

MEMORANDUM

Agenda Item No. 9(A)(1)

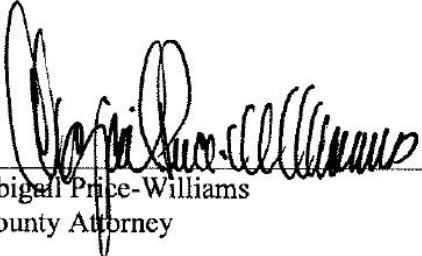
TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: May 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively authorizing the County Mayor's action in applying for grant funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for a grant in the amount of \$2,010,417.00 for the Miami Dade County Minority Aids Initiative; authorizing the County Mayor to receive, accept, and expend the grant award; authorizing the County Mayor to execute amendments, extensions, and renewals to the grant agreement, and to execute such agreements and Memoranda of Understanding as may be required by the grant award or program guidelines, and to exercise termination, waiver and any other provisions contained therein; authorizing the County Mayor to apply for, receive, and expend additional future funds that may become available under this program for this purpose and to execute any agreements, or Memoranda of Understanding that may be necessary for the receipt of such future available funds


The accompanying resolution was prepared by the Community Action and Human Resources Department and placed on the agenda at the request of Prime Sponsor Health Care and County Operations Committee.


Abigail Price-Williams
County Attorney

APW/lmp

Date: May 19, 2020

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez 
Mayor

Subject: Resolution Related to the Miami Dade County, Minority AIDS Initiative; Retroactively Authorizing the County Mayor’s or the County Mayor’s Designee’s Action in Applying for Grants Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for a Grant in the Amount of \$2,010,417.00 for the Miami Dade County, Minority AIDS Initiative; Authorizing the County Mayor or the County Mayor’s Designee to Accept and Expend the Grant Award

RECOMMENDATION:

It is recommended that the Board of County Commissioners (Board) retroactively authorize the County Mayor’s or the County Mayor’s designee’s action in applying for grant funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) for a grant in the amount of \$2,010,417.00 for the Miami Dade County, Minority AIDS Initiative and to retroactively authorize the County Mayor or the County Mayor's designee to accept and expend the grant award. It is further recommended that the Board authorize the County Mayor or the County Mayor’s designee to execute amendments, extensions, and renewals to the grant agreement, and to execute such agreements and memoranda of understanding as may be required by the grant award or program guidelines, and to exercise termination, waiver, and any other provisions contained therein, and to authorize the County Mayor or the County Mayor’s designee to apply for, receive, and expend additional future funds that may become available under this program for this purpose and to execute any agreement, or memoranda of understanding that may be necessary for the receipt of such future available funds.

SCOPE:

Miami Dade County, through the Miami-Dade Community Action and Human Services Department (CAHSD), was awarded \$2,010,417.00 in grant funds from the Minority AIDS Initiative (MAI) to provide substance abuse disorder treatment to racial and ethnic populations throughout Miami-Dade County who are at risk for contracting HIV/AIDS. The term of the agreement is from September 30, 2019 through September 29, 2024 and it is funded as specified below:

Year 1: \$400,807	Year 4: \$410,457
Year 2: \$386,630	Year 5: \$423,270
Year 3 : \$398,253	

Over a five-year period, utilizing the MAI funding, CAHSD and its partners listed below will provide 1,075 unduplicated, high-risk minority individuals with services including, but not limited to: 1) HIV

Honorable Chairwoman Audrey M. Edmonson
And Members, Board of County Commissioners

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and viral hepatitis testing 2) comprehensive case management; 3) referrals and linkages to care, 4) evidence-based outpatient and residential substance abuse treatment and 5) community outreach.

- Borinquen Health Care Center
- Florida Department of Health in Miami-Dade County
- Citrus Health Network, Inc.
- Banyan Health Systems, Inc.
- Eleventh Judicial Circuit of Florida Marchman Court
- University of Miami (UM) School of Medicine
- Tobacco Free Florida
- Infectious Disease Elimination Act (IDEA) Needle Exchange Program

FISCAL IMPACT/FUNDING SOURCE:

There is no fiscal impact to the County for the provision of these services. Although some of the expenses are processed through CAHSD’s financial structure, the SAMHSA will reimburse the County in full for all expenses.

TRACK RECORD/MONITOR:

The Rehabilitative Services Division (RSD) of the CAHSD has successfully administered state and federally funded substance abuse treatment services for over 35 years. Over the years, RSD has expanded the services it provides to include integrated medical services, opioid overdose prevention, and Medication Assisted Treatment. Sandra Sandakow, RSD Director, will be responsible for the day-to-day administration of program. Also, as part of the agreement a Program Evaluator, from the Behavioral Science Research Institute, Inc. will be evaluating program activities, processes, and data to assess its progress in achieving the goals and objectives.

BACKGROUND:

CAHSD provides comprehensive behavioral health services, inclusive of substance abuse assessment, treatment and referral services to approximately 2,500 adults at various locations throughout Miami-Dade County. Through this grant, CAHSD, working in conjunction with multiple community partners, will provide comprehensive services to approximately 150 additional individuals per year.

DELEGATION OF AUTHORITY:

The County Mayor or the County Mayor’s designee will be authorized to execute the Agreement, identified in the Resolution, and to exercise all other rights conferred therein.

Attachment A –Notice of Award



Maurice L. Kemp
Deputy Mayor



MEMORANDUM
(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: May 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 9(A)(1)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Statement of social equity required
- Ordinance creating a new board requires detailed County Mayor's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 9(A)(1)
5-19-20

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING THE COUNTY MAYOR'S OR THE COUNTY MAYOR'S DESIGNEE'S ACTION IN APPLYING FOR GRANT FUNDS FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION FOR A GRANT IN THE AMOUNT OF \$2,010,417.00 FOR THE MIAMI DADE COUNTY MINORITY AIDS INITIATIVE; AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO RECEIVE, ACCEPT, AND EXPEND THE GRANT AWARD; AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO EXECUTE AMENDMENTS, EXTENSIONS, AND RENEWALS TO THE GRANT AGREEMENT, AND TO EXECUTE SUCH, AGREEMENTS AND MEMORANDA OF UNDERSTANDING AS MAY BE REQUIRED BY THE GRANT AWARD OR PROGRAM GUIDELINES, AND TO EXERCISE TERMINATION, WAIVER AND ANY OTHER PROVISIONS CONTAINED THEREIN; AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND ADDITIONAL FUTURE FUNDS THAT MAY BECOME AVAILABLE UNDER THIS PROGRAM FOR THIS PURPOSE AND TO EXECUTE ANY AGREEMENTS, OR MEMORANDA OF UNDERSTANDING THAT MAY BE NECESSARY FOR THE RECEIPT OF SUCH FUTURE AVAILABLE FUNDS

WHEREAS, this Board desires to accomplish the purpose outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board:

Section 1. Retroactively authorizes the County Mayor's or the County Mayor's designee's action in applying for grant funds from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for a grant in the amount of \$2,010,417.00 for the Miami Dade County, Minority AIDS Initiative.

Section 2. Authorizes the County Mayor or the County Mayor's designee to receive, accept, and expend the grant award. This Board further authorizes the County Mayor or the County Mayor's designee to execute the grant award to effectuate the purposes of this resolution, in substantially the form described in the Notice of Award attached hereto as Exhibit A.

Section 3. Authorizes the County Mayor or the County Mayor's designee to execute amendments, extensions, and renewals to the grant agreement, and to execute such agreements and memoranda of understanding as may be required by the grant award or program guidelines, and to exercise termination, waiver and any other provisions contained therein.

Section 4. Authorizes the County Mayor or the County Mayor's designee to apply for, receive, and expend additional future funds that may become available under this program for this purpose and to execute any agreements or memoranda of understanding that may be necessary for the receipt of such future available funds.

The foregoing resolution was offered by Commissioner ,
who moved its adoption. The motion was seconded by Commissioner
and upon being put to a vote, the vote was as follows:

- | | |
|--------------------------------|----------------------|
| Audrey M. Edmonson, Chairwoman | |
| Rebeca Sosa, Vice Chairwoman | |
| Esteban L. Bovo, Jr. | Daniella Levine Cava |
| Jose "Pepe" Diaz | Sally A. Heyman |
| Eileen Higgins | Barbara J. Jordan |
| Joe A. Martinez | Jean Monestime |
| Dennis C. Moss | Sen. Javier D. Souto |
| Xavier L. Suarez | |

The Chairperson thereupon declared this resolution duly passed and adopted this 19th day of May, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Shanika A. Graves

EXHIBIT A



MAI-High Risk Populations
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 08/16/2019

Center for Substance Abuse Treatment

Grant Number: 1H79TI082402-01
FAIN: H79TI082402
Program Director: Sandra Sandakow

Project Title: Miami-Dade County Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) Project

Organization Name: COUNTY OF MIAMI-DADE

Business Official: Mr. Daniel Wall

Business Official e-mail address: DTW@miamidade.gov

Budget Period: 09/30/2019 – 09/29/2020

Project Period: 09/30/2019 – 09/29/2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$400,807 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF MIAMI-DADE in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI082402-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$150,675
Fringe Benefits	\$86,421
Travel	\$1,588
Supplies	\$16,000
Contractual	\$81,910
Other	\$64,213
Direct Cost	\$400,807
Approved Budget	\$400,807
Federal Share	\$400,807
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$400,807

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$400,807
2	\$386,630
3	\$398,253
4	\$410,457
5	\$423,270

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1596000573B4
Document Number: 19TI82402A
Fiscal Year: 2019

IC	CAN	Amount
TI	C96N257	\$400,807

IC	CAN	2019	2020	2021	2022	2023
TI	C96N257	\$400,807	\$386,630	\$398,253	\$410,457	\$423,270

TI Administrative Data:

PCC: TIMAI-19 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI082402-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-

800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI082402-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – TI Special Terms and Conditions – 1H79TI082402-01

REMARKS

New Award

1. **This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI 19-001 has been selected for funding. This award reflects approval of the revised budget submitted July 31, 2019 by your organization.**
2. **Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.**
3. **All responses to award terms and conditions and prior approval requests must be submitted in eRA Commons. For more information on how to upload a document in response to a tracked term, please reference under heading "4 Additional Materials – grantee" in the User Guide located at:
https://era.nih.gov/files/TCM_User_Guide_Grant.pdf**
4. **Register Program Director/Project Director (PD) in eRA Commons: If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information**

about the eRA Commons registration process at
https://era.nih.gov/reg_accounts/register_commons.cfm.

5. Key Staff

- Key staff (or key staff positions, if staff has not been selected) are listed below:
 - Project Director: Sandra Sandakow, 20% level of effort
 - Program Coordinator: TBD, 100% level of effort
 - Program Evaluator: Dr. Angela Mooss, 20% level of effort
- Any changes in key staff – including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project – requires prior approval.
- For additional information on how to submit a post-award amendment, visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>. Technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By **November 30, 2019**, submit via eRA Commons. Access Terms Tracking in eRA Commons to submit this information (<https://public.era.nih.gov/commons>).

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Direct questions about the DIS to your GPO. Examples of DIS can be found on the SAMHSA website at <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - Diverse cultural health beliefs and practices;
 - Preferred languages; and
 - Health literacy and other communication needs of all sub-populations within the proposed geographic region.

For more information on how to upload a document in response to a tracked term, please reference under heading “4 Additional Materials – grantee” in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf

Lobbying Restriction Reminder

Your application disclosed lobbying activities associated with your organization. Recipients of federal funds are not allowed to use federal funding to lobby federal, state, or local officials or their staff to receive additional funding or influence legislation. As a general matter, these lobbying restrictions preclude recipients from:

- o Spending federal funds to influence an officer or employee of any agency or Congressional member/staff regarding federal awards;
- o Failing to submit required certification and disclosure forms (i.e., SF-LLL);
- o Using grants funds provided to non-profit organizations or institutions of higher education to influence an election, contribute to a partisan organization, or influence enactment or modification of any pending federal or state legislation; or
- o Expending federal funds to influence federal, state, or local officials or legislation

Please reference the standard award term on lobbying for your award at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

SPECIAL CONDITIONS

Revised Budget

By October 30, 2019, submit via eRA Commons. Access Terms Tracking in eRA Commons to submit this information (<https://public.era.nih.gov/commons>).

1. **Budget/Budget Narrative:** Prepare a year 1 budget for the awarded amount, \$400,807.
2. **SF-424A, Budget Form:** Revise the SF-424A (Section B) to reflect the awarded amount. Form: <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>.

For more information on how to upload a document in response to a tracked term in eRA Commons, reference under heading 4 Additional Materials grantee in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf.

STANDARD TERMS AND CONDITIONS

Annual Programmatic Progress Report

By December 30, 2020, submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System no later than 90 days after the end of the budget period. The report must include, at a minimum, the following information:

- o Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- o A summary of key program accomplishments to-date.
- o Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- o Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data

to ensure the effectiveness and efficiency of its programs.

For more information on how to upload a document in response to a tracked term in eRA Commons, reference under heading 4 Additional Materials grantee in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf. Contact your Government Program Official (GPO) for program specific submission information.

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual Federal Financial Report (SF-425)

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. It should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.

Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 2 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

COMPLIANCE WITH TERMS AND CONDITIONS

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer. Failure to comply with the above stated terms and conditions may result in actions in accordance with 45 CFR 75.371, Remedies for noncompliance and 45 CFR 75.372 Termination. This may include withholding payment, disallowance of costs, suspension and debarment, termination of this award, or denial of future funding.

Staff Contacts:

Fred Bamfo, Program Official
Phone: 240-276-2423 Email: fred.bamfo@samhsa.hhs.gov

Eileen Bermudez, Grants Specialist
Phone: (240) 276-1412 Email: eileen.bermudez@samhsa.hhs.gov Fax: (240) 276-1430



Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by clicking on the "Track My Application" link listed at the end of this form.

Note: Once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXXX.

If you have questions please contact the Grants.gov Contact Center: support@grants.gov
1-800-518-4726 24 hours a day, 7 days a week. Closed on federal holidays.

The following application tracking information was generated by the system:

Grants.gov Tracking Number: GRANT12844806

Applicant DUNS: 13-191-0254

Submitter's Name: Wall T Dan

CFDA Number: 93.243

CFDA Description: Substance Abuse and Mental Health Services Projects of Regional and National Significance

Funding Opportunity Number: TI-19-008

Funding Opportunity Description: Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS

Agency Name: Substance Abuse and Mental Health Services Adminis

Application Name of this Submission: Miami-Dade County Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) Project

Date/Time of Receipt: Apr 20, 2019 06:08:05 PM EDT

TRACK MY APPLICATION – To check the status of this application, please click the link below:

https://apply07.grants.gov/apply/spoExit.jsp?p=web/grants/applicants/track-my-application.html&tracking_num=GRANT12844806

It is suggested you Save and/or Print this response for your records.

**MIAMI-DADE COUNTY COMMUNITY ACTION AND
HUMAN SERVICES DEPARTMENT**

***MULTIDISCIPLINARY APPROACH STABILIZING
TREATMENT & EMPOWERING RECOVERY
(MASTER) PROJECT***

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

**FY 2019 MAI – HIGH RISK POPULATIONS
CFDA: No. 93.243 – FOA: No. TI-19-008**



SUBMITTED BY:



**COMMUNITY ACTION AND HUMAN SERVICES
DEPARTMENT
REHABILITATIVE SERVICES DIVISION**

APRIL 20, 2019

**MIAMI-DADE COUNTY MULTIDISCIPLINARY APPROACH STABILIZING
TREATMENT & EMPOWERING RECOVERY (MASTER) PROJECT**

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SECTION A: Population of Focus

A.1. The Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) project aims to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or are HIV positive and reside in the Miami-Dade County Eligible Metropolitan Area (EMA). Thus, the population of focus for the MASTER project consists of ethnic and/or racial minority injection drug users, men who have sex with men (MSM), and individuals who engage in other high-risk behaviors (e.g. sexual relationships with injection drug users, sexual exchange for money or drugs). Special consideration and treatment will be provided to veterans and their family members, where appropriate. The geographic catchment area where services will be delivered (Miami-Dade County EMA) is unique among EMAs in Florida and throughout the United States, because of: (1) its high concentration of people living with HIV/AIDS (PLWHA) and high rates of new HIV infection, both of which are among the highest in the United States; and (2) the ethnic diversity of both its population and the PLWHA.

A.2. With regards to the extent of the problem in this catchment area, the Miami-Dade County EMA occupies only 4% of the total area of the State of Florida and supports only 13% of Florida's population, yet it accounts for 24% of the total number of PLWHA in the state [Florida Department of Health (FDOH), 2018]. As of 2017, the FDOH reports 27,969 PLWHA in Miami-Dade County. The defining characteristic of Miami-Dade County's population is the high proportion of ethnic minority individuals, particularly Hispanics (68% of MDC vs. 25% across Florida; FDOH, 2018), and low proportion of White non-Hispanics (14% of MDC vs. 55% across Florida). Specifically, Hispanics represented 59% of new HIV cases in 2017 and 45% of PLWHA, as well as 48% of new AIDS diagnoses (FDOH, 2018). Furthermore, the incidence and prevalence of HIV/AIDS among Black/African Americans (including Caribbeans and Haitians) is grossly disproportionate in this catchment area, making the need for care extensive; while this population constitutes 16% of the Miami Dade-County EMA's total population, Blacks/African Americans comprise 32% of new HIV cases, 42% of the new AIDS cases, and 43% of the total PLWHA.

The Miami-Dade County EMA is the most severely affected in the United States, thereby exemplifying the extent of need in the catchment area when compared with the rest of the nation. The CDC has identified Miami-Dade County as the Metropolitan Statistical Area (MSA) with the highest rate of HIV incidence in the nation (47.0 per 100,000 population) and third in the nation for AIDS prevalence (18.9 per 100,000 population: CDC, *HIV Surveillance Report*, 2016, vol. 28). During the calendar years (CY) 2015 through 2017, the EMA reported a total of 3,800 new HIV cases and 1,332 new AIDS cases. HIV/AIDS prevalence within the EMA has increased over 3% and totaled almost 28,000 people in 2017.

As it pertains to the population of focus, the overwhelming majority of the 1,195 new HIV infections in the EMA are among minority individuals, namely Hispanics (59%) and Blacks/African Americans (32%), and the epidemic continues to be driven by MSM, who account for 84% of new HIV diagnoses in the EMA. Presently, Hepatitis C and B are also major co-occurring conditions among PLWHA in the EMA. In FY 2017, 68 PLWHA (0.24% of the PLWHA in the EMA) were reportedly co-infected with Hepatitis C (FDOH, 2018). Moreover, MSM are disproportionately infected with Hepatitis B virus (HBV). According to the Center for Disease Control, the number of hepatitis B cases have tripled in Miami-Dade County since 2014.

According to EMA's Service Delivery Information System (SDIS), clients served by Ryan White Providers (RWP) in FY 2017 report 21% of the PLWHA meet criteria for a substance use

disorder. The highest incidence of this COD is found among Blacks/African Americans (34%: SDIS, 2018). SDIS data show approximately 35% of the identified substance abusing PLWHA also have mental health issues (compared to the 18% in the general PLWHA population). In addition to social costs associated with SUD and COD, there is evidence that illicit drug use accelerates viral replication and progression of HIV/AIDS (Journal of Neuroinflammation, 2013), emphasizing a need for comprehensive care. Finally, NIDA 2019 indicated that only 0.9% of those in need receive treatment for SUD; directly correlating with MASTER project's goal to increase engagement in care for minorities with SUD and COD who are at risk for HIV or are HIV positive.

SECTION B: Proposed Implementation Approach

B-1. Table 1 shows unduplicated clients served for the MASTER project over the 5-year period.

Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
150	175	200	250	300	1,075

Table 2 outlines the MASTER project goals and objectives.

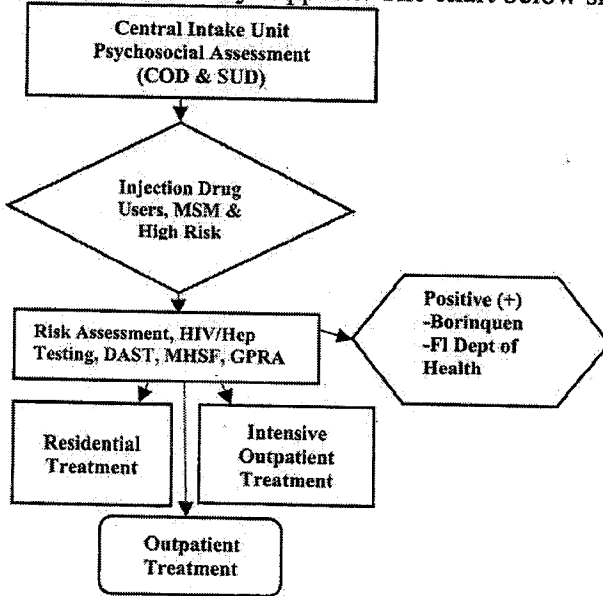
<p>Project Goal 1: Increase identification and engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental health disorders (COD) who are at risk for HIV or are positive for HIV.</p> <ul style="list-style-type: none"> Objective 1.1 Conduct a minimum of 500 screenings per year to identify and enroll at least 150 (year 1) unduplicated high-risk individuals in appropriate care (e.g. SUD treatment, HIV/Hepatitis treatment). Objective 1.2 Offer onsite HIV rapid testing to 100% of clients identified as well as for their drug-using and/or sexual partners by the MASTER Project Outreach Counselor. Link individuals who request to be tested offsite to Borinquen Health Care Centers or facilities that are certified by the local health department. Objective 1.3 Refer 100% of clients who are positive for HIV (via preliminary testing) to confirmatory testing with follow-up on the client's HIV status, as appropriate. Objective 1.4 Test 90% of clients enrolled for hepatitis (in accordance with state and local requirements) via a contracted laboratory, as well as through a referral to the Florida Department of Health, who will provide vaccination, as appropriate.
<p>Project Goal 2: Provide comprehensive case management and increase linkage to care for minority individuals with (SUD) and/or co-occurring mental health disorders (COD) who are at risk for HIV or are positive for HIV.</p> <ul style="list-style-type: none"> Objective 2.1 Link 95% of clients who are HIV positive to HIV medical care within 24 hours of being diagnosed. Objective 2.2 Provide comprehensive assessment (e.g. Drug Abuse Screening Tool and Mental Health Screening Form III) for all identified clients to determine the client's specific needs, appropriate level of care, and inform the development of an individualized service plan. Objective 2.3 Provide comprehensive case management services to a minimum of 150 identified individuals (year 1) to oversee linkages to comprehensive health services provided via partners (e.g. mental health counseling, Hepatitis vaccine/treatment, syringe exchange for harm reduction).
<p>Project Goal 3: Provide evidenced-based SUD/COD Treatment and recovery support services for minority individuals with (SUD) and/or COD who are at risk for HIV or are positive for HIV.</p> <ul style="list-style-type: none"> Objective 3.1 Provide the MASTER evidence-based outpatient curriculum to at least 30 clients (year 1) including: individual and group counseling (CBT and MATRIX IOP modules); random urinalysis testing; referral to Twelve-Step support groups and other auxiliary services as needed. Objective 3.2 Provide the MASTER evidence-based residential services curriculum to at least 20 clients (year 1) including: individual and group counseling (Living-in-Balance, CBT); onsite Twelve-Step Facilitation; random urinalysis testing; medical examination; psychiatric evaluation; and referral to detoxification, housing, employment, health insurance/benefits enrollment and other support services.

- Objective 3.3 Offer 100% of MASTER project participants deemed appropriate FDA-approved medication for the treatment of substance use disorders (SUBOXONE® [buprenorphine and naloxone]) as prescribed by medical personnel and consistent with medication assisted treatment (MAT).
- Objective 3.4 Provide 100% of MASTER project participants with recovery support services throughout treatment and post-discharge, including: certified peer support, comprehensive case management, care coordination and housing assistance, primary care and benefits enrollment, and employment services.

Project Goal 4: Provide linkages to follow-up care and ongoing monitoring of program effectiveness.

- Objective 4.1 Refer 100% and link 80% of discharged clients to comprehensive follow-up care resources; this will include working closely with providers with whom MASTER Project has established linkages/partnerships such as Borinquen Health Centers, The Florida Department of Health, The Needle Exchange Program, Citrus Health Network, and Certified Peer Specialists.
- Objective 4.2 Develop a comprehensive tracking system with the evaluation team to track clients across services and levels of care from intake through post-discharge.
- Objective 4.3 Establish an Advisory Committee within 6 months of grant funding to encourage collaboration amongst key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the MASTER project. This will include engagement of consumer voice(s) to inform priorities in policy work, development of resources, and advocacy in establishing a continuum of care across all settings.

B.2. The Miami-Dade County Rehabilitative Services Division (RSD) seeks to both expand and enhance the scope of outpatient and residential substance abuse treatment services provided to the target population through comprehensive screening, assessment, referral and linkage, and provision of culturally competent and appropriate levels of care for HIV, Hepatitis B and C, SUD, COD, and ancillary supports. The chart below showcases the client flow for RSD and MASTER.



Central Intake Unit: Identification and Engagement in Care. The Central Intake Evaluation and Referral Services Unit (CIU) is the entry point for indigent substance abusers in Miami-Dade County and serves more than 2000 clients per year. Referrals are received from Police, Department of Corrections, community-based organizations, SFBHN, 11th Circuit Court, including State Attorney's Office, hospitals, families, and walk-ins. Clients are evaluated to assess the severity of their substance abuse and co-occurring disorders and determine the appropriate level of care. Clients in need of outpatient or residential substance abuse services are referred to various community treatment providers within Miami-Dade

County, including programs operated by RSD, such as New Direction or Diversion and Treatment Programs (DATP). Using a comprehensive psychosocial assessment tool and the RSD Risk Assessment Form, perspective MASTER project participants will be initially identified based upon their meeting the following criteria (in addition to presenting with a SUD and/or COD for which they were referred to CIU): injection drug users, men who have sex with men (MSM), and other high-risk behaviors.

An Outreach Counselor (ORC) will be hired and stationed at CIU to ensure that constituents identified via psychosocial assessment are immediately engaged in a more in-depth assessment of the client's unique needs. The ORC will offer all clients and their partners onsite HIV rapid testing at enrollment. Clients who request to be tested offsite, will be referred to Borinquen Health Care Centers or facilities that are certified by the local health department. All clients who test HIV positive will be immediately linked to confirmatory testing conducted by Borinquen Health Care Centers, who will both provide services onsite and/or transport to facility. Clients with confirmatory HIV test result will be successfully linked to HIV medical care by the ORC within 24 hours of being diagnosed. Staff will be trained to fully handle the variety of client emotional responses to a positive test result and will continue to exhibit support in a non-judgmental manner. All clients enrolled in the MASTER project will also be tested for hepatitis B and C (in accordance with state and local requirements) via a contracted laboratory, as well as through a referral to the Florida Department of Health, who can also provide vaccination.

The ORC will provide comprehensive case management services as a part of the enrollment protocol, including information regarding Pre-exposure Prophylaxis (PrEP) treatment when clinically indicated. Based on the results of a comprehensive assessment, the ORC will provide referral and linkages to follow-up care providers such as Borinquen Health Care Centers, The Florida Department of Health, and Banyan Health Systems, Citrus Health Network, as well as harm reduction services such as the IDEA Needle Exchange Program at the University of Miami.

Once engaged in care and enrolled in the MASTER project by the ORC, constituents will be referred to either outpatient or residential evidenced-based SUD/COD treatment and recovery support services. Residential MASTER participants will undergo medical examination and, if deemed appropriate, will be offered the use of FDA-approved medication for the treatment of substance use disorders (SUBOXONE® [buprenorphine and naloxone]), prescribed by integrated medical services personnel, as a part of Medication Assisted Treatment (MAT).

New Direction is a 109-bed residential substance abuse treatment program that delivers comprehensive, evidence based, substance abuse evaluation and treatment services to residents of Miami Dade County. New Direction will designate five (5) beds for the MASTER project; a minimum of twenty (20) clients per year will complete up to 90 days of treatment for a total of 100 clients in five years. The MASTER project Rehabilitative Services Counselor 2 (RSC2) will engage residential clients in the development of an individualized treatment plan designed to fit client's unique recovery, medical, mental health, and harm reduction needs. Services provided onsite at the residential level include: medical examination, laboratory testing and psychiatric evaluation, psychological assessment and treatment, and random urinalysis testing. In addition, the MASTER project evidence-based residential curriculum includes individual and group counseling utilizing Living-in-Balance, Seeking Safety (trauma-informed care), CBT, onsite Twelve-Step Facilitation (TSF), smoking cessation, family therapy/involvement and other EBPs. Furthermore, residential services also consist of an evidenced-based Living Skills curriculum, as well as recovery housing in a safe, healthy and substance-free environment.

The Diversion Assistance Treatment Program (DATP) is an outpatient substance abuse treatment program composed of three (3) outpatient units, strategically located from the Miami-Dade/Broward line to Florida City/Homestead. DATP evidence-based substance abuse treatment services include, but are not limited to: MATRIX IOP curriculum, Seeking Safety, individual and group counseling using approaches such as CBT and MRT (Moral Reconciliation Therapy), family therapy, as well as individualized and comprehensive treatment planning. Upon receiving grant funding, DATP will expand the scope of treatment offered to serve a minimum of 30 unduplicated

MASTER project constituents on an outpatient/IOP basis in the first program year (total 5-year goal 200); treatment length will vary from ninety days to six months dependent upon ASAM assessment and clinical need. MAT will be offered via partnership with Banyan Health System. The outpatient MASTER program participants with COD will be able to access psychiatric services at New Direction or through Citrus Health Network.

Notably, at both the outpatient and residential levels of care, comprehensive case management and facilitation of recovery support services will be provided by the designated Rehabilitative Services Counselor 1 (RSC1) in partnership with Certified Peer Specialists; such services will include but are not limited to aftercare and discharge planning, referral to recovery housing, employment, community TSF resources, primary care and health insurance/benefits enrollment, and other auxiliary services to ensure a continuum of care and reduce health disparities. Linkages to Follow-up Care and Ongoing Monitoring of Program Effectiveness

Clients discharged from the MASTER project outpatient and/or residential program will be referred and linked to comprehensive follow-up care resources to assist in sustaining recovery in the community, as well as successfully engaging in a continuum of care to appropriately address ongoing medical and mental health issues. Facilitation of follow-up care will include working closely with partners such as Borinquen Health Centers, The Florida Department of Health, The Needle Exchange Program, Banyan Health Systems, Citrus Health and Certified Peer Specialists. Linkages will be made to recovery housing and recovery plan support resources, consisting of structured environments with consistent peer support, ongoing connection to recovery supports, and case management services.

An Advisory Committee will be established to facilitate collaboration and provide implementation oversight and quality improvement for the MASTER project. This will include engagement of consumer voice(s) to inform priorities in policy work, development of ongoing resources, and advocacy in establishing a continuum of care across all settings. The Advisory Committee will meet quarterly and will provide ongoing support and feedback throughout the project based on data collected through various evaluation stages and based on personal experiences or anecdotal evidence.

B.3. MASTER project Timeline (Table 3)

YEAR 1, QUARTER 1: MASTER Project Start-up	
Key Activities	Responsible Staff/Parties
Grant awarded/received	Project Director (PD)
Develop and execute contracts and MOUs/MOAs as appropriate	Project Director (PD)
Identify and hire staff for the project as needed	Project Director (PD)
Develop and implement Advisory Committee (AC), inclusive of key stakeholders, consumer voice(s) and Certified Peer Specialist (CPS)	PD, PE, Program Coordinator (PC), Outreach Counselor (ORC), Rehabilitative Services Counselor 2 (RSC2), Rehabilitative Services Counselor 1 (RSC1)
Data reporting system enhancement and development of a tracking report (data ranging from enrollment to post-discharge follow-up)	PD, PC
Provide staff training for project development and role assignment	PD, PC
Develop Behavioral Health Impact Disparity statement	PD, PC
Program Implementation / Annual Plan Year 1: 500 Screens; 150 Enroll; 20 Receive Residential Services; 30 Receive Outpatient Services	PD, PC, ORC, RSC1, RSC2, PE

YEAR 1, QUARTERS 2-3	
Provide staff training including efforts to engage staff in cultural competency and collaboration with key organizations in the MDC community that are focused on serving the target population	PD, PC, ORC, AC
Drafting of Sustainability Plan	PD, PE, AC
Identifying Technical Assistance (TA) and training needs and development of responsive activities	PD, PE
Report to Advisory committee on program process for 6-month (Q1 & Q2)	PC
YEAR 1, QUARTER 4	
Continue progress toward quarterly goals (Quarter 2-3)	PE, PC, PD, AC
Evaluate outcome of program implementation for Year 1, including progress toward sustainability plan	PD, PE, AC, PC
Revise Quality Improvement (QI) and training/outreach plan to inform strategies for execution of year 2 annual plan, as well as for the ways in which changes will be communicated to staff and/or community partners	PD, AC, PE, PC
YEAR 2, QUARTERS 1-2	
Program Implementation of Annual Plan Year 2: 500 Screens; 175 Enroll; 20 Receive Residential Services; 35 Receive Outpatient Services	PD, PC, ORC, RSC1, RSC2, PE
Provide ongoing identification of community partners, peer specialists, and/or resources to facilitate engagement and a continuum of appropriate care for the target population	PD, PC, ORC
YEAR 2, QUARTERS 3-4	
Report to Advisory committee on program process for 6-month (at the commencement of Q3 for Q1 & Q2)	PC
Evaluate outcome of program implementation for Year 2, including progress toward sustainability plan	PD, PE, AC, PC
Utilize evaluation results to develop engagement/outreach strategies, disseminate messages and findings; share effective resources with community partners and potentially with local funders to leverage additional funding supports	PD, PC, AC, ORC,
YEAR 3 AND YEAR 4: QUARTERS 1-4	
Program Implementation of Annual Plan for Years 3 and 4: 500 Screens; 200-250 Enroll; 20 Receive Residential Services; 40-45 Receive Outpatient Services	PD, PC, ORC, RSC1, RSC2, PE
Ongoing project planning sessions with staff, key stakeholders, CPS, etc.	AC, PD, PC, ORC, RSC1, RSC2, PE
Utilize findings of evaluation and planning sessions as needed to refine/revise strategies (planning) and implementation for program success	PD, PEAG, LE, Evaluator, Prevention System Providers
Ongoing staff training to ensure role fulfillment, engage staff in cultural competency and collaboration with key organizations that serve the target population	PD, PC, ORC, AC
Ongoing Program Process and outcome evaluation (fidelity review of strategies, outcome data reporting, QI)	PD, AC, PE, PC
YEAR 5: QUARTER 1-4	
Program Implementation of Annual Plan for Year 5: Screenings: 500 (per year) Enroll: 300 (Year 5) Residential: 20 (per year) / Outpatient 50 (Year 5)	PD, PC, ORC, RSC1, RSC2, PE

Implement final planning/processes for sustainability including ongoing identification of community partners, peer specialists, and/or resources, as well as potentially leveraging additional funding sources (Q1-Q3)	PD, PC, AC, ORC
Ongoing Program Process and outcome evaluation (fidelity review of strategies, outcome data reporting, quality improvement)	PD, PE, AC, PC
Utilize findings to finalize project activities and implement sustainability	PD, AC, PE, PC

SECTION C: Proposed Evidence-Based Service /Practice

C. 1 The following evidence-based practices (EBPs) will be used as a part of MASTER project. There will be no modifications to the EBPs as they are currently being used with the target population and have been shown to be successful in current and historical data.

Cognitive-Behavioral Therapy (CBT) is a general therapeutic approach that seeks to modify negative or self-defeating thought patterns and behaviors and is aimed at achieving change in both. CBT treatments involve techniques to modify behaviors and improve coping skills by emphasizing the identification and modification of dysfunctional thinking. CBT is a short-term approach, typically exploring the positive and negative consequences of substance use and use self-monitoring as a mechanism to recognize cravings and other situations that may lead the individual to relapse.

Relapse Prevention (RP) has proven to be a particularly useful substance abuse treatment strategy adaptable to clients with co-occurring disorders. The goal of RP is to develop the client's ability to recognize cues and to intervene in the relapse process, so lapses occur less frequently and with less severity. RP endeavors to anticipate likely problems, and then helps clients to apply various tactics for avoiding lapses to substance use.

"Living in Balance" is an evidence based a structured manualized curriculum which provides a solid foundation to clients in early recovery. This flexible, evidence-based program draws from cognitive-behavioral, experiential, and Twelve-Step approaches to help clients from various backgrounds achieve lifelong recovery. The Co-occurring Disorders Sessions reflect the most current information on co-occurring substance-use and mental health disorders.

"Seeking Safety" is a present-centered and trauma-focused treatment modality for adults with substance use disorders and history of trauma. It can be conducted in group (any size) and/or individual modality. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement. It is imperative that clients reporting history of trauma seek treatment and develop healthy coping skills as unresolved trauma often results in relapse.

"The Matrix IOP Model" is a structured, multi-component behavioral treatment that consists of evidence-based practices, including relapse prevention, family therapy, group therapy, drug education, and self-help, delivered in a sequential and clinically coordinated manner. These components are clinical practices that research has shown to be effective in reducing substance use and improving health and functioning. MATRIX IOP curriculum is a comprehensive, evidence based, individualized program with more than thirty years of research and development.

Contingency Management (CM) maintains that the form or frequency of behavior can be altered through the introduction of a planned and organized system of positive and negative consequences. Contingency management (CM) is a strategy used in alcohol and other drug (AOD) abuse treatment programs to encourage positive behavior change (e.g., abstinence) in clients by providing reinforcing consequences when clients meet treatment goals and by withholding those consequences or providing punitive measures when clients engage in the undesired behavior (e.g.,

drinking). An extensive body of research supports CM's efficacy in treating various behavioral disorders, including substance use and co-occurring disorders (Higgins and Silverman 1999; Higgins et al. 1998).

Motivational Interviewing (MI) is a client centered, directive method for enhancing intrinsic motivation for change (by exploring and resolving ambivalence) that has proven effective in helping clients clarify goals and commit to change. MI effectively uses different motivational interviewing techniques to help individuals resolve any uncertainties they have about stopping their substance use. MI works by promoting empathy, developing client awareness of the discrepancy between their goals and their unhealthy behavior, addressing resistance, and supporting self-efficacy to encourage motivation and change.

Medication Assisted Treatment (MAT) is clinically effective and significantly reduces mortality/fatal overdose rates and the need for inpatient detoxification services for individuals with opioid use disorders. MAT increases treatment adherence by providing a comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most clients.

Rapid HIV tests have been approved by the U.S. Food and Drug Administration (FDA) and are recommended by the U.S. Public Health Service to facilitate early diagnosis of HIV infection among at-risk populations involved in substance abuse. Rapid HIV testing will be conducted as a part of the MASTER project in accordance with best practice standards.

SECTION D: Staff and Organizational Experience

D.1 The Community Action and Human Services Department (CAHSD) is the largest provider of social and human services in the Miami-Dade County metropolitan area with an annual operating budget of \$120.3 million and currently manages over 35 grants from 17 distinct funders. CAHSD delivers culturally and linguistically appropriate services (CLAS) to improve the quality of services provided to all individuals to reduce health disparities and achieve health equity. The CAHSD operates a Veteran Services Program (VSP) that works closely with the U.S. Department of Veterans Affairs and offers services to more than 900 veterans each year. The Rehabilitative Services Division (RSD) provides comprehensive outpatient and residential substance abuse treatment services to Miami Dade County residents struggling with substance abuse and co-occurring disorders (more than 3000 clients each year) since 1986. RSD consists of four specialized programs that provide coordinated, trauma-informed and evidence-based services tailored to client's individual needs: The Central Intake Unit; New Direction Residential Treatment Program; three outpatient treatment centers; and a corrections-based treatment program.

MASTER project partners include those listed below (Letters of Commitment are also provided in Attachment 1).

Borinquen Health Care Center (BHCC) is a nonprofit federally qualified Health Center with over 40 years of experience providing a range of comprehensive health care and social services to the culturally diverse community in Miami-Dade County. **Florida Department of Health in Miami Dade County (DOH)** provides health services to over 2 million residents of Miami-Dade County, including STD and HIV/AIDS education, prevention, evaluation, treatment and counseling; a TestMiami Mobile Unit provides free Hepatitis and HIV and other STD screenings; and DOH provides Hepatitis A and B vaccines to high-risk individuals. **Citrus Health Network, Inc.** is a not-for-profit 501(c)(3) community mental health center dedicated to serving mentally ill

individuals and their families. Citrus is one of the largest mental and behavioral health providers in South Florida. **Banyan Health Systems** provides behavioral and primary health services for consumers who lack access to integrated healthcare. Banyan is committed to working with RSD to provide Medication Assisted Treatment (MAT), consistent with the best practice model. **Eleventh Judicial Circuit of Florida Marchman Court** provides the means for an individual, usually a family member or friend, to petition the court for individuals with suspected substance abuse problems, to receive voluntary or involuntary substance abuse services including emergency services, assessment, stabilization and treatment. **University of Miami, Medicine School of Medicine (UM) Tobacco Free Florida, AHEC Cessation Program** will provide smoking cessation education and auxiliary services to project participants as research shows that quitting smoking can improve mental health and addiction recovery outcomes. **The Florida Needle Exchange** is partnering with RSD to help reduce the risk of acquiring or transmitting HIV, hepatitis B and C and other blood-borne diseases through its evidence-based needle exchange program.

D.2. The following is a complete list of staff positions for the project:

<p>The Project Director is responsible for providing overall leadership and oversight of all facets of the development and implementation of the project; establishing the organizational structure; hiring staff; and serves as the official responsible for the fiscal and administrative oversight of the grant.</p>	<p>The Rehabilitative Services Division Director, Sandra Sandakow, LMHC, CAP, is a Licensed Mental Health Counselor and Certified Addiction Professional and will serve in the capacity of the Project Director. She has over 19 year's clinical experience with the target population and devote 20% of her time to the project.</p>
<p>Program Coordinator reports directly to the Project Director and is responsible for the day to day operations; implementation of the project activities; supervision of project staff; coordination of services and activities with project partners, Advisory Committee; and data collection, tracking and reporting.</p>	<p>This full-time grant funded position will require a Master's degree in Social Work, Psychology or related field; experience managing/supervising programs providing social services in a mental health, substance abuse or health-related environment serving culturally and linguistically diverse populations. Will devote 100% of time to the project.</p>
<p>The Program Evaluator is responsible for preparing and developing analytical reports for evaluation and program components of the grant; evaluating the project activities, processes and data to assess the project's progress in achieving the goals and objectives; identifying Technical Assistance (TA) and training needs and development of responsive activities.</p>	<p>Dr. Angela Mooss, Executive Director of the Behavioral Science Research Institute holds a doctoral degree in Community Psychology and has over ten years of experience in research and evaluation of substance abuse and mental health programs; Dr. Mooss will devote 20% of her time to this project.</p>
<p>The Outreach Counselor will be responsible for engagement of the population of focus in care through outreach efforts and collaboration with community partners. The ORC will conduct an in-depth assessment, preliminary HIV testing, referrals for confirmatory testing; and make referral for additional services.</p>	<p>This full-time grant funded position will require a Bachelor's degree in Social Work, Counseling, or a related field, experience providing social services or counseling clients in a mental health, substance abuse or health-related environment serving culturally and linguistically diverse populations. Will devote 100% of time to the project.</p>
<p>Rehabilitative Services Counselor 2 responsible for providing individual, group and family counseling; serving culturally and linguistically diverse populations.</p>	<p>This full-time grant funded position will require a Master's degree in Social Work, Psychology, or related field. Will devote 100% of time to the project</p>
<p>Rehabilitative Services Counselor 1 responsible for case management and support services</p>	<p>Requires Bachelor's degree; will devote 100% of time to the project.</p>
<p>Peer Specialist engage program participants and assist with linkage to primary care, mental health treatment and supportive services in the community.</p>	<p>Will devote 100% of time to the project. Requires personal experience with substance use disorders and working with diverse populations.</p>

SECTION E: Data Collection and Performance Measurement

E-1 Behavioral Science Research Institute (BSRI) will conduct the evaluation for the RSD Project MASTER and will oversee the strategies used to gather data on process and outcome measures to assess progress towards project goals.

Data Collection. BSRI will work with the Project Director and staff team to develop a comprehensive electronic system that tracks services provided to clients from screening to testing and comprehensive SUD/COD/support treatment and services. BSRI will work with the team during the first quarter to develop protocols for collecting, tracking, and exporting data reports for merging with SAMHSA SPARS data and with data from the Ryan White Provider Service Delivery System or other data sources as applicable. Data will be collected via a face-to-face interview at three data collection points: intake to services, six months post intake, and at discharge. Data fields to be entered and analyzed will include but not be limited to: client demographics, screening and assessment scores, testing and results (HIV/Hepatitis), referral and linkages to treatment services (SUD/COD); support services (e.g. insurance enrollment, housing support, employment), and MAT medication/dosage. BSRI will create a program client registry with this comprehensive data, which will be used to generate performance assessments.

Program Monitoring. BSRI will work with MASTER staff to analyze data on services received and retention in program services including MAT and treatment services as well as HIV treatment services for positive individuals. Data will be analyzed monthly and will include outcomes assessed and measured via service records and the SAMHSA GPRA tool such as abstinence from substance use, improvements in employment status and, housing status, decreases in criminal justice involvement, increases in social support, and decreases in mental health symptoms. Performance assessments will be submitted monthly and will include tracking progress towards program client/provider level and systems-level goals and objectives, tracking the number of consumers enrolled within the program services, and SAMHSA NOMs and IPP data. Additionally, BSRI prioritizes the role of the “consumer voice” in evaluation and interpretation of findings and will engage and include at least two champions receiving services who can provide evaluative insight to performance assessments.

Program Enhancement and Quality Improvement. BSRI and the Project Director will review project progress monthly. In instances where the program is not attaining a goal or objective, the Evaluator will work collaboratively with program staff to develop a **Performance Improvement Plan** to assist the program in attaining its goals and objectives as well as for improving program quality. BSRI is trained and certified in the *NIATx Quality Improvement Process*, a rapid cycle change technique, and quality improvement personnel will be involved in ongoing quality management, measurement, and feedback processes. Process data will be examined relating programmatic processes (i.e. fidelity of EBPs, drop out, services received) to socio-demographic variables (gender, age, race/ethnicity, language, diagnosis) to determine whether programmatic outcomes and processes differ for different segments of the consumer population. Findings will be reported to the Project Director and presented at Advisory Board meetings and strategies will be employed to minimize disparities and maximize comprehensive health and recovery outcomes for all consumers enrolled. Specific attention will be paid to sub-groups who are identified in the grantee disparity needs statement. BSRI will also oversee the collection of data via the designated NOMs assessment and will alert providers about reassessments as needed to meet the SAMHSA-required follow-up rate of 80%.

MASTER PROJECT BUDGET

	Year1	Year 2	Year3	Year4	Year5	TOTAL
Personnel:						
SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	58,391.36	71,880.18	75,354.18	79,001.89	82,831.98	367,459.60
REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR						
REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR	34,697.98	51,385.25	53,834.51	56,406.23	59,106.54	255,430.51
REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	28,258.30	41,618.40	43,579.32	45,638.28	47,800.20	206,894.50
SOCIAL WORKER 1 PEER REVIEW SPECIALIST	29,326.98	43,239.20	45,281.16	47,425.22	49,676.47	214,949.01
Personnel Total	150,674.60	208,123.03	218,049.17	228,471.62	239,415.20	1,044,733.63
Fringe Benefits	86,421.02	95,960.91	97,609.25	99,340.00	101,157.29	480,488.47
TOTAL SALARIES AND FRINGE BENEFITS	237,095.62	304,083.94	315,658.42	327,811.62	340,572.49	1,525,222.09
Travel	2,588.00	2,717.40	2,853.27	2,995.93	3,145.73	14,300.33
Evaluator	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00	300,000.00
Outreach Counselor	52,624.00	52,624.00	52,624.00	52,624.00	52,624.00	263,120.00
Computers, desks, chairs and cabinets	13,000.00					13,000.00
Office Supplies	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	15,000.00
Medical Supplies	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	10,000.00
Training	5,000.00	5,250.00	5,512.50	5,788.13	6,077.53	27,628.16
Testing	25,500.00	25,500.00	25,500.00	25,500.00	25,500.00	127,500.00
Federal Request	400,807.62	455,175.34	467,148.19	479,719.68	492,919.75	2,295,770.58

**Community Action and Human Services Department
FY 2019-20 PERSONNEL ESTIMATE**

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Rehabilitative Services

YEAR 1

Last Name	First Name	OCC. CODE	Description	Salary				Base Salary Projection	Premium (\$130/PP)	Flex (\$42.31/PP)	Total Salary Projection	Budgeted Group Health	Dental Plan	Retirement	Social Security (FICA)	Group Life	MICA Medicare	Total Fringes	TOTAL SALARY + FRINGES
				Bi-Weekly	PP	Salary	Total PP												
VACANT	VACANT	000832	SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	2,546	22	55,991	22.0	85,991.32	1,300	1,100	88,391.38	10,384.82	242.31	5,027.50	3,620.26	202.03	846.67	20,323	70,714.75
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR	1,712	18	30,809	18.0	30,809.34	1,300	1,100	0.00	10,384.82	242.31	0.00	0.00	0.00	0.00	0	0.00
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR	1,794	18	32,298	18.0	32,297.94	1,300	1,100	34,697.98	10,384.82	242.31	2,687.50	2,161.27	120.06	503.12	16,369	51,068.85
VACANT	VACANT	003049	REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	1,437	18	25,856	18.0	25,856.26	1,300	1,100	28,256.30	10,384.82	242.31	2,433.04	1,752.01	97.77	408.75	15,319	43,577.60
VACANT	VACANT	003007	SOCIAL WORKER 1 PEER REVIEW SPECIALIST	1,496	18	26,927	18.0	26,926.92	1,300	1,100	29,326.96	10,384.82	242.31	2,525.65	1,818.27	101.47	425.24	15,497	44,823.92
								\$ 171,864	\$ 6,500	\$5,800	\$ 180,072	\$ 81,823	\$ 1,212	\$ 12,973	\$ 9,342	\$ 521	\$ 2,186	\$ 87,829	\$ 218,203

YEAR 2

Last Name	First Name	OCC. CODE	Description	Salary				Base Salary Projection	Premium (\$130/PP)	Flex (\$42.31/PP)	Total Salary Projection	Budgeted Group Health	Dental Plan	Retirement	Social Security (FICA)	Group Life	MICA Medicare	Total Fringes	TOTAL SALARY + FRINGES
				Bi-Weekly	PP	Salary	Total PP												
VACANT	VACANT	000832	SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	2,672	26	69,480	26.0	69,480.14	1,300	1,100	71,880.18	15,000.00	350.00	6,188.88	4,488.37	248.71	1,042.28	27,288	90,168.60
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR	1,797	26	46,727	26.0	46,727.50	1,300	1,100	0.00	15,000.00	350.00	0.00	0.00	0.00	0.00	0	0.00
VACANT	VACANT	003060	REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR	1,884	26	48,985	26.0	48,985.21	1,300	1,100	51,385.25	15,000.00	350.00	4,424.27	3,185.89	177.79	745.09	23,883	75,268.28
VACANT	VACANT	003049	REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	1,508	26	39,218	26.0	39,218.36	1,300	1,100	41,618.40	15,000.00	350.00	3,583.34	2,580.34	144.00	803.47	22,261	63,879.55
VACANT	VACANT	003007	SOCIAL WORKER 1 PEER REVIEW SPECIALIST	1,571	26	40,839	26.0	40,839.16	1,300	1,100	43,239.20	15,000.00	360.00	3,722.90	2,660.63	149.61	626.97	22,836	65,769.50
								\$ 245,259	\$ 6,500	\$5,800	\$ 258,122	\$ 75,000	\$ 1,750	\$ 17,919	\$ 12,906	\$ 720	\$ 3,018	\$ 95,961	\$ 304,084

YEAR 3

Last Name	First Name	OCC. CODE	Description	Salary				Base Salary Projection	Premium (\$130/PP)	Flex (\$42.31/PP)	Total Salary Projection	Budgeted Group Health	Dental Plan	Retirement	Social Security (FICA)	Group Life	MICA Medicare	Total Fringes	TOTAL SALARY + FRINGES
				Bi-Weekly	PP	Salary	Total PP												
VACANT	VACANT	000832	SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	2,808	26	72,954	26.0	72,954.14	1,300	1,100	75,354.18	15,000.00	350.00	6,488.00	4,871.96	250.73	1,092.64	27,863	103,217.50

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**Community Action and Human Services Department
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VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR	1,887	26	49,094	26.0	49,083.51	1,300	1,100	0.00	15,000.00	350.00	0.00	0.00	0.00	0	0.00	
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR 2	1,878	26	51,434	26.0	51,434.47	1,300	1,100	53,834.51	15,000.00	350.00	4,835.18	3,337.74	186.27	780.50	24,290	76,124.27
VACANT	VACANT	003049	REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	1,584	26	41,179	26.0	41,179.28	1,300	1,100	43,579.32	15,000.00	350.00	3,752.18	2,701.92	180.76	631.50	22,587	66,186.10
VACANT	VACANT	003007	SOCIAL WORKER 1 PEER REVIEW SPECIALIST	1,649	26	42,881	26.0	42,861.12	1,300	1,100	45,281.16	15,000.00	350.00	3,688.71	2,807.43	156.67	656.58	22,869	88,150.55
								\$ 257,513	\$ 6,500	\$5,500	\$ 218,048	\$ 75,000	\$ 1,750	\$ 18,774	\$ 13,619	\$ 754	\$ 3,162	\$ 87,609	\$ 315,658

																			YEAR 4	
Last Name	First Name	OCC. CODE	Description	Salary				Base Salary Projection	Premium (\$100/PP)	Flex (\$42.31/PP)	Total Salary Projection	Budgeted Group Health	Dental Plan	Retirement	Social Security (FICA)	Group Life	MICA Medicare	Total Fringes	TOTAL SALARY + FRINGES	
				Bi-Weekly	PP	Salary	Total PP													
VACANT	VACANT	000832	SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	2,946	26	76,602	26.0	76,601.85	1,300	1,100	79,001.89	15,000.00	350.00	5,802.06	4,698.12	273.35	1,145.53	28,469	107,470.95	
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR	1,981	26	51,517	26.0	51,517.07	1,300	1,100	0.00	15,000.00	350.00	0.00	0.00	0.00	0.00	0	0.00	
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR 2	2,077	26	54,006	26.0	54,006.19	1,300	1,100	56,408.23	15,000.00	350.00	4,856.28	3,487.19	195.17	817.89	24,717	81,123.05	
VACANT	VACANT	003049	REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	1,683	26	43,238	26.0	43,238.24	1,300	1,100	45,638.28	15,000.00	350.00	3,928.46	2,829.57	157.91	661.78	22,928	68,566.98	
VACANT	VACANT	003007	SOCIAL WORKER 1 PEER REVIEW SPECIALIST	1,732	26	45,025	26.0	45,025.18	1,300	1,100	47,425.22	15,000.00	350.00	4,083.31	2,940.36	164.00	687.67	23,225	70,650.65	
								\$ 270,389	\$ 6,500	\$5,500	\$ 228,472	\$ 75,000	\$ 1,750	\$ 18,671	\$ 14,165	\$ 781	\$ 3,313	\$ 99,340	\$ 327,812	

																			YEAR 5	
Last Name	First Name	OCC. CODE	Description	Salary				Base Salary Projection	Premium (\$100/PP)	Flex (\$42.31/PP)	Total Salary Projection	Budgeted Group Health	Dental Plan	Retirement	Social Security (FICA)	Group Life	MICA Medicare	Total Fringes	TOTAL SALARY + FRINGES	
				Bi-Weekly	PP	Salary	Total PP													
VACANT	VACANT	000832	SPECIAL PROJECTS ADMINISTRATOR 2 PROJECT COORDINATOR	3,004	26	80,432	26.0	80,431.94	1,300	1,100	82,831.98	15,000.00	350.00	7,131.83	5,135.58	286.60	1,201.06	29,105	111,937.06	
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 OUTREACH COUNSELOR	2,080	26	54,693	26.0	54,692.82	1,300	1,100	0.00	15,000.00	350.00	0.00	0.00	0.00	0.00	0	0.00	
VACANT	VACANT	003050	REHABILITATIVE SERVICES COUNSELOR 2 COUNSELOR	2,181	26	56,707	26.0	56,706.60	1,300	1,100	59,106.54	15,000.00	350.00	5,089.07	3,854.61	204.51	857.04	25,185	84,271.78	
VACANT	VACANT	003049	REHABILITATIVE SERVICES COUNSELOR 1 COUNSELOR	1,748	26	45,400	26.0	45,400.16	1,300	1,100	47,800.20	15,000.00	350.00	4,115.60	2,983.61	165.39	693.10	23,288	71,087.90	
VACANT	VACANT	003007	SOCIAL WORKER 1 PEER REVIEW SPECIALIST	1,819	26	47,276	26.0	47,276.43	1,300	1,100	49,676.47	15,000.00	350.00	4,277.14	3,078.94	171.68	720.31	23,396	73,275.75	
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SALARIES

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charged to Award (6)
Project Director	Agnieszka Sandakow	Yes	In-Kind Cost	10.00%	\$0.00
Program Coordinator	Vacant, to be hired within 30 days of anticipated award date	Yes	\$58,391.36	100.00%	\$58,391.36
Counselor 2	Vacant, to be hired within 60 days of anticipated award date	No	\$34,697.98	100.00%	\$34,697.98
Counselor 1	Vacant, to be hired within 60 days of anticipated award date	No	\$28,258.30	100.00%	\$28,258.30
Peer Specialist	Vacant, to be hired within 60 days of anticipated award date	No	\$29,326.96	100.00%	\$29,326.96
FEDERAL REQUEST					\$150,674.60

FEDERAL REQUEST - Justification for Personnel

Project Director. This position is considered a key position. The Project Director is responsible for daily oversight of the grant, providing direct supervision to develop and implement the proposed project activities and system of service; establishing the organizational structure; hiring staff; and providing leadership in all facets of the project development. Develops and monitors project goals and objectives. Collaborates with the community partners, facilitates meetings, develops materials, coordinates training sessions and activities. Responsible for report submission as required by the funding source and the overall project adherence with the grant requirements.

- 1.
2. The Program Coordinator will coordinate project service and activities, including training, communication and information dissemination. Coordinates of services and daily activities with project aptners. The Program Coordinator will communicate with the Program Evaluator about process of improvement startegies and data requirements.
3. The Outreach Counselor will be responsible for for engagement of the population of focus in care through outreach efforts and collaboration with community partners. Once a member of the population of focus is identified, the Outreach will conduct an in-depth assessment, preliminary HIV rapid preliminary antibody testing, refer to confirmatory testing and additional medical resources, with follow-up on the client's HIV status, as appropriate. The counselor will also provide comprehensive case management services upon enrollment and linkages to appropriate care.
4. The Counselor 2 will provide evidence-based, trauma-informed individual, group and family counseling sessions. Conduct intakes, bio-psychosocial assessment and develop comprehensive treatment plans. Maintain accurate clinical documentation. Serves as a court liaison and meets with family members as needed. Provides case management to ensure linkage to needed services in the community. Monitors adherence to program rules and regulations; assists with drug testing and treatment compliance.
5. The Counselor1 will provide comprehensive case management services to project participants; linkages to follow up care providers, including partner agencies and community service providers for housing, employment and medical care. Facilitate drug testing to ensure adherence to treatment and provide supportive services to project participants.
6. The Peer Specialist will work as a part of the team at Cenral Intake Unit. The primary responsibility of the Peer Spcialist is to engage progam participants and assist with linkage to primary care, mental helath treatment and supportive services in the community.

FRINGE BENEFITS

Position (1)	Name (2)	Rate (3)	Total Salary Charged to Award (4)	Total Fringe Charged to Award (5)
Project Director	Agnieszka Sandakow	0	In-Kind Cost	0
Program Coordinator	Vacant, to be hired within 60 days of anticipated award date	16.606 % and \$15,350 per person	\$58,391.36	\$25,046.47
Counselor 2	Vacant, to be hired within 60 days of anticipated award date	16.606 % and \$15,350 per person	\$34,697.98	\$21,111.95
Counselor 1	Vacant, to be hired within 60 days of anticipated award date	16.606 % and \$15,350 per person	\$28,258.30	\$20,042.57
Peer Specialist	Vacant, to be hired within 60 days of anticipated award date	16.606 % and \$15,350 per person	\$29,326.96	\$20,220.03
FEDERAL REQUEST			\$150,674.60	\$86,421.02

FEDERAL REQUEST - Justification for FringeBenefits

FRINGE CATEGORY	Rate
Retirement	8.61%
FICA/MICA	7.65%
Group Life Insurance	0.346%
Total	16.606%

Group Health Insurance per person	\$ 15,000.00
Group Dental Health Insurance per person	\$ 350.00
Total Annual Benefits per person	\$ 15,350.00

The Fringe benefits are a calculated at 16.606% of salaries. In addition , the Full time employees of Miami-Dade County are paid an annual amount of \$15,000 per person for Group Health Insurance and \$350 annually per person for Group Dental Insurance. Calculations are based on 4 FTE Miami-Dade County employees.

TRAVEL

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to Award (5)
Florida Alcohol and Drug Abuse Association (FADAA)	Orlando	Registration	\$500/2 Staff	\$1,000
		Car Rental	\$40/day x 5 days	\$200
		Lodging	\$150/nt x 3 x 2 staff	\$900
		Meals	\$36/day x 4 days x 2 staff	\$288
		Tolls and Fuel		\$200
FEDERAL REQUEST				\$2,588.00

FEDERAL REQUEST - Justification for Travel

- Two Staff members to attend Florida Alcohol and Drug Abuse Association in Orlando which specializes in substance disuse and mental health issues.

SUPPLIES

Items	Rate	Cost
General Office Supplies	\$250/mo x 12 mo.	\$3,000.00
4 Desk Top Computers	\$1,000/ea x 4	\$4,000.00
1 Laptop	\$1,000/ea x 1	\$1,000.00
2 Desk Top Printers	\$500/ea x 2	\$1,000.00
5 Office Desks	\$500/ea x 5	\$2,500.00
5 Office Chairs	\$300/ea x 5	\$1,500.00
5 File Cabinets	\$350/ea x 5	\$1,750.00
1 Refridgerator	\$1,250/ea x 1	\$1,250.00
FEDERAL REQUEST		\$16,000.00

FEDERAL REQUEST - Justification for Supplies

Office supplies are needed for the general operation of the project. Supplies includes paper, printer cartridges, note pads, presentation folders, pens and pencils, highlighters and markers, dry erase board, staplers, etc.

1.

The desk top, furniture, computers and file cabinets are needed for project work and storage of confidential client information with best practice stadards. Items are needed to establish a professional and safe environment for the staff. All costs were based on retail values at the time the application was written

2.

3. Laptop computer is needed for project work and presentations for the Project Director

4. Two printers are needed to print intake forms, screenings and other documentation needed for the purposes of the project.
5. A refridgerator is vital to the project as samples collected from clients must be refridgerated to maintain them at optimized temperatures before specimens are sent to be tested. All costs were based on retail values at the time the application was written

CONTRACTURAL

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
TBD	Training	\$5,000/individual x 1 staff		\$5,000.00
Medical Supplies	150 Clients	\$167/per month		\$2,000.00
Testing Services	150 Clients	\$170/per client		\$25,500.00
Outreach Counselor	Staff	\$25.3/per hr x 40 hrs x 52 weeks		\$52,624.00
Behavioral Science Research Institute	Evaluator	\$60,000 per year	12 month period	\$60,000.00
FEDERAL REQUEST				\$145,124.00

FEDERAL REQUEST - Justification for Contractors

1. Training and certification in Rapid HIV Testing is needed for the Outreach Counselor.
2. Medical supplies, such as gloves and disinfecting wipes, are needed to conduct on-site testing.
3. Rapid HIV testing services will be provided on-site by ORC in accordance with best practice standards.
The Evaluator is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting.
- 4.

BUDGET SUMMARY

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total Project Costs
Personnel Total	150,674.60	208,123.03	218,049.17	228,471.62	239,415.20	1,044,733.63
Fringe Benefits	86,421.02	95,960.91	97,609.25	99,340.00	101,157.29	480,488.47
Travel	2,588.00	2,717.40	2,853.27	2,995.93	3,145.73	14,300.33
Equipment						
Supplies	16,000.00	3,000.00	3,000.00	3,000.00	3,000.00	28,000.00
Contractual	145,124.00	145,374.00	145,636.50	145,912.13	146,201.53	728,248.16
Other						
Total Direct Charges	400,807.62	455,175.34	467,148.19	479,719.68	492,919.75	2,295,770.58
Indirect Charges						
Total Project Costs	400,807.62	455,175.34	467,148.19	479,719.68	492,919.75	2,295,770.58

- 1 Based on the Organization's policies and procedures employees are entitled to a merit increase every year for the first 10 years. In year 1 salaries were calculated for 10 months as 2 months will be used to hire staff. Year 2 - Year 5 assumes positions to be filled for entire remaining period.
- 2
- 3 An increase of 5% was included for possible fluctuations in prices for travel.
- 4 An increase of 5% was also included for the training of the Outreach Counselor.

Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery

APPENDIX D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection: The Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery Services (MASTER) project involves staff from the Miami-Dade Community Action and Human Services Department, Rehabilitative Services Division (RSD). Given the sensitive nature of issues handled in the project, such as addiction and behavioral health challenges, some participants may be uncomfortable during screening at CIU or in subsequent data collection and treatment processes. RSD personnel are trained to handle sensitive information. Participants will have the option to sign release of information and consent forms.

1. *Protect Participants and Staff from Potential Risks*

Potential Participant Risks:

- Potential adverse effects to participants may occur should unauthorized disclosure of Protected Health Information (PHI) occur.
- Another potential source of risk may happen during the Court's collection of data, assessment of eligibility, and administration of screening tools. This may also happen when a participant is administered a more in-depth series of assessments at CIU. The participant may experience discomfort or become angry while responding to sensitive questions, and may express concern about the confidentiality of their disclosures. In the event a participant elects not to respond, the assessment results may be insufficient to identify individual needs, make a diagnosis, and develop an appropriate treatment plan.
- Participants may disclose emotional, physical, or psychological symptoms, which may complicate the proposed detoxification, substance use and mental health treatment plan if not addressed.
- Epidemiological and current treatment and care data overwhelmingly point to health disparities among racial/ethnic minorities, uninsured persons, and persons with substance use issues. These groups generally have less access to medical/healthcare services, treatment for substance use disorders and co-occurring health conditions including behavioral and physical health issues. They may also be less likely to engage in health services due to stigma, cultural issues, or other related reasons.

Participant Protections:

- The RSD will establish protocols regarding confidentiality of participant data, including consent forms which comply with state and federal laws and regulations regarding the protection of participant data. As a treatment provider, RSD is bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and have privacy and security procedures that restrict use and disclosure of health information, including electronic transmission of participant data.
- The RSD will explain the purpose of the evidence-based screening tools to participants. Staff will respond to participant concerns regarding the assessment process. The RSD will use the Risk Assessment Tool and ASI screening tool to determine participant risk and need to facilitate individualized case management and/or treatment.
- Participants will receive a copy of the privacy protocols used by the RSD treatment providers.

Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery

- Under the provisions of Title 42 of the Code of Federal Regulations, Part 2, agencies will maintain the confidentiality of alcohol and substance use records, and authorized personnel will share data only as permitted by consenting participants.
- Limits to confidentiality include the need to reveal the names of RSD participants when there is a direct reason required under the law, such as the duty to comply with child abuse reporting requirements and a duty to protect others in situations involving imminent risk of harm to self or others.

Staff Risks:

- A participant may display a negative reaction during the collection of information, or may reveal a display anger and/or violence when completing the assessment at CIU. During screening by RSD staff, participants may become highly reactive when difficult emotions are evoked. As a result, staff may potentially be at risk of physical or psychological adverse effects.

Staff Protections:

- Safety planning will be a major emphasis to help providers proactively plan for potential crises. A safety planning process will help the RSD and its providers respond to crises, and assist participants and staff.
- If it is determined that the immediate safety of the person or others is compromised, in question, the panic buttons located in the RSD workstations will be activated to alert emergency responders.

2. *Fair Selection of Participants*

All potential MASTER project participants will be selected based upon comprehensive psychosocial assessment and referral from the CIU. Once identified by CIU, the MASTER project ORC will conduct more in depth assessment utilizing the RSD Risk Assessment, DAST and MHSF-III. The MASTER project aims to serve ethnic minority individuals with SUD and/or COD who are at risk for HIV or are HIV positive and reside in the Miami-Dade County EMA. Individuals may be excluded from participating in the project due to the following reasons: 1) not members of the population of focus, 2) presenting as intoxicated or psychiatrically unstable at the time of assessment. One hundred fifty high-risk individuals will be selected and provided with individualized services through grant funds.

3. *Absence of Coercion*

Potential MASTER project participants are under no obligation to participate in the proposed project. At the point of enrollment, participants will be informed about the services and data collection needs of the project via consent forms. Participants will not be compensated monetarily for their participation. Once identified and referred to the ORC, participants will be informed that they may receive services and linkages to appropriate care even if they choose to not participate in or complete the data collection component of the project.

4. *Data Collection*

BSRI will work with the Project Director and staff team to develop a comprehensive electronic data collection system that tracks services provided to all MASTER project participants from screening to testing and comprehensive SUD/COD/support treatment and services. BSRI will work with the team during the first quarter to develop protocols for collecting, tracking, and

Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery

exporting data reports for merging with SAMHSA SPARS data and with data from the Ryan White Provider Service Delivery System or other data sources as applicable. Data will be collected via a face-to-face interview at three data collection points: intake to services, six months post intake, and at discharge. Data fields to be entered and analyzed will include but not be limited to: client demographics, screening and assessment scores, testing and results (HIV/Hepatitis), referral and linkages to treatment services (SUD/COD); support services (e.g. insurance enrollment, housing support, employment), and MAT medication/dosage. BSRI will create a program client registry with this comprehensive data, which will be used to generate performance assessments.

Urinalysis and preliminary rapid HIV testing will be conducted by treatment providers in accordance with best practices. Urine Specimens will be tested for illegal drug usage and narcotic prescription medication, to allow program staff to monitor adherence to treatment. Results of urinalysis testing are protected under the provisions of Title 42 of the Code of Federal Regulations, Part II. Results will be recorded in the participant's service record and all confidentiality and HIPAA standards will be followed. Blood testing will also be offered to MASTER project participants enrolled in the residential treatment program for the purposes of HIV, Hepatitis, and STD testing through a contracted laboratory. Attachment 2 contains all available data collection instruments and interview protocols that will be used during data collection as a part of the MASTER project.

5. *Privacy and Confidentiality*

The MASTER project staff, partners, and participants will maintain the confidentiality of participants' alcohol and drug use records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. Transmission of any data between partners will be done using encrypted/password protected files. Electronically stored data will be kept on private servers in password-protected computers and will only be shared via secure servers using passwords and file encryption. The data collected will be used to report outcomes achieved by the program. Hard copies will be stored in a locked cabinet. Access to the database will be limited only to program staff and authorized service providers.

6. *Adequate Consent Procedures*

The written consent form will be provided to all participants in the following languages: English, Spanish, and Creole. Various RSD staff members and treatment providers are bilingual, to more appropriately serve the diverse needs of ethnic minority individuals in the catchment area where services will be delivered. In addition, the RSD presently has a contract in place with Interpreters Unlimited Inc., which enables services provided by certified interpreters to be readily available as needed. The staff member reading the form will question the participant in their preferred language to be sure he or she understands the form. A copy of the signed form will be given to the participant. Individuals with limited reading skills will benefit from the form being read aloud to them. The RSD does not serve individuals under 18 years of age.

7. *Risk/Benefit Discussion*

RSD anticipates that benefits related to participants receiving substance use treatment, recovery support services will outweigh possible risks. Data collected during the project period may provide insights into how to minimize adverse effects due to participation, health disparities, decrease rates of substance use/use, and improve health outcomes. Information gathered will be used to improve access to evidence-based treatment and support services and improve the

Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery
effectiveness of the RSD and the project.

Protection of Human Subjects Regulations

The MASTER Project will not be involved in any research involving human subjects pursuant to 45 CFR 46.

WORKSPACE FORM

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-008
Opportunity Title:	Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
Opportunity Package ID:	PKG00248568
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
Competition Title:	MAI - High Risk Populations
Opening Date:	02/21/2019
Closing Date:	04/22/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:50:18 PM EST
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
--	--	--	--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: SANDY100
---	--------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Miami-Dade County	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000573	* c. Organizational DUNS: 1319102540000

d. Address:

* Street1:	Stephen P. Clark Center
Street2:	111 NW 1st Street, 22nd Floor
* City:	Miami
County/Parish:	Miami-Dade
* State:	FL: Florida
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33128-1994

e. Organizational Unit:

Department Name: OMB Grants Coordination Div.	Division Name: Community Action & Human Serv.
--	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.	* First Name: Daniel
Middle Name: T.	
* Last Name: Wall	
Suffix:	

Title: Assistant Director

Organizational Affiliation: County Government
--

* Telephone Number: 305 375-4742	Fax Number: 305 375-4049
----------------------------------	--------------------------

* Email: DTW@miamidade.gov

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:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

TI-19-008

* Title:

Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS

13. Competition Identification Number:

TI-19-008

Title:

MAI - High Risk Populations

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View

*** 15. Descriptive Title of Applicant's Project:**

Miami-Dade County Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="400,807.62"/>
* 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="400,807.62"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

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)**

** 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-008
Opportunity Title:	Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
Opportunity Package ID:	PKG00248568
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
Competition Title:	MAI - High Risk Populations
Opening Date:	02/21/2019
Closing Date:	04/22/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Project Abstract Summary
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:54:29 PM EST
Form State:	No Errors

FORM ACTIONS:

Project Abstract Summary

Program Announcement (CFDA)

93.243

Program Announcement (Funding Opportunity Number)

TI-19-008

Closing Date

04/22/2019

Applicant Name

Length of Proposed Project

5

Application Control No.

Federal Share Requested (for each year)

Federal Share 1st Year

\$ 400,808

Federal Share 2nd Year

\$ 400,808

Federal Share 3rd Year

\$ 455,175

Federal Share 4th Year

\$ 467,148

Federal Share 5th Year

\$ 479,720

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year

\$ 0

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Project Abstract Summary

Project Summary

The Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) project aims to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or are HIV positive and reside in the Miami-Dade County Eligible Metropolitan Area (EMA). Thus, the population of focus for the MASTER project consists of ethnic and/or racial minority injection drug users, men who have sex with men (MSM), and individuals who engage in other high-risk behaviors e.g. sexual relationships with injection drug users, sexual exchange for money or drugs).

According to the Center for Disease Control, Miami-Dade County, the geographic catchment area where services will be delivered, is the Metropolitan Statistical Area (MSA) with the highest rate of HIV incidence in the nation (47.0 per 100,000 population) and third in the nation for AIDS prevalence (18.9 per 100,000 population). As it pertains to the population of focus, the overwhelming majority of the 1,195 new HIV infections in the EMA are among minority individuals, namely Hispanics (59%) and Blacks/African Americans (32%), and the epidemic continues to be driven by MSM, who account for 84% of new HIV diagnoses in the EMA. The highest incidence of COD is found among Blacks/African Americans (34%: SDIS, 2018).

Over a five-year period, the MASTER project intends to provide 1,075 unduplicated, high-risk minority individuals with services including, but not limited to: 1) community outreach; 2) screening; 3) HIV and viral hepatitis testing; 4) comprehensive case management; 5) referrals and linkages to care; and 6) evidence-based outpatient and residential substance abuse treatment. Furthermore, the MASTER project aims to conduct a minimum of 500 screenings per year to identify and enroll at least 150 unduplicated high-risk individuals in appropriate care e.g. SUD treatment, HIV/Hepatitis treatment) in year one, 175 in year two, 200 in year three, 250 in year four, and 300 in year five of the project. The MASTER project will provide SUD/COD treatment and recovery support services for the population of focus through engagement in evidence-based outpatient and/or residential treatment curriculums.

All MASTER project participants deemed appropriate for FDA-approved medication assisted treatment (MAT), will be offered such services. Additionally, all MASTER project participants will be offered recovery support services throughout treatment and post-discharge, including: comprehensive case management, care coordination and housing assistance, primary care and benefits enrollment, and employment services. The MASTER project will refer 100% and link 80% of discharged clients to comprehensive follow-up care resources. Close collaboration with partners including the Borinquen Health Centers; Florida Department of Health; University of Miami Infectious Disease Elimination Act (IDEA Exchange) Needle Exchange Program; Banyan Health Systems; Citrus Health Network; and Certified Peer Specialists, will help to comprehensively serve and provide linkages of care for the population of focus.

Estimated number of people to be served as a result of the award of this grant.

1075

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Opportunity Number:	TI-19-008
Opportunity Title:	Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
Opportunity Package ID:	PKG00248568
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
Competition Title:	MAI - High Risk Populations
Opening Date:	02/21/2019
Closing Date:	04/22/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Budget Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:55:15 PM EST
Form State:	No Errors

FORM ACTIONS:

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

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Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	HHS Checklist (08-2007)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:53:36 PM EST
Form State:	No Errors

FORM ACTIONS:

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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> Civil Rights Assurance (45 CFR 80) | | 08/21/1990 |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | 08/21/1990 |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | 08/21/1990 |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | 08/21/1990 |
| 3. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the 12 month narrative budget justification been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: Daniel Middle Name: T
 Last Name: Wall Suffix:
 Title: Assistant Director
 Organization: Miami-Dade County
 Street1: Stephen P. Clark Center
 Street2: 111 NW 1st Street, 22nd Floor
 City: Miami
 State: FL: Florida ZIP / Postal Code: 33128 ZIP / Postal Code4: 1994
 E-mail Address: DTW@miamidadegov
 Telephone Number: (305) 357-4742 Fax Number: (305) 375-4049

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

Prefix: Ms. First Name: Sandra Middle Name:
 Last Name: Sandakow Suffix:
 Title: Principal Investigator
 Organization: Miami-Dade County Community Action and Human Services Dept.
 Street1: 3140 N.W. 76 Street
 Street2:
 City: Miami
 State: FL: Florida ZIP / Postal Code: 33147 ZIP / Postal Code4: 5427
 E-mail Address: Agnieszka.Sandakow@miamidadegov
 Telephone Number: 305 693-3262 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)

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CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
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Opening Date:	02/21/2019
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Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Project/Performance Site Location(s)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:54:01 PM EST
Form State:	No Errors

FORM ACTIONS:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-008
Opportunity Title:	Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
Opportunity Package ID:	PKG00248568
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
Competition Title:	MAI - High Risk Populations
Opening Date:	02/21/2019
Closing Date:	04/22/2019
Agency:	Substance Abuse and Mental Health Services Adminis.
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Project Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:54:57 PM EST
Form State:	No Errors

FORM ACTIONS:

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-008
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Opening Date:	02/21/2019
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Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Budget Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:55:15 PM EST
Form State:	No Errors

FORM ACTIONS:

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

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Opportunity Number:	TI-19-008
Opportunity Title:	Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
Opportunity Package ID:	PKG00248568
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-008
Competition Title:	MAI - High Risk Populations
Opening Date:	02/21/2019
Closing Date:	04/22/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Kirk James, M.D. Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration (240) 276-1617 kirk.james@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Other Attachments Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Feb 22, 2019 03:55:39 PM EST
Form State:	No Errors

FORM ACTIONS:

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00257703
Application Filing Name:	MDC
DUNS:	1319102540000
Organization:	MIAMI-DADE, COUNTY OF
Form Name:	Disclosure of Lobbying Activities (SF-LLL)
Form Version:	1.2
Requirement:	Optional
Download Date/Time:	Feb 22, 2019 03:56:07 PM EST
Form State:	No Errors

FORM ACTIONS:

Your application disclosed lobbying activities associated with your organization. Recipients of federal funds are not allowed to use federal funding to lobby federal, state, or local officials or their staff to receive additional funding or influence legislation. As a general matter, these lobbying restrictions preclude recipients from:

- o Spending federal funds to influence an officer or employee of any agency or Congressional member/staff regarding federal awards;
- o Failing to submit required certification and disclosure forms (i.e., SF-LLL);
- o Using grants funds provided to non-profit organizations or institutions of higher education to influence an election, contribute to a partisan organization, or influence enactment or modification of any pending federal or state legislation; or
- o Expending federal funds to influence federal, state, or local officials or legislation

Please reference the standard award term on lobbying for your award at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

SPECIAL CONDITIONS

Revised Budget

By October 30, 2019, submit via eRA Commons. Access Terms Tracking in eRA Commons to submit this information (<https://public.era.nih.gov/commons>).

1. **Budget/Budget Narrative:** Prepare a year 1 budget for the awarded amount, \$400,807.
2. **SF-424A, Budget Form:** Revise the SF-424A (Section B) to reflect the awarded amount. Form: <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>.

For more information on how to upload a document in response to a tracked term in eRA Commons, reference under heading 4 Additional Materials grantee in the User Guide located at: <https://era.nih.gov/files/TCM User Guide Grantee.pdf>.

STANDARD TERMS AND CONDITIONS

Annual Programmatic Progress Report

By December 30, 2020, submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System no later than 90 days after the end of the budget period. The report must include, at a minimum, the following information:

- o Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- o A summary of key program accomplishments to-date.
- o Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- o Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data

800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI082402-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – TI Special Terms and Conditions – 1H79TI082402-01

REMARKS

New Award

1. **This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI 19-001 has been selected for funding. This award reflects approval of the revised budget submitted July 31, 2019 by your organization.**
2. **Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.**
3. **All responses to award terms and conditions and prior approval requests must be submitted in eRA Commons. For more information on how to upload a document in response to a tracked term, please reference under heading "4 Additional Materials – grantee" in the User Guide located at:
https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf**
4. **Register Program Director/Project Director (PD) in eRA Commons: If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information**

about the eRA Commons registration process at
https://era.nih.gov/reg_accounts/register_commons.cfm.

5. Key Staff

- Key staff (or key staff positions, if staff has not been selected) are listed below:
 - Project Director: Sandra Sandakow, 20% level of effort
 - Program Coordinator: TBD, 100% level of effort
 - Program Evaluator: Dr. Angela Mooss, 20% level of effort
- Any changes in key staff – including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project – requires prior approval.
- For additional information on how to submit a post-award amendment, visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>. Technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By **November 30, 2019**, submit via eRA Commons. Access Terms Tracking in eRA Commons to submit this information (<https://public.era.nih.gov/commons>).

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Direct questions about the DIS to your GPO. Examples of DIS can be found on the SAMHSA website at <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - Diverse cultural health beliefs and practices;
 - Preferred languages; and
 - Health literacy and other communication needs of all sub-populations within the proposed geographic region.

For more information on how to upload a document in response to a tracked term, please reference under heading “4 Additional Materials – grantee” in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

Lobbying Restriction Reminder