provider, to utilize the coordinated entry process as a referral source.
- Program staff continue to meet weekly to coordinate client needs and maintain the lines of communication to ensure the best possible outcomes for program clients.
- Program staff meet in-person once-a-month to discuss all active clients and address any successes or challenges.
- Program staff have developed good working relationships with housing provider case managers to ensure the most appropriate care and mitigate any impact to a client's housing due to relapse or crisis needs.
- Expanding and enhancing the SA/MH needs to the community for those individuals experiencing chronic homelessness.
- The project has exceeded the general census population figures for non-Caucasian and Hispanic origin clients. Pinellas County's 2012-2016 American Community Survey 5-Year Estimates for non-Caucasian or mixed-race population at 17.5% and Hispanic origin population at 8.8% with the project's client census indicating 28.4% of the clients served were non-Caucasian or mixed race and 11.6% of clients served being of Hispanic origin.

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

The main difficulty encountered by the project has been recruitment of clients. CABHI funded staff began the grant program with intense outreach efforts to seek buy-in from the local housing providers. It was anticipated that this buy-in would translate into program referrals. While the housing providers saw the benefits of the program's availability, the referrals were slow at the onset of the CABHI program. Upon increased referrals rates, CABHI staff transitioned activities away from the intensive outreach efforts. While uncertain in reasoning, it appears the decreased outreach efforts may have translated into decreased referrals. The program's evaluator has worked in conjunction with the Vice President of Community Relations to beef up outreach efforts to reengage the housing providers that are the majority source of program referrals.

Additionally during the month of September 2017, the State of Florida realized the threat and braced for the impact of Hurricane Irma. While Pinellas County was spared direct impact by the storm, the impact of Irma on the area resulted in a local declaration of a state of emergency with evacuation orders and a majority of the area realizing power outages. Many residents and were displaced and services disrupted. County and contractor offices were closed for several days and CABHI services impacted.

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

The program continues enhanced outreach efforts to obtain the 125 clients per year served goal, although success has not yet been achieved. CABHI staff are located onsite at several of the larger permanent supportive housing provider facilities and work with case managers and residents to educate them on the availability of services through the program. Staff will continue outreach efforts to all identified service providers whom work with clients having histories of chronic homelessness to educate them on the CABHI referral process and program capacity. Outreach efforts include smaller provider organizations that work with the program's target population. Such organizations work with foster youth aging out of the system, assisted living facilities, and domestic violence shelters.

REPORT ON MILESTONES ANTICIPATED WITH THE NEW FUNDING REQUEST

The Pinellas County CABHI Program anticipates utilizing the new funding request to continue services to the program's current clients, meeting the program's intake goal, and enhance utilization of telehealth 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 changed to Key Staff.

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SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	CSAT Costs	CMHS Costs	Grand Total
				TOTAL SALARIES		

JUSTIFICATION: Describe the role and responsibilities of each position.

Pinellas County will contract all services and no federal funds will be used for County staff salary or fringe.

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

B. Fringe Benefits:

List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	CSAT Costs	CMHS Costs	Grand Total
FICA					
Retirement					
Insurance					
			TOTAL FRINGE BENEFITS		

JUSTIFICATION: Fringe reflects current rate for agency.

Pinellas County will contract all services and no federal funds will be used for County staff salary or fringe.

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

C. Travel:

Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	CSAT Costs	CMHS Costs	Grand Total
			TOTAL			\$0

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Travel to Grantee meetings and local travel is a contractual expense for each provider organization. See contractual.

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

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D. Equipment:

An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

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:

Materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	CSAT Costs	CMHS Costs	Grand Total
TOTAL				\$0

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

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	CSAT Costs	CMHS Costs	Grand Total
(1) WestCare Gulfcoast Florida						
Personnel						
	Outpatient Director (.1 FTE)	\$ 55,000	\$55,000 x 10%	\$ 5,500	-	\$ 5,500
	Counselor (1 FTE)	\$ 38,000	\$38,000	\$38,000	-	\$38,000
	Counselor (1 FTE)	\$ 38,000	\$38,000	\$38,000	-	\$38,000
	Peer Recovery Support Specialist (1 FTE)	\$ 24,960	\$24,960	\$24,960	-	\$24,960
			Total Salaries:	\$106,460	\$0	\$ 106,460
				\$25,231	\$0	\$ 25,231
Fringe Benefits (23.7%)						
Travel						
	Local Travel	\$0.545/mile	441 mi/mo x 2 FTE	\$5,765	-	\$5,765
			Total Travel:	\$5,765	\$0	\$5,765
Contractual – Detox Services						
	Turning Point Inebriate Shelter	\$30/day	14 days/client with @ 14 clients/year	\$6,000	-	\$6,000
			Total Contractual Detox Services:	\$6,000	\$0	\$6,000
Supplies						
	Office Supplies	\$138.75/mo	Basic office supplies	\$1,665	-	\$1,665
	Educational Materials	\$100/pp	30 clients	\$3,000	-	\$3,000
	Drug Testing Supplies	\$4/test	4 tests/mo x 30 clients	\$5,760	-	\$5,760
			Total Supplies:	\$10,425	\$0	\$ 10,425
Operations						
	Rent including utilities		\$500/mo x 12 mos	\$6,000	-	\$6,000
	Communications		\$150/mo x 12 mos	\$1,800	-	\$1,800
	Copier Lease & Maint.		\$30/mo x 12 mos	\$360	-	\$360
	Staff Recruitment/Background		\$95/hire x 2FTE	\$190	-	\$190
	Staff Training		2 FTE @ \$179.50	\$359	-	\$359
	Client Incentives		\$30 @50 clients/yr	\$1,500	-	\$1,500
	Transportation Services		\$80/bus pass -44 client	\$3,500	-	\$3,500
	Property & Liability Ins.		\$100/mo x 12 mos	\$1,200	-	\$1,200
			Total Operations:	\$14,909	\$0	\$ 14,909
Indirect						
	Approved Rate 24.5%			\$41,353	-	\$ 41,353
	Subtotal WestCare	\$ 210,143		\$210,143	\$0	\$ 210,143

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BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(2) Operation PAR						
Personnel						
	Project Administrator/ Evaluator (M. Vargo) (1 FTE)	\$ 78,580	\$78,580 salary x 45%	-	\$35,361	\$35,361
	VP Community Relations (M. Coleman) (1 FTE)	\$76,526	\$76,526 salary x 33%	-	\$24,871	\$24,871
	Program Director (L. Rosenbluth) (1 FTE)	\$64,935	\$64,935 salary x 20%	-	\$12,987	\$12,987
	Clinical Director (S. Boulanger) (1 FTE)	\$79,630	\$79,630 salary x 10%	-	\$7,963	\$7,963
	Counselor (C. Tremonte)((1 FTE)	\$ 35,880	\$35,880 salary x 100%	\$35,880	-	\$35,880
	Case Managers (2 FTE) (TBD & G. Parker)	\$33,894	\$33,894 salary x 200%	\$67,788	-	\$67,788
			Total Salaries:	\$103,668	\$81,182	\$179,467
	Fringe Benefits (31%)			\$32,137	\$25,166	\$ 57,304
	Travel					
	Local Travel		425 miles/mo x 3 FTE @ \$.545/mile	\$8,343	\$7	\$8,350
			Total Travel:	\$8,343	\$7	\$ 8,350
	Supplies					
	Office Supplies		\$\$137.46/mo for basic office supplies	-	\$1,650	\$1,650
			Total Supplies:	-	\$1,650	\$ 1,650
	Operations					
	Rent including utilities		\$1200/mo x 12 mo	\$2,400	\$12,000	\$14,400
	Computer Maint.		\$180/mo x 12 mo	-	\$2,160	\$2,160
	Client Incentives		\$30 * 41 clients	\$1,030	\$200	\$1,230
	Professional Liability Ins.		1.5% of salaries	\$1,555	\$1,218	\$2,773
	Transportation Services		\$80/client * 41 clients	-	\$3,280	\$3,280
	Cell Phones		\$85/mo x 5 FTE	\$2,550	\$2,550	\$5,100
	Copier/Lease		\$300/mo x 12 mos	-	\$3,600	\$3,600
	Drug Screening		10 screens/41 clients/\$35 per screen	\$14,350	-	\$14,350
	Telehealth/Zoom Connection		\$15/mo x 5 locations	-	\$900	\$900
			Total Operations:	\$21,885	\$25,908	\$ 47,793
	Indirect					
	Approved Rate 14.06%			\$23,344	\$18,828	\$ 42,172
	Subtotal Operation PAR			\$189,377	\$152,740	\$342,117

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BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
3) Directions for Living						
	Personnel					
	Director of Clinical Services (D. DeFrank) (0.1 FTE)	\$ 70,000	\$70,000 x 10%	-	\$7,000	\$7,000
	AOP Clinical Supervisor (C. Nessbaum)(0.1 FTE)	\$55,000	\$55,000 x 10%	-	\$5,500	\$5,500
	Counselors Masters Prepared (S. Suggs + TBD) (2 FTE)	\$43,000	\$43,000 x 200%	-	\$86,000	\$86,000
	SOAR Specialist (K. Patel + TBD) (2 FTE)	\$ 35,000	\$35,000 x 100% + \$35,000 x 75%		\$61,250	\$61,250
			Total Salaries:	\$0	\$159,750	\$159,750
	Fringe Benefits (21%)			\$0	\$33,548	\$33,548
	Travel					
	Local Travel		1200 miles/mo*12 mo*\$.45/mile	-	\$6,480	\$6,480
			Total Travel:	\$0	\$6,480	\$6,480
	Psychiatric Medical Services					
	Psychiatric Consult		\$381/visit x 18 approx	-	\$6,858	\$8,858
	Medical/Psychiatric Consult		\$127/visit x 86 approx	-	\$10,922	\$10,922
	Psychiatric Record Review and Consult		\$127/visit x 2 approx	-	\$254	\$254
			Total Psychiatric Services:	\$0	\$18,034	\$18,034
	Supplies					
	Office Supplies		\$150/mo for basic office supplies	-	\$1,800	\$1,800
			Total Supplies:	\$0	\$1,800	\$ 1,800
	Operations					
	Computer Maintenance		\$187/mo x 12 mos	-	\$2,244	\$2,244
	Client Incentives		\$30/ x 33 clients	-	\$1,000	\$1,000
	Transportation Services		\$80/bus pass x 41 clients	-	\$3,300	\$3,300
	Professional Liability Ins.		\$92/mo x 3.75 FTE	-	\$4,140	\$4,140
	Cell Phones & Air Card		\$101/mo x 3.75 FTE	-	\$4,545	\$4,545
	Telehealth Online Subscription		Zoom -\$166/mo	-	\$2,000	\$2,000
			Total Operations:	\$0	\$17,229	\$17,229
	Indirect					
	Approved Rate 10%			-	\$23,684	\$ 23,684
	Program Income				(\$12,785)	(\$12,785)
	Subtotal Directions			\$0	\$247,740	\$ 247,740

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals

BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.

(1) WestCare Gulfcoast Florida

Outpatient Program Director (.1 FTE): The Outpatient Program Director will supervise the Counselors and Peer Recovery Support Specialist. They will help assist with the startup of the program and be available to support staff with project.

10% of annual salary \$55,000 x 10% = \$5,500.

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.

100% of annual salary \$38,000 x 2 = \$76,000.

Peer Recovery Support Specialist (1 FTE): The Peer Recovery Support Specialist is responsible for creating a therapeutic alliance and uncovering motivational opportunities for the client. The Peer Recovery Support Specialist is responsible for assisting the client with building a social support network.

100% of annual salary = \$24,960.

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

This is estimated to be 23.7% of gross salaries.

Travel: Local travel is estimated that 881 miles per month will be required for the Counselors and/or Peer Recovery Support Specialist to connect with clients wherever they are, their home, coffee shop, park, etc.

Contractual – Turning Point Inebriate Shelter: Turning Point, an Inebriate Shelter, will be available to assist with clients that have relapsed and need a few days to detox and get back on track. Turning Point is a safe place for these clients and has 3 stages of services, 3 days to allow the clients to naturally detox, or 14 days to allow clients to naturally detox and then receive intervention services, or 30 days to allow clients to naturally detox, receive intervention services, and help to get back on the right track so they can return to their home and continue on substance free.

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals

BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

Supplies: Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies to set up the Trauma Center.

Educational Materials include curriculum needed for clients' success. (Seeking Safety, Motivational Interviewing, journals etc)

Medical Supplies/Testing & Lab Fees provide for urinalysis/drug testing of clients.

Operations: Rent of facility to conduct clinical services. Rent includes utility expenses such as electric, water and sewer.

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 office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served. Training may be provided by WestCare or other experts on specific topics such as treatment of PTSD and trauma, integrating substance abuse treatment for co-occurring disorders in a modified therapeutic community, and other relevant issues for the program.

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers (\$30) at discharge and at 6-months after intake, 50 clients annually.

Property & Liability Insurance represents property and general liability insurance.

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.

Federally approved rate is 24.5%.

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SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals

BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

(2) Operation PAR

Program Administrator/Evaluator (.45 FTE): The Program Administrator will oversee the day-to-day operations of the program, responsible for program evaluation, work with the Program Coordination Committee and Local Government Steering Committee.
45% of annual salary \$78,580 = \$35,361.

VP of Community Relations (.33 FTE): Responsible for project coordination at Operation PAR. This position will supervise and manage the day to day operations of the project and supervise the case managers. This position will also act as the liaison between the county, treatment partners and housing partners who provide referrals.

32.5% of annual salary of \$76,526 = \$24,871.

Program Director (.2 FTE): Responsible for overseeing the clinical staff and supervising and managing the counselor position. This position is responsible for taking the lead role for Operation PAR during the staffing of clients that determines client eligibility, treatment referral and placement with the treatment providers.

20% of annual salary of \$64,935 = \$12,987.

Clinical Director (.1 FTE): Responsible for oversight of all clinical staff and will oversee clinical supervision of the Program Director and counselor. This position will also be available for consultation regarding any client under the treatment of Operation PAR.

10% of annual salary of \$79,630 = \$7,963.

Counselor (1 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.

100% of annual salary = \$35,880.

Case Managers (2 FTE): The Case managers will be responsible for initial intake and screening of clients, administering GAIN tool, collecting GPRA data at the initial intake, 6 month evaluation point, and discharge. The Case Managers will be responsible for collecting and inputting GPRA data for data collection and performance management.

100% of annual salary of \$33,894 x 2 = \$67,788

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 31% of gross salaries.

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BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

Travel: Local travel is estimated that 1275 miles per month will be required for the Case Managers to connect with clients.

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

Operations: Rent of facility to conduct clinical services. Rent includes utility expenses such as electric, water and sewer.

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 office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

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

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers (\$30) per client, 41 clients.

Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Drug Screenings provide for urinalysis/drug testing of clients.

Professional Liability Insurance for clinical/professional staff.

Telehealth/Zoom Subscription is the monthly subscription fee to provide telehealth service over secure internet, HIPAA compliant, for clients from the convenience of their home or housing location.

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.

Federally approved rate is 14.06%.

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals

BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

(3) Directions for Living

Director of Clinical Services (0.1 FTE) & AOP Clinical Supervisor (0.1 FTE): The Director of Clinical Services and AOP Clinical Supervisor provide oversight and direction to the Counselors. This includes periodic treatment plan review, and oversight of program related activities. Both FTEs attend weekly program meetings by telephone and monthly in-person meetings in addition to any additional program related needs.

Director of Clinical Services - 10% of annual salary of \$70,000 = \$7,000

AOP Clinical Supervisor - 10% of annual salary of \$55,000 = \$5,500

Counselor (2 FTE): The Counselor is 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.

100% of annual salary \$43,000 = \$86,000.

SOAR Specialist (2 FTE): The SOAR Specialist is responsible for providing case management, supportive interventions, and assistance with benefit enrollment to individuals and families

100% of annual salary = \$35,000.

75% of annual salary = \$26,250.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 21% of gross salaries.

Psychiatric Medical Services: Psychiatrist and ARNP Psychiatric medical services are charged on a fee-for-service basis and # of visits per client are estimated and subject to change. Fees per service are as follows:

Psychiatric Consult - \$381/visit

Medical/Psychiatric Visit - \$127/visit

Psychiatric Record Review and Consult - \$127 visit

Travel: Local travel is estimated that 1,200 miles per month will be required for the Counselors and SOAR Specialists do connect with clients wherever they are.

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SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

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

Operations: 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 office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

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

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers (\$30), 33 clients annually.

Professional Liability Insurance represents property and general liability insurance.

Telehealth/Zoom Subscription is the monthly subscription fee to provide telehealth service over secure internet, HIPAA compliant, for clients from the convenience of their home or housing location.

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.

Federal de minimus rate of 10%.

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

Contract	Cost
WestCare Gulf Coast	\$210,143
Operation PAR	\$342,117
Directions for Living	\$247,740
TOTAL	\$800,000

G. Construction:

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

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

H. Other:

Expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
	TOTAL	\$0

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

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

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$ 0
Fringe	\$ 0
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 0
Contractual	\$ 800,000
Other	\$ 0
Total Direct Costs*	\$ 800,000
Indirect Costs	\$ 0
Total Project Costs	\$ 800,000

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A)**\$800,000**

*** 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) **\$800,000**

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

INFRASTRUCTURE SUMMARY:

Category	Year 1	Year 2	Year 3
Personnel	\$ 0	\$ 0	
Fringe	\$ 0	\$ 0	
Travel	\$ 0	\$ 0	
Equipment	\$ 0	\$ 0	
Supplies	\$ 0	\$ 0	
Contractual	\$ 0	\$ 0	
Other	\$ 0	\$ 0	
Total Direct Costs*	\$ 0	\$ 0	
Indirect Costs	\$ 0	\$ 0	
Total Project Costs	\$ 0	\$ 0	

Pinellas County Board of County Commissioners (Grant #5 SM063331-02)
SAMHSA (CSAT/CMHS) | Cooperative Agreement to Benefit Homeless Individuals
BUDGET JUSTIFICATION NARRATIVE (Y3 9/30/2018 – 9/29/2019)

DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:

Category	Year 1	Year 2	Year 3	Total
Personnel	\$ 0	\$ 0	\$ 0	\$ 0
Fringe	\$ 0	\$ 0	\$ 0	\$ 0
Travel	\$ 0	\$ 0	\$ 0	\$ 0
Equipment	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 0	\$ 0	\$ 0	\$ 0
Contractual				
- Project Admin/Evaluator	\$7,407	\$34,331	\$35,361	\$77,099
- Research Asst	\$35,000	-	-	\$35,000
-Fringe	\$12,722	\$10,643	\$10,962	\$34,327
-Computer	\$600	-	-	\$600
-Occupancy	\$2,400	\$2,400	\$2,400	\$7,200
-Computer Maint	\$360	\$360	\$360	\$1,080
-Prof Liability Ins	\$509	\$515	\$530	\$1,554
-Cell Phone	\$1,020	\$1,020	\$1,020	\$3,060
-Indirect Cost	\$9,903	\$8,112	\$8,337	\$26,352
Other	\$ 0	\$ 0	\$ 0	\$ 0
Total Direct Costs*	\$ 0	\$ 0	\$ 0	\$ 0
Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0
Total Data Collection & Performance Measurement Costs	\$69,921	\$57,381	\$58,970	\$186,272

Project Admin/Evaluator: Salary for Evaluator

Research Assistant: Position was combined with Evaluator in Years 2 and 3.

Fringe: Calculated at 31%

Computer: Cost of computer for project.

Occupancy: Rent of facility to conduct evaluation services. Rent includes utility expenses such as electric, water and sewer.

Computer Maintenance: Required for general software upgrades, virus protection and confidentiality protections as needed.

Prof Liability Insurance for professional staff @ 1.5% of gross salary

Cell Phone: Cost of service

Indirect Cost: Calculated at 14.06%

**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Not Applicable	TITLE Not Applicable
APPLICANT ORGANIZATION Pinellas County	DATE SUBMITTED Not Applicable