COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
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YVONNE B. BURKE
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.info

Reply To: (213) 738-4601
Fax: (213) 381-1297

September 22, 2005

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

44 OCT 11 2005

Violet Varona-Lukens
VIOLET VARONA-LUKENS
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

AUTHORIZATION TO ENTER INTO A SKID ROW COLLABORATIVE SUBCONTRACT AGREEMENT WITH LAMP, INC. DBA LAMP COMMUNITY FOR FISCAL YEARS 2005-2006 AND 2006-2007
AND
APPROVAL OF THE SUBCONTRACT AGREEMENT FORMAT
(SUPERVISORIAL DISTRICT 2)
(3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and authorize the Director of Mental Health or his designee, to prepare, sign and execute a Skid Row Collaborative (Collaborative) Subcontract Agreement (Subcontract) (substantially similar to Attachment I) with Collaborative partner Lamp, Inc. dba Lamp Community (Lamp), effective upon Board approval through September 29, 2006. Under this Subcontract, the Department of Mental Health (DMH), as an active partner, will receive a total of $108,000 from Lamp to assist chronically homeless adults to make the successful transition from the streets to permanent supportive housing, self-sufficiency, and a better quality of life.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the recommended action will allow DMH to enter into the Collaborative Subcontract with Lamp and receive reimbursement for psychiatric services provided through DMH's Downtown Mental Health Center (MHC) for the Collaborative project.

The Collaborative was formed in 2003 in response to a Notice of Funding Availability (NOFA) entitled *The Collaborative Initiative to End Chronic Homelessness*, published by the United States Interagency Council on Homelessness, and sponsored by four federal agencies: Housing and Urban Development (HUD), Substance Abuse Mental Health Services Administration (SAMHSA), Department of Health and Human Services (DHHS), and the Veteran's Administration (VA). The Collaborative was awarded $2.11 million in funding for a project to assist persons in the Skid Row area of Los Angeles who are chronically homeless and disabled to make the successful transition from the streets and emergency shelters to permanent supportive housing, self-sufficiency, and a better quality of life.

Lamp is the applicant and lead agency for the mental health and substance abuse component of the Collaborative and receives funding from SAMHSA for the period of September 30, 2003, through September 29, 2006. Therefore, Lamp is the prime contractor of SAMHSA, and DMH will be the subcontractor. The Subcontract between Lamp and DMH will become effective upon Board approval and last through September 29, 2006, the end date of the Collaborative funded by SAMHSA. Under the Subcontract, DMH will provide psychiatrist services through DMH Downtown MHC utilizing an existing 1.0 Full-Time Equivalent (FTE) psychiatrist. DMH views *The Collaborative Initiative to End Chronic Homelessness* as entirely consistent with the priorities of the Department and County to reduce homelessness.

Implementation of Strategic Plan Goals

The recommended Board action is consistent with the principles of the Countywide Strategic Plan Goal No. 1, "Service Excellence," Goal No. 3, "Organizational Effectiveness," and Goal No. 7, "Health and Mental Health." Board approval will effect the reduction of homelessness among the chronically homeless population served by this grant.

FISCAL IMPACT/FINANCING

There will be no increase in net County cost.

DMH will commit one (1) existing 1.0 FTE Psychiatrist to provide psychiatric services for the Collaborative targeted homeless population through its directly operated Downtown MHC and receive anticipated reimbursements from Lamp, in the amount of $81,000 in Fiscal Year (FY) 2005-2006 and $27,000 in FY 2006-2007, respectively, for a total of $108,000. The Psychiatrist's Salaries and Employee Benefits costs and the anticipated reimbursement for the period of September 30, 2005, to June 29, 2006, are included in DMH's FY 2005-2006 budget. The savings achieved due to receipt of the Lamp funding

will be used to partially mitigate DMH's FY 2005-2006 deficit. For the period of July 1, 2006, to September 29, 2006, the costs and the anticipated reimbursement will be included in DMH's FY 2006-2007 budget request.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Collaborative is a part of community-wide strategy to address chronic homelessness and necessitates a collaborative approach to resolving the problems of our most vulnerable citizens. The objective is to provide chronic homeless individuals with stable housing, mental health and substance abuse services, primary health care and veterans' services to promote self-sufficiency and residential stability through permanent supportive housing.

In accordance with Skid Row Collaborative-Memorandum of Understanding of Collaborative Initiative to End Chronic Homelessness (Attachment II), the applicant partners are the Housing Authority of the City of Los Angeles (HUD funding), Lamp (SAMHSA funding), Clinica Msr. Oscar A. Romero (DHHS funding) and the Greater Los Angeles Comprehensive Homeless Veterans Center (VA funding). The active partners are Skid Row Housing Trust (lead agency), Lamp, DMH, Clinica Msr. Oscar A. Romero, JWCH Institute, and New Directions. All participant agencies in the Collaborative are dedicated to addressing the needs of the homeless and have extensive experience in serving this population in the Skid Row area of Los Angeles.

Prior to this Collaborative partnership, Lamp has been a DMH Legal Entity Mental Health Services provider since 1987 on programs such as State of California's Integrated Services for Homeless Adults with Mental Illness (AB 34 and AB 2034), Projects for Assistance in Transition from Homelessness (PATH) and a dual diagnosis program.

Founded in 1985, Lamp's mission is to provide a safe, accessible environment in which homeless people diagnosed as chronically mentally ill can work toward and gain maximum control of their own lives. Lamp has developed and sustained a continuum of support services and housing that targets chronically homeless persons who are dual and multi-diagnosed with mental illness, substance addictions, HIV/AIDS, and other persistent health conditions.

Under the Collaborative, Lamp received a three-year SAMHSA grant award. The grant period is for 36 months extending from September 30, 2003, to September 29, 2006. Lamp began its outreach phase of the Collaborative in October 2003. Due to the delayed development, DMH's Subcontract will be entered into during the final 12 months (September 30, 2005, to September 29, 2006) of the SAMHSA three-year grant.

The original SAMHSA allocation for DMH was $108,000. With authority vested in the Collaborative, the unspent $108,000 SAMHSA funds will be requested to be rolled over to the year-three budget period which begins September 30, 2005 and ends September 29, 2006. Should the rollover request not be approved by SAMHSA, DMH would continue to participate as an active member of the Collaborative and to provide psychiatric services through the Downtown MHC, without reimbursement under the Subcontract.

The anticipated reimbursements from Lamp during FYs 2005-2006 and 2006-2007 will be $9,000 a month for DMH psychiatric services beginning September 30, 2005. It is anticipated that the reimbursement will continue for consecutive 2 months until the entire $108,000 SAMHSA rollover funding has been exhausted.

Upon expiration of the SAMHSA grant, the Collaborative is contemplating that DMH will assist Lamp with obtaining Medi-Cal funding to sustain its effort to serve the Skid Row homeless population.

The Collaborative Subcontract Agreement has been approved as to form by County Counsel. In addition, the proposed action has been reviewed and approved by County Counsel, Chief Administrative Office, and DMH's Program, and Fiscal Administrations.

CONTRACTING PROCESS

This subject does not apply.

IMPACT ON CURRENT SERVICES

Board approval will augment the provision of mental health services for the priority population of chronically homeless persons who have mental health and substance abuse disorders in The Skid Row area of Los Angeles. It will enable DMH to participate as an active partner of *The Collaborative Initiative to Help End Chronic Homelessness* project through the psychiatric services provided through Downtown MHC.

CONCLUSION

The Department of Mental Health will need one (1) copy of the adopted Board action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:RK:AW:cc

Attachments (2)

c: Chief Administrative Officer
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

ATTACHMENT I

SUBCONTRACT AGREEMENT FOR THE SKID ROW COLLABORATIVE

THIS SUBCONTRACT AGREEMENT is made and entered into this ___ day of _____, 2005, by and between **Lamp, Inc. dba Lamp Community (Lamp) (lead agency)**, located at 527 South Crocker Street, Los Angeles, CA 90013 (hereinafter "CONTRACTOR"), and the **Los Angeles County Department of Mental Health** (hereinafter "SUBCONTRACTOR"), located at 550 S. Vermont Avenue, Los Angeles, CA 90020.

WHEREAS, CONTRACTOR has entered into an Agreement with the United States Substance Abuse and Mental Health Services Administration (hereinafter SAMHSA) to provide mental health and substance abuse recovery services as one component of the Skid Row Collaborative (hereinafter Collaborative) to homeless, dually diagnosed adults; and

WHEREAS, in order to fulfill its obligations under the SAMHSA contract and to help achieve the project goals, CONTRACTOR desires to engage SUBCONTRACTOR to provide one Mental Health Psychiatrist to provide a total of 40 hours of psychiatric services weekly to homeless dually diagnosed adults; and

WHEREAS, SUBCONTRACTOR desires to perform such work in accordance with the terms and conditions of this Subcontract Agreement;

NOW, THEREFORE, CONTRACTOR and SUBCONTRACTOR agree as follows:

1.0 PRIME CONTRACT

This is a Subcontract Agreement under the terms and conditions of Lamp's Prime Contract with SAMHSA and shall be subject to all of the provisions of such Prime Contract. SUBCONTRACTOR hereby acknowledges receipt of a copy of said Prime Contract, which is attached hereto and incorporated herein as Exhibit A.

2.0 CONTRACT ADMINISTRATION

The Executive Director of CONTRACTOR, or designee, shall have full authority to administer this Subcontract Agreement consistent with the terms and provisions of the SAMHSA contract.

3.0 TERM OF SUBCONTRACT AGREEMENT

The term of this Subcontract Agreement shall commence upon Board approval of this subcontract and expire on September 29, 2006, unless terminated earlier pursuant to any of the conditions for termination in the Prime Contract or by mutual agreement.

3.1 VOLUNTARY TERMINATION OF CONTRACT

Either party may, without cause, terminate this contract by giving at least 30 days prior written notice to the other party. The terminating party must provide the other party with written notice, personally delivered or transmitted by U.S. Postal Service Registered or Certified Mail in accordance with Subparagraph 14.4.

4.0 SERVICES AND REIMBURSEMENT

4.1 SUBCONTRACTOR shall provide one Mental Health Psychiatrist to provide a total of 40 hours of psychiatric services weekly to clients, as generally described in this Subparagraph 4.1.

4.1.1 Mental Health Services - Services are interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living and enhanced self-sufficiency. Services shall be directed toward achieving the client's goals/desired results/personal milestones. Services shall include, but are not limited to, assessment, evaluation, collateral, therapy (individual, group, family), and rehabilitation services.

4.1.2 Medication Support Services - Services shall include prescribing, administering, dispensing and monitoring of psychiatric medications necessary to alleviate the symptoms of mental illness, which are provided by a staff person within the scope of practice of his/her profession.

4.1.3 Crisis Intervention Services - Services consist of a quick, emergency response enabling a client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. Services are limited to stabilization of the presenting emergency.

4.1.4 Case Management/Brokerage Services – Services shall be provided to access medical, educational, social, pre-vocational, rehabilitative, or other needed community services for eligible clients. These services provide for the continuity of care within the mental health system and related social service systems. Services shall include linkage and consultation, placement and plan development.

4.1.5 Outreach Services – Services are delivered in the community-at-large to special population groups, human services agencies, and individuals and families who are not usually clients of the mental health system. The intent of these services is to enhance the mental health of the general population, prevent the onset of mental health problems in individuals and communities, and assist those persons experiencing stress who are not reached by traditional mental health treatment services to obtain a more adaptive level of functioning. Outreach services are either community-related (Mental Health Promotion Services) or client-related (Community Client Services).

4.2 SUBCONTRACTOR shall prescribe, administer and dispense medication, as described in Subparagraph 4.1.2, to the population served under this Subcontract Agreement at no cost to the CONTRACTOR.

4.3 SUBCONTRACTOR shall provide supervision of the Mental Health Psychiatrist through the Downtown Mental Health Center

4.4 SUBCONTRACTOR shall ensure that the Mental Health Psychiatrist operates as part of

the Collaborative team, under the leadership of Lamp's Skid Row Collaborative Project Director, and meets weekly with the Collaborative multi-disciplinary team. However, the DMH physician will make his/her own independent clinical judgment as to treatment and medication. In the event the parties have significant differences as to proposed treatment or medication an administrative appeal may be made to the DMH Medical Director and the parties will work in good faith to resolve their differences.

4.5 SUBCONTRACTOR shall perform psychiatric services primarily on-site at one of the Lamp facilities. However, once Collaborative participants are housed, psychiatric services may be needed at the housing sites, and SAMHSA funding requires this level of service flexibility. The primary housing for project participants will be provided by Skid Row Housing Trust. The Skid Row Housing Trust's St. George Hotel will serve as a major housing site for the Collaborative. In addition, some participants may be housed in any one of the 19 hotels operated by the Trust.

4.6 SUBCONTRACTOR shall bill CONTRACTOR for the hours of psychiatric services rendered to homeless dually diagnosed adults.

4.7 The maximum obligation of CONTRACTOR to SUBCONTRACTOR under this Subcontract Agreement shall not exceed ONE HUNDRED EIGHT THOUSAND DOLLARS ($108,000) for the period from Board approval to September 29, 2006. This amount may be adjusted by an amendment in accordance with the disbursement of Federal funds and with Subparagraph 14.1.

5.0 BILLING

SUBCONTRACTOR shall invoice CONTRACTOR monthly for no more than one-twelfth of the allocated amount of $108,000. These invoices shall detail hours expended and must be received by Lamp by the 10th of the following month. All invoices must be supported by attached billing statements. If the required hours are not provided, the billing shall be reduced proportionately.

6.0 PAYMENT

CONTRACTOR shall reimburse SUBCONTRACTOR monthly for services provided under this Subcontract Agreement as documented on SUBCONTRACTOR's monthly invoices. These payments are contingent upon the prompt and satisfactory submission of invoices and will be made within 30 days of receipt of the invoices (subject to release of funds by SAMHSA).

7.0 RECORDS AND AUDITS

7.1 SUBCONTRACTOR shall maintain accurate and complete financial records of its activities and operations relating to this Subcontract Agreement in accordance with generally accepted accounting principles. SUBCONTRACTOR shall also maintain accurate and complete employment and other records relating to its performance of this Subcontract Agreement. SUBCONTRACTOR agrees that CONTRACTOR, or its authorized representatives, including representatives and auditors of SAMHSA, shall have access to and the right to examine, audit, excerpt, copy or transcribe any pertinent transaction, activity, or records relating to this Subcontract Agreement. All such material, including, but not limited to, all financial records, timecards and other

employment records, and proprietary data and information, shall be kept and maintained by SUBCONTRACTOR and shall be made available to CONTRACTOR during the term of this Subcontract Agreement and for a period of seven years thereafter unless written permission of CONTRACTOR is given to dispose of any such material prior to such time. All such material shall be maintained by SUBCONTRACTOR at a location in Los Angeles County, provided that if any such material is located outside Los Angeles County, then, at CONTRACTOR's option, SUBCONTRACTOR shall pay all travel, per diem, and other costs incurred by CONTRACTOR to examine, audit, excerpt, copy or transcribe such material at such other location.

7.2 In the event that an audit is conducted specifically regarding this Subcontract Agreement by any Federal or State auditor, or by any auditor or accountant employed by SUBCONTRACTOR or otherwise, then SUBCONTRACTOR shall file a copy of such audit report with CONTRACTOR within thirty days of SUBCONTRACTOR's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Subcontract Agreement. CONTRACTOR shall make a reasonable effort to maintain the confidentiality of such audit report(s).

7.3 Failure on the part of SUBCONTRACTOR to comply with the provisions outlined hereunder shall constitute a material breach of this Subcontract Agreement upon which CONTRACTOR may terminate or suspend this Subcontract Agreement.

8.0 INDEMNIFICATION AND INSURANCE

8.1 Indemnification: SUBCONTRACTOR shall indemnify, defend and hold harmless the CONTRACTOR and its elected and appointed officers, employees, and agents from and against any and all liability or expense, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with claims for damages or workers' compensation benefits relating to SUBCONTRACTOR's acts and/or omissions arising from and/or relating to this Subcontract Agreement.

CONTRACTOR shall indemnify, defend and hold harmless the SUBCONTRACTOR and its Special Districts, elected and appointed officers, employees, and agents, from and against any and all liability or expense, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with claims for damages or workers' compensation benefits relating to CONTRACTOR's acts and/or omissions arising from and/or relating to this Subcontract Agreement.

8.2 Insurance: Without limiting SUBCONTRACTOR's indemnification of CONTRACTOR and during the term of this Subcontract Agreement, SUBCONTRACTOR shall provide and maintain at its own expense the programs of insurance specified in this Subcontract Agreement or self-insurance at SUBCONTRACTOR's option. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by CONTRACTOR.

Failure by SUBCONTRACTOR to procure and maintain the required insurance shall constitute a material breach of the Subcontract Agreement upon which CONTRACTOR may immediately terminate or suspend this Subcontract Agreement.

8.2.1 Liability: Such insurance shall be endorsed naming the CONTRACTOR as additional insured and shall include, but not be limited to:

(a) General Liability: General liability insurance (written on ISO policy form CG 00 01 or its equivalent) limits of not less than the following:

General Aggregate:	Two Million Dollars ($2,000,000)
Products/Completed Operations Aggregate:	One Million Dollars ($1,000,000)
Personal and Advertising Injury:	One Million Dollars ($1,000,000)
Each Occurrence:	One Million Dollars ($1,000,000)

(b) Automobile Liability: Automobile liability insurance (written on ISO policy form CA 00 01 or its equivalent) with a combined limit liability of not less that One Million Dollars ($1,000,000) for each accident. Such insurance shall include coverage for all "owned", "hired" and "non-owned" vehicles, or coverage for "any auto".

8.2.2 Professional Liability: Insurance covering liability arising from any error, omission, negligent or wrongful act of SUBCONTRACTOR, its officers, employees, or agents with limits of not less than One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) aggregate. The coverage also shall provide an extended two (2) year reporting period commencing upon termination or cancellation of the Subcontract Agreement.

8.2.3 Workers' Compensation and Employers' Liability: Workers' compensation insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other State, and for which SUBCONTRACTOR is responsible.

In all cases, the above insurance also shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	One Million Dollars ($1,000,000)
Disease-policy limit:	One Million Dollars ($1,000,000)
Disease-each employee:	One Million Dollars ($1,000,000)

9.0 COMPLIANCE WITH CIVIL RIGHTS LAWS

CONTRACTOR agrees that it will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1973, where applicable, and Title 43, Part 17 of the Code of Federal Regulations Subparts A and B.

10.0 NONDISCRIMINATION AND AFFIRMATIVE ACTION

10.1 SUBCONTRACTOR certifies that all persons employed by it, its affiliates, subsidiaries or holding companies as required by law are and will be treated equally without regard to

mental handicap, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

10.2 SUBCONTRACTOR shall certify to, and comply with, the provisions of CONTRACTOR'S Equal Employment Opportunity (EEO) Certification.

10.3 SUBCONTRACTOR shall take affirmative action, as required by law and shall not discriminate against applicants and employees upon the basis of race, religion, national origin, ancestry, sex, age, physical or mental handicap or medical conditions. Such action may include, as required by law, but is not limited to, employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, compensation, and selection of persons for training, including apprenticeship.

10.4 SUBCONTRACTOR certifies that it will deal with its subcontractors, bidders or vendors without regard to or because of race, religion, national origin, ancestry, sex, age, physical or mental handicap, or medical conditions.

10.5 SUBCONTRACTOR certifies that in the performance of this Subcontract Agreement, its affiliates, subsidiaries or holding companies will comply with all applicable Federal and State laws and regulations which prohibit discrimination on the grounds of race, religion, national origin, ancestry, sex, age, physical or mental handicap, or medical conditions, and will not refuse to provide treatment to any person upon these grounds.

10.6 If CONTRACTOR finds that any of the provisions of this Paragraph 10.0 have been violated, such violation shall constitute a material breach of this Subcontract Agreement upon which CONTRACTOR may terminate or suspend this Subcontract Agreement. While CONTRACTOR reserves the right to determine independently that the anti-discrimination provisions of this Subcontract Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that SUBCONTRACTOR has violated State or Federal anti-discrimination laws or regulations shall constitute a finding by CONTRACTOR that SUBCONTRACTOR has violated the anti-discrimination provisions or this Subcontract Agreement.

11.0 INDEPENDENT STATUS OF CONTRACTOR/SUBCONTRACTOR

11.1 The employees and agents of the CONTRACTOR shall not be, or be construed to be, the employees or agents of the other party or of the COUNTY for any purpose whatsoever.

11.2 SUBCONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Subcontract Agreement all compensation and benefits. CONTRACTOR shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of SUBCONTRACTOR.

11.3 CONTRACTOR understands and agrees that all persons performing services pursuant to this Agreement are, for purposes of workers' compensation liability, the sole employees of SUBCONTRACTOR. SUBCONTRACTOR shall be solely liable and responsible for

furnishing any and all workers' compensation benefits to any person as a result of any injuries arising from or connected with any services performed by or on behalf of SUBCONTRACTOR pursuant to this Subcontract Agreement.

12.0 EMPLOYMENT ELIGIBILITY VERIFICATION

SUBCONTRACTOR agrees to comply with all Federal statutes and regulations requiring the verification of citizenship and alien status of applicant and employees who will perform under this Subcontract Agreement. SUBCONTRACTOR shall retain documentary evidence of citizenship and alien status as prescribed by law. SUBCONTRACTOR shall indemnify, defend and hold harmless CONTRACTOR, their officers and employees from and against any employer sanctions and any other liability which may be assessed against SUBCONTRACTOR in connection with any violation of this Section by the SUBCONTRACTOR.

13.0 GOVERNING LAW, JURISDICTION AND VENUE

This Subcontract Agreement shall be governed by, and construed in accordance with, the laws of the State of California. CONTRACTOR and SUBCONTRACTOR agree and consent to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Subcontract Agreement and further agree and consent that venue of any action brought hereunder shall be exclusively in the County of Los Angeles, California.

14.0 GENERAL PROVISIONS

14.1 This Subcontract Agreement may only be amended by the written consent of the parties.

14.2 This Subcontract Agreement may not be assigned by either party without the consent of the other party, and any such attempted assignment shall be void.

14.3 In the event of a breach of any of its obligations as stated in this agreement, SUBCONTRACTOR will be responsible to rectify the breach at its own expense and to the satisfaction of CONTRACTOR.

14.4 In the event of litigation in any court, including courts of bankruptcy and courts of appeal to enforce this Subcontract Agreement, the prevailing party shall be entitled to reasonable attorney fees, expenses of litigation and court costs.

14.5 All notices and other written communications hereunder shall be deemed given when delivered by either party to the other at the address set forth on Page One (1) of this Subcontract Agreement, or such other address as a party shall from time to time provide in writing to the other party. Whenever notice is required hereunder, it shall be deemed given when personally delivered, or three (3) days after deposit in the United States mail, postage prepaid, return receipt requested, addressed as provided in this Section.

14.6 This Subcontract Agreement contains the entire understanding between the parties concerning the subject matter of the Subcontract Agreement. There are no representations, agreements, arrangements, or understandings, oral or written, between the parties, relating to the subject matter of this Subcontract Agreement which are not

the parties, relating to the subject matter of this Subcontract Agreement which are not fully set forth herein.

15.0 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). CONTRACTOR and SUBCONTRACTOR understand and agree that, as a provider of medical treatment services, they are "covered entities" under HIPAA and, as such, have obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. CONTRACTOR and SUBCONTRACTOR understand and agree that they are separately and independently responsible for compliance with HIPAA in all these areas and that SUBCONTRACTOR has not undertaken any responsibility for compliance on CONTRACTOR's behalf. CONTRACTOR has not relied, and will not in any way rely, on SUBCONTRACTOR for legal advice or other representations with respect to CONTRACTOR's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

CONTRACTOR and SUBCONTRACTOR understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of HIPAA law and implementing regulations related to Transactions and Code Sets, Privacy, and Security. Each party further agrees to indemnify and hold harmless the other party (including their officers, employees and agents), for its failure to comply with HIPAA.

16.0 CONFIDENTIALITY, SAMHSA PARTICIPANT PROTECTION

SUBCONTRACTOR agrees to conform to the Confidentiality, SAMHSA Participant Protection Standards described and attached as Exhibit B.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Subcontract Agreement to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Subcontract Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

CONTRACTOR:

LAMP COMMUNITY

_____

Executive Director

SUBCONTRACTOR:

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

_____

Marvin J. Southard, D.S.W.
Director of Mental Health

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

BY_____
Chief, Contracts Development and
Administration Division

Exhibit A

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Rockville MD 20857

September 29, 2003

Dear Grantee:

You have been awarded support for your competing grant application by the Substance Abuse and Mental Health Services Administration (SAMHSA). A Notice of Grant Award (NGA) is enclosed with terms and conditions attached that require compliance. Drawing down funds from your account under the Payment Management System (PMS) constitutes acceptance of this NGA and the terms and conditions. Contact the Division of Federal Assistance Financing, DASP/DASF/OS/DHHS, P.O. Box 6021, Rockville, MD 20852 at (301) 443-1660 for instructions on accessing funds.

A copy of the PHS Grants Policy Statement (Rev. April 1, 1994) which is a compilation of the salient features of policies and various policy issues regarding administration of grant awards is available on line at http://www.hhs.gov/grantsnet/index.html Other compliance issues, referenced in order of precedence on the NGA (Item 16), may also be obtained through this website. You should obtain copies of the documents for review and retention. The SAMHSA "Welcome Wagon" notice (Information for New Grantees) which provides answers to many grant related questions may be obtained from the SAMHSA website http://www.samhsa.gov/ under Grant Opportunities. Other policies and procedures, including circulars, roadmap, regulations, FAQs, etc. which affect your grant are accessible on the SAMHSA website. If you have any problems downloading this document, please call the Grants Management Specialist indicated in the "Remarks" section of the NGA.

I will print this mate out

Attach

Most responses to reporting requirements, (unless specified by your project officer, i.e., timing and submission of progress report), terms and conditions and requests for post award amendments must be mailed to the attention of CSAT or CSAP, Grants Management Branch, OPS, SAMHSA, 5600 Fishers Lane, Rockwall II Building, Suite 630, Rockville, MD 20857. The CMHS is at the same address but in the Parklawn Building, Suite 13-103.

If you need help or have concerns about the technical programmatic aspects of this project, please contact the Project Officer. Contact the Grants Management Specialist about the financial/business management aspects of this project which includes the interpretation of grant policy issues. The names of these individuals, including their phone numbers, are located in the "Remarks" section of the NGA.

In communicating with your applicable Center, be sure to reference the **grant number** located in Item 4 of the NGA and **Federal program title** in Item 5. Correspondence must have the authorized official signature of the grantee institution. Failure to clearly reference the grant number and program title can impede our ability to respond to your requests.

for Stephen Hudak
Grants Management Branch
Office of Program Services, SAMHSA

Enclosures
cc: Program Director

Raynette Robinson
301.443.8786

RECEIVED
OCT 20 2003
BY:

GRANT PAYMENT INFORMATION

NOTE APPROPRIATE PAYMENT SYSTEM CHECKED BELOW

1. (X) Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Federal Assistance Financing (DFAF), Office of the Deputy Assistant Secretary, Finance, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to:

   Division of Federal Assistance Financing
   DASP/DASF/OS/DHHS
   P.O. Box 6021
   Rockville, MD 20852
   Help Desk Support - Telephone Number: 1-877-614-5533

2. ( ) Payments under this award will be made available through the Accounting and Indirect Cost Section, Federal Assistance Accounting Branch of the National Institutes of Health. Inquiries regarding payment should be directed to:

   Accounting and Indirect Cost Section
   Federal Assistance Accounting Branch
   National Institutes of Health
   Building 31, Room B1B04
   9000 Rockville Pike
   Bethesda, MD
   Telephone Number: (301) 496-5635

3. ( ) Payments under this award will be made available through the Grants Section , General Accounting Branch of the Health Resources and Services Administration. Inquiries regarding payment should be directed to:

   Grants Section, General Accounting Branch
   Health Resources and Services Administration
   Parklawn Building, Room 16-23
   5600 Fishers Lane
   Rockville, MD 20857
   Telephone Number: (301) 443-1463

4. ( )

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. The numbers are:

Phone: 1-800-HHS-TIPS (1-800-447-8477)
Fax: 1-800-223-8164
Email: HHSTIPS@oig.hhs.gov
TTY: 1-800-337-4950

The mailing address is:

Office of Inspector General
Department of Health and Human Services
Attn: HOTLINE
330 Independence Ave., SW
Washington, DC 20201

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE A. MENTAL HEALTH SERVICES ADMINISTRATION

REVISED

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulation)
Section 509 and 520 of the Publi

1. DATE ISS. ED (Mo./Day/Yr.) 12/01/2004	2. CFDA NO 93.230
3. SUPERSEDES AWARD NOTICE dated 06/29/2004	cept that any additions or restrictions previously imposed remain in effect unless specifically rescinded.
4. GRANT NO. 6 H79 SM55909-02-1	5. ADMINISTRATIVE CODES SM-H79 / HMLS
Formerly:	
6. PROJECT PERIOD From 09/30/2003	Through 09/29/2006
7. BUDGET PERIOD From 09/30/2004	Through 09/29/2005

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Skid Row Collaborative

9. GRANTEE NAME AND ADDRESS
a. Lamp, Inc
b. 527 So Crocker St
c.
d. Los Angeles e. CA f. 90013

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) (LAST NAME FIRST AND ADDRESS)
Alderson, Paul
Lamp Community
527 So Crocker St
Los Angeles, CA, 90013

11. APPROVED BUDGET (Excludes PHS Direct Assistance)

I PHS Grant Funds Only
II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box.) [I]

a. Salaries and Wages	$	485,000
b. Fringe Benefits	$	97,000
c. Total Personnel Costs	$	582,000
d. Consultant Costs		0
e. Equipment		9,000
f. Supplies		25,000
g. Travel		9,500
h. Patient Care - Inpatient		0
i. - Outpatient		0
j. Alterations and Renovations		0
k. Other		108,790
l. Consortium/Contractual Costs		14,400
m. Trainee Related Expenses		0
n. Trainee Stipends		0
o. Trainee Tuition and Fees		0
p. Trainee Travel		0
q. TOTAL DIRECT COSTS →	$	748,690
r. INDIRECT COSTS (Rate .00 % of SSW/TADC)	$	0
s. TOTAL APPROVED BUDGET	$	748,690
t. SBIR Fee	$	
u. Federal Share	$	748,690
v. Non-Federal Share	$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Amount of PHS Financial Assistance (from item 11u)	$	748,690
b. Less Unobligated Balance From Prior Budget Periods	$	146,923
c. Less Cumulative Prior Award(s) This Budget Period	$	601,767
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$	$0

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):

YEAR	TOTAL COSTS (DIRECT and INDIRECT)	YEAR	TOTAL COSTS (DIRECT and INDIRECT)
a. 03	265,591	d.	
b.	N/A	e.	
c.		f.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. Amount of PHS Direct Assistance	$	
b. Less Unobligated Balance From Prior Budget Periods	$	
c. Less Cumulative Prior Award(s) This Budget Period	$	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$	N/A

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add/Deduct Option)
e. OTHER (See REMARKS)

[B]

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above.
c. The award notice including terms and conditions, if any, noted below under REMARKS.
d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - ✓ Yes No)

This award approves carryover of an unobligated balance in the amount of $146,923 from 01 year funds per grantee's request dated 12/08/2004. If the final resolution of the audit covering the above stated budget period determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds to cover any shortfall.

GMS: Fairfax Sherie (240)276-1415 PO: Rickards, Larry D (301)443-3706

PHS GRANTS MANAGEMENT OFFICER (Signature) (Name-Typed/Print) Pendleton, Kimberly (Title) Grants Management Officer

17. OBJ. CLASS. 41.45 | 18 CRS - EIN 1953993742A1 | 19. LIST NO:

	FYCAN	DOCUMENT NO	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST.	AMT. ACTION DIR. ASST.
20.a	2004C96C126	b. H9SM55909A	c.	d. $0	e.
21.a	2004C96T114	b. H9SM55909A	c.	d. $0	e.
22.a		b.	c.	d.	e.

PHS-5152-3 (REV. 7/92) (Note: See reverse for payment information.)

1. DATE ISSUED (Mo./Day/Yr.) 06/29/2004 | 2. CFDA NO. 93.230

3. SUPERSEDES AWARD NOTICE dated / / except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4. GRANT NO. 5 H79 SM55909-02 Formerly: X SM55909

5. ADMINISTRATIVE CODES SM-H79 / HMLS

6. PROJECT PERIOD Mo./Day/Yr. From 09/30/2003 Through 09/29/2006

7. BUDGET PERIOD Mo./Day/Yr. From 09/30/2004 Through 09/29/2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

HOURLY

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulation)
Section 509 and 520 of the Publi

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Skid Row Collaborative

9. GRANTEE NAME AND ADDRESS
a. Lamp, Inc
b. 527 So Crocker St
c.
d. Los Angeles e. CA f. 90013

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) (LAST NAME FIRST AND ADDRESS)
Alderson, Paul
Lamp Community
527 So Crocker St
Los Angeles, CA, 90013

11. APPROVED BUDGET (Excludes PHS Direct Assistance)

I PHS Grant Funds Only
II Total project costs including grant funds and all other financial participation
(Select one and place NUMERAL in box.) [I]

a. Salaries and Wages	$	395,000
b. Fringe Benefits	$	79,000
c. Total Personnel Costs	$	474,000
d. Consultant Costs		0
e. Equipment		9,000
f. Supplies		5,000
g. Travel		2,580
h. Patient Care - Inpatient		0
i. - Outpatient		0
j. Alterations and Renovations		0
k. Other		96,787
l. Consortium/Contractual Costs		14,400
m. Trainee Related Expenses		0
n. Trainee Stipends		0
o. Trainee Tuition and Fees		0
p. Trainee Travel		0
q. TOTAL DIRECT COSTS →	$	601,767
r. INDIRECT COSTS (Rate .00 % of SBW/TADC)	$	0
s. TOTAL APPROVED BUDGET	$	601,767
t. SBIR Fee	$	
u. Federal Share	$	601,767
v. Non-Federal Share	$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Amount of PHS Financial Assistance (from item 11u)	$	601,767
b. Less Unobligated Balance From Prior Budget Periods	$	0
c. Less Cumulative Prior Award(s) This Budget Period	$	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$	$601,767

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):

YEAR	TOTAL COSTS (DIRECT and INDIRECT)	YEAR	TOTAL COSTS (DIRECT and INDIRECT)
a. 03	265,591	d.	
b.	N/A	e.	
c.		f.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. Amount of PHS Direct Assistance	$	
b. Less Unobligated Balance From Prior Budget Periods	$	
c. Less Cumulative Prior Award(s) This Budget Period	$	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$	N/A

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add/Deduct Option) [B]
e. OTHER (See REMARKS)

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above.
c. The award notice including terms and conditions, if any, noted below under REMARKS.
d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - ☑ Yes ☐ No)

Recommended future support (Line 13) reflects Total Cost (Direct + Indirect)
Funding for this project is provided jointly by CMHS, CSAT as follows: CMHS $260,523 4C96C126 CSAT $341,244 4C96T114.
This award includes an administrative supplement in the anount of $132,585.

GMS: Fairfax, Sherie (301)443-4456 PO: Rickards, Larry D (301)443-3706

PHS GRANTS MANAGEMENT OFFICER: (Signature) Kimberly Pendleton
(Name-Typed/Print) Pendleton, Kimberly (Title) Grants Management Officer

17. OBJ. CLASS. 41.45 | 18. CRS - EIN 1953993742A1 | 19. LIST NO:

	FYCAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST.	AMT. ACTION DIR. ASST.
20.a.	2004C96C126	b. H9SM55909A	c.	d. $260,523	e.
21.a	2004C96T114	b. H9SM55909A	c.	d. $341,244	e.
22.a.		b.	c.	d.	e.

PHS-5152-3 (REV. 7/92) (Note: See reverse for payment information.)

GRANT PAYMENT INFORMATION

NOTE APPROPRIATE PAYMENT SYSTEM CHECKED BELOW

1. (X) Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Federal Assistance Financing (DFAF), Office of the Deputy Assistant Secretary, Finance, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to:

   Division of Federal Assistance Financing
   DASP/DASF/OS/DHHS
   P.O. Box 6021
   Rockville, MD 20852
   Help Desk Support - Telephone Number: 1-877-614-5533

2. ( ) Payments under this award will be made available through the Accounting and Indirect Cost Section, Federal Assistance Accounting Branch of the National Institutes of Health. Inquiries regarding payment should be directed to:

   Accounting and Indirect Cost Section
   Federal Assistance Accounting Branch
   National Institutes of Health
   Building 31, Room B1B04
   9000 Rockville Pike
   Bethesda, MD
   Telephone Number: (301) 496-5635

3. ( ) Payments under this award will be made available through the Grants Section , General Accounting Branch of the Health Resources and Services Administration. Inquiries regarding payment should be directed to:

   Grants Section, General Accounting Branch
   Health Resources and Services Administration
   Parklawn Building, Room 16-23
   5600 Fishers Lane
   Rockville, MD 20857
   Telephone Number: (301) 443-1463

4. ( )

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. The numbers are:

Phone: 1-800-HHS-TIPS (1-800-447-8477)
Fax: 1-800-223-8164
Email: HHSTIPS@oig.hhs.gov
TTY: 1-800-337-4950

The mailing address is:

Office of Inspector General
Department of Health and Human Services
Attn: HOTLINE
330 Independence Ave., SW
Washington, DC 20201

TERMS AND CONDITIONS OF AWARD
Initiative to End Chronic Homelessness
Grant # 5 H79 SM55909-02

SPECIAL TERMS OF AWARD:

1. The grantee must comply with the GPRA requirement that includes the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

2. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of $174,500 per year.

3. All other previous terms and conditions still apply, unless a response has been submitted by your organization to the Division of Grants Management, reviewed and accepted by staff, and subsequently approved and removed by the Grants Management Officer, SAMHSA.

4. Effective June 7, 2004, the primary phone contact number for grant recipient users of the Payment Management System is 1-877-614-5533. This is a toll free number for Payment Management System Help Desk Support (PMS HDS). The PMS HDS hours are from 7:30 A.M. to 6:00 P.M. Eastern Standard time.

Contacts:

See Contacts in "Remarks" section on the Notice of Grant Award.

. ORSEDES AWARD NOTICE dated / / except that any additions or restrictions previously imposed remain in effect unless specifically re

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AN' NTAL HEALTH SERVICES ADMINISTRATION

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulation)

Section 509 and 520 of the Publi

4. GRANT NO. 1 H79 SM55909-01
Formerly:

5. ADMINISTRATIVE CODES
SM-H79 / HMLS

6. PROJECT PERIOD Mo./Day/Yr.
From 09/30/2003 Through Mo./Day/Yr. 09/29/2006

7. BUDGET PERIOD Mo./Day/Yr.
From 09/30/2003 Through Mo./Day/Yr. 09/29/2004

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Skid Row Collaborative

9. GRANTEE NAME AND ADDRESS
a. Lamp, Inc
b. 527 So Crocker St
c.
d. Los Angeles e. CA f. 90013

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) (LAST NAME FIRST AND ADDRESS)
Murray, Shannon
Lamp Community
527 So Crocker St
Los Angeles, CA, 90013

11. APPROVED BUDGET (Excludes PHS Direct Assistance)

I PHS Grant Funds Only
II Total project costs including grant funds and all other financial participation
(Select one and place NUMERAL in box.) [I]

a. Salaries and Wages		435,000
b. Fringe Benefits		87,000
c. Total Personnel Costs	$	522,000
d. Consultant Costs		0
e. Equipment		7,100
f. Supplies		20,100
g. Travel		2,580
h. Patient Care - Inpatient		0
i. - Outpatient		0
j. Alterations and Renovations		0
k. Other		104,247
l. Consortium/Contractual Costs		14,400
m Trainee Related Expenses		0
n. Trainee Stipends		0
o. Trainee Tuition and Fees		0
p. Trainee Travel		0
q. TOTAL DIRECT COSTS →	$	670,427
r. INDIRECT COSTS (Rate .00 % of S&W/TADC)	$	0
s. TOTAL APPROVED BUDGET	$	670,427
t. SBIR Fee	$	
u. Federal Share	$	670,427
v. Non-Federal Share	$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Amount of PHS Financial Assistance (from item 11u)	$	670,427
b Less Unobligated Balance From Prior Budget Periods	$	0
c. Less Cumulative Prior Award(s) This Budget Period	$	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$	$670,427

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):

YEAR	TOTAL COSTS (DIRECT and INDIRECT)	YEAR	TOTAL COSTS (DIRECT and INDIRECT)
a. 02	469,182	d.	
b. 03	265,591	e.	
c.	N/A	f.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. Amount of PHS Direct Assistance	$	
b Less Unobligated Balance From Prior Budget Periods	$	
c Less Cumulative Prior Award(s) This Budget Period	$	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$	N/A

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)

a DEDUCTION
b ADDITIONAL COSTS
c. MATCHING
d OTHER RESEARCH (Add/Deduct Option)
e OTHER (See REMARKS)

[B]

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a The grant program legislation cited above b The grant program regulation cited above.
c The award notice including terms and conditions, if any, noted below under REMARKS.
d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - [✓] Yes [ ] No)

Recommended future support (Line 13) reflects Total Cost (Direct + Indirect)
Funding for this project provided jointly by: CMHS, CSAT as follows: CMHS $309,091 3C96c126
CSAT $361,336 3C96T114

GMS: Fairfax, Sherie (301)443-4456 PO: Rickards, Larry D (301)443-3706

PHS GRANTS MANAGEMENT OFFICER: (Signature) (Name-Typed/Print) (Title)
Hudak, Stephen J Grants Management Officer

17. OBJ. CLASS. 41.45 18. CRS - EIN 1953993742A1 19. LIST NO:

	FYCAN	DOCUMENT NO	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	AMT ACTION DIR. ASST.
20.a	2003C96C126	b. H9SM55909A	c.	d. $309,091	e.
21.a	2003C96T114	b. H9SM55909A	c.	d. $361,336	e.
22.a		b.	c.	d.	e.

PHS-5152-3 (REV. 7/92) (Note: See reverse for payment information.)

GRANT PAYMENT INFORMATION

NOTE APPROPRIATE PAYMENT SYSTEM CHECKED BELOW

1. (X) Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Federal Assistance Financing (DFAF), Office of the Deputy Assistant Secretary, Finance, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to:

   Division of Federal Assistance Financing
   DASP/DASF/OS/DHHS
   P.O. Box 6021
   Rockville, MD 20852
   Telephone Number: (301) 443-1660

2. ( ) Payments under this award will be made available through the Accounting and Indirect Cost Section, Federal Assistance Accounting Branch of the National Institutes of Health. Inquiries regarding payment should be directed to:

   Accounting and Indirect Cost Section
   Federal Assistance Accounting Branch
   National Institutes of Health
   Building 31, Room B1B04
   9000 Rockville Pike
   Bethesda, MD
   Telephone Number: (301) 496-5635

3. ( ) Payments under this award will be made available through the Grants Section , General Accounting Branch of the Health Resources and Services Administration. Inquiries regarding payment should be directed to:

   Grants Section, General Accounting Branch
   Health Resources and Services Administration
   Parklawn Building, Room 16-23
   5600 Fishers Lane
   Rockville, MD 20857
   Telephone Number: (301) 443-1463

4. ( )

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. The numbers are:

If caller is inside Maryland)	1-800-638-3986
If caller is outside of Maryland)	1-800-368-5779

The mailing address is:

HHS OIG Hotline
P.O. Box 17303
Baltimore, MD 21203-7303

SAMHSA: Terms and Conditions of Award
Collaborative Initiative on Chronic Homelessness

Because ending chronic homelessness is a high national priority, this project will monitor the implementation and effectiveness of the initiative. A national assessment of client outcomes will be conducted to assure a high level of accountability and to identify which models work best for which people, using the same methods for all grant sites.

Thus, as a condition of grant award, the grantee organization agrees to fully cooperate and participate in the *National Outcomes Performance Assessment of the Collaborative Initiative to Help End Chronic Homelessness*. The Veterans Affairs Northeast Program Evaluation Center (NEPEC), based at the VA Connecticut Healthcare System in West Haven, Connecticut, will be responsible for the national evaluation. At the local level, the national evaluation data collection activities will be conducted and funded by the local VA medical center or outpatient clinic involved at each Initiative site. Grantee participation in the national evaluation will include, but not be limited to the following:

1. Collaborate with VA evaluation staff, clinical program staff, NEPEC, and the Government Project Officers (GPOs) to establish systematic procedures for assessing eligibility, enrolling clients, obtaining written informed consent to participate in the national performance assessment and other evaluation activities. Within 60 days of the notification of grant award, the grantee will collaborate with representatives of the national performance assessment team at NEPEC to clarify procedures within the grant site that will facilitate participation in the national evaluation. Thereafter, the grantee will collaborate with evaluation staff and the GPOs on a regularly scheduled basis (e.g. weekly conference calls).

2. Facilitate national evaluation data collection, over a 36-month period, that will include:

   - Program implementation measures (e.g., number and types of housing units produced and the intensity and types of treatment and supportive services provided);
   - Client descriptive information (e.g., demographic and clinical characteristics, and housing and treatment services received);
   - Client outcome measures (e.g., structured instruments, face-to-face interviews, telephone interviews, key informant interviews);
   - Discharge data.

3. Adopt client participant protection and confidentiality of records procedures and safeguards.

4. Obtain local IRB approval, if needed.

Also as a condition of grant award, the grantee is expected to conduct a process evaluation focused on the implementation of the comprehensive approach that was submitted as part of the grant application. Technical assistance and consultation will be provided to grantees by the Federal staff and the technical assistance center contractor to address evaluation questions.

Initiative to End Chronic Homelessness
Grant # 1 H79 SM55909-01

REMARKS

The amount of $87,447 indirect costs was reallocated to the "Other" direct costs category since there was not a negotiated Indirect Cost Rate Agreement included in your application. Please see "Indirect costs" on page 4 of the Standards Terms of Award for instructions on negotiating an indirect cost rate agreement.

STANDARD TERMS OF AWARD:

1. This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Grant Award. Refer to the order of precedence in Block 16 on the Notice of Grant Award.

2. The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.

3. Grants funds cannot be used to supplant current funding of existing activities.

4. The recommended future support as indicated on the Notice of Grant Awarded reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the **Executive Level I**, which is **$171,900** annually.

6. "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7. Accounting Records and Disclosure - Awardees and sub-recipients must maintain records with adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. **The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review annually on grants with significant amounts of Federal funding.**

8. Per (45 CFR 92.34) and the PHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

9. A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at www.whitehouse.gov/wh/eop/omb.

10. The DHHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American made.

11. Program Income accrued under the award must be accounted for in accordance with (45CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB administrative requirements.

12. Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

13. Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the sub-recipients requires the written **prior** approval of the Grants Management Officer. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staff (or key staff positions, if staff has not been selected) are listed below:

, Project Director @ % level of effort

14. None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

15. Refer to the back of the Notice of Grant Awarded for information regarding grant payment

information (1) and the Health and Human Services Inspector General's Hotline for information concerning fraud, waste or abuse.

16. As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

17. No DHHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

18. RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislature itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

REPORTING REQUIREMENTS:

1. Financial Status Report, Standard Form 269 (long form) is due within 90 days after expiration of the budget period, and 90 days after the expiration of the project period.

2. The grantee must comply with the GPRA requirements that includes the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

3. Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1966 (P.L. 104-156). An audit is required for all entities which expend **$500,000** or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, IN 47132

Failure to comply with this requirement may result in DHHS sanctions placed against your organization, i.e., classification as high risk, conversion to a reimbursement method of payment, suspension or termination of award.

HUMAN SUBJECTS:

Under governing regulations, Federal funds administered by the DHHS shall not be expended for, and individuals shall not be enrolled in research involving human subjects without prior approval by the Substance Abuse and Mental Health Administration of the project's procedures for protection of human subjects. This restriction applies to all Multiple Project Assurance grantee institutions and performance sites without human subjects certification. For institutions with a Single Project Assurance, but no certification at time of award, no funds may be expended or individuals enrolled in research without prior approval by the Office for Human Research Protection (OHRP) of an assurance to comply with the requirements of (45 CFR 46) to protect human research subjects.

INDIRECT COSTS:

1. Grantees that have established indirect cost rates are required to submit an indirect cost proposal to the appropriate office within 90 days from the start date of the project period. If the grantee requests indirect cost reimbursement but does not have an approved rate agreement at the time of award, the grantee shall be limited to a provisional rate equaling one-half of the indirct costs requested, up to a maximum of 10 percent of salaries and wages only.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. A list of the offices was included with your application package, and on page 7 of the SAMHSA "Welcome Wagon" Notice - Information for New Grantees but may also be found on line through www.samhsa.gov then click "grant opportunities" then click "Welcome Wagon."

CONTACTS:

Grants Management Specialist:

Name :Sherie Fairfax
Address: See Below

Phone :(301) 443-4456
Fax :(301) 594-2336
E-mail :sfairfax@samhsa.gov

Federal Project Officer:

Name :Larry D. Rickards
Address :5600 Fishers Lane, Room 11C05
Rockville, MD 20857

Phone :(301) 443-3706
Fax :(301) 443-0256
E-mail :lrickard@samhsa.gov

All responses to special terms and conditions of award and postaward requests must be mailed to the Grants Management Branch, OPS, SAMHSA below:

For Regular Delivery:

Grants Management Branch,
OPS, SAMHSA
Parklawn Bldg., Room 13-103
5600 Fishers Lane
Rockville, MD 20857

For Overnight or Direct Delivery:

Grants Management Branch,
OPS, SAMHSA
Parklawn Bldg., Room 13-103
5600 Fishers Lane
Rockville, MD 20857

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
50 United Nations Plaza, Room 347
San Francisco, CA 94102

OCT 29 2003

Indirect costs are reimbursed by Federal awarding agencies under grants and contracts on the basis of indirect cost rates established with this office. Guidance on the establishment of rates is contained in the enclosed booklet.

The booklet contains a set of cost principles, procedures for the development and submission of an indirect cost rate proposal, and sample proposal formats. The formats are illustrative only; your proposal must be developed in conformity with the established accounting system of your own organization. The computation of an indirect cost rate must give recognition to all activities of your organization. It must designate the direct costs of each activity, the indirect costs allocated to each activity, and the costs considered to be unallowable so that total organizational expenditures from all funds are accounted for and are reconcilable to your financial statements.

Your initial indirect cost proposal must be accompanied by:

a. Most current certified financial statements and/or other official financial reports. The line items of your proposal must be cross-referenced and reconciled to the financial statements and/or reports from which they were extracted.

b. Organization charts

c. Copies of initial Federal awards

d. Copy or description of fringe benefits policies

e. Description of administrative functions

f. Completion of enclosed form(s)

We will be pleased to furnish any additional advice or assistance you may need. Your proposal and relevant correspondence should be addressed to this office:

David S. Low, Director
Division of Cost Allocation
50 United Nations Plaza, Rm. 347
San Francisco, CA 94102-4999

Phone: (415) 437-7820 • Fax (415) 437-7823 • E-mail: dcasf@psc.gov

RECEIVED
NOV 2 2003
BY:

INDIRECT COST PROPOSAL (ICP) CHECKLIST

(Check Off Boxes Below)

1. ☐ The ICP is supported by audited financial statements and the OMB A-133 Single Audit Report. (Please include a copy of the supporting document along with your ICP.)

2. ☐ A reconciliation of item 1 (above) to the ICP has been made and is included in this proposal.

3. ☐ Any previous understandings with the Division of Cost Allocation (DCA) have been incorporated into this ICP.

4. ☐ Unallowable expenses have been eliminated from the indirect cost pool (e.g., contributed salaries and services, interest expense, bad debts, fund-raising, advertising, independent research and development [IR&D], depreciation on Federally funded assets and lobbying costs).

5. ☐ The indirect cost rate computation base is complete (i.e., it includes all activities that benefit from the indirect cost pool). For example, fund-raising, IR&D, project cost sharing and voluntary services are included where applicable.

6. ☐ The Federal amount of the direct cost base is $_____.

7. ☐ Treatment of Paid Absences and Fringe Benefit Statements have not changed since the last indirect cost agreement.

8. ☐ We have not made any significant changes, during the proposal fiscal year, (i) to our accounting system, or (ii) to the definition or to the accounting treatment of any expense category (e.g., a change in building/ equipment costing methodology, a change in charging an expense from direct to indirect or visa versa).

9. ☐ We have not changed the equipment capitalization threshold during the proposal fiscal year. The capitalization level is $_____. (If there is a change made during the proposal fiscal year, please indicate the effective date of the change and the new capitalization level in the explanation box below.)

10. ☐ For nonprofit organizations only. Interest costs included in the ICP have been determined in accordance with the requirements of the revised A-122. In addition, required documentation (e.g., needs justification, lease/purchase analysis) has been submitted along with the ICP.

11. ☐ The required "Lobbying Cost Certification" for nonprofit organizations or "OMB Circular A-21 Certificate of Indirect Costs" for colleges and universities is attached.

Explanation of any numbered boxes not checked above:

_____
Signature Date

_____
Title

_____
Organization

Send checklist along with your ICP to the Division of Cost Allocation, Dept. of Health & Human Services, 50 United Nations Plaza, Room 347, San Francisco, CA 94102.

Rev. 1/99 (Supersedes 4/98 Rev.)

LOBBYING COST CERTIFICATION

I hereby certify that the _____
(name of organization)
has complied with the requirements and standards on lobbying costs in Attachment B, paragraph 25 of OMB Circular A-122 for the fiscal year ended _____.
(indirect cost rate year)

_____
Signature

_____
Title

_____
Date

NOTE: THE ABOVE CERTIFICATION IS A REQUIREMENT OF OMB CIRCULAR A-122. WE WILL NOT BE ABLE TO PROCESS YOUR INDIRECT COST PROPOSAL WITHOUT THIS CERTIFICATION.

Send certification along with your indirect cost proposal to the Division of Cost Allocation, Dept. of Health & Human Services, 50 United Nations Plaza, Room 347, San Francisco, CA 94102.

Rev. 4/99

Lamp Community, DMH and Skid Row Housing Trust
SAMHSA Grant Number 1 H79 SM55909-01
Year Two Budget - Collaborative Initiative to End Chronic Homelessness

PERSONNEL

JOB TITLE	NAME	SALARY	L. OF EFFORT	OTHER SOURCE	REQUEST
Collaborative Program Manager (Admas Kanyagia)	SRHT	$ 60,000	100%	$ 15,000	$ 45,000
Psychiatrist (Dr. Vera Prchal)	DMH	$ 90,000	100%	$ -	$ 90,000
Therapist (unidentified)	LAMP	$ 50,000	50%	$ 25,000	$ 25,000
Program Director (Paul Alderson)	LAMP	$ 55,000	100%	$ -	$ 55,000
MIS Manager (Sharon Eddington)	LAMP	$ 36,000	25%	$ 9,000	$ -
Recovery Specialist (Jerry Hoover)	LAMP	$ 34,000	100%	$ -	$ 34,000
Benefits Specialist (Gerald Minsk)	LAMP	$ 34,000	25%	$ 8,500	$ -
Administrative Assistant (Tabia Salimu)	LAMP	$ 30,000	100%	$ -	$ 30,000
Case Manager (Nick Alenkin)	SRHT	$ 44,000	100%	$ -	$ 44,000
Case Manager (Regina Christian)	SRHT	$ 33,600	25%	$ 25,200	$ 8,400
Case Manager (Kirse Ayre)	LAMP	$ 31,000	100%	$ -	$ 31,000
Case Manager (Denise Triggs)	LAMP	$ 31,000	100%	$ -	$ 31,000
Case Manager (Anthony Alvarez)	LAMP	$ 31,000	100%		$ 31,000
Peer Advocate (Bruce Williams)	LAMP	$ 19,300	100%	$ -	$ 19,300
Outreach/Crisis Intervention Worker (Anthony Hamilton)	LAMP	$ 29,000	100%	$ -	$ 29,000
Community Educator/LVN (Irma Gladney)	SRHT	$ 40,000	75%	$ 10,000	$ 30,000
Total salaries/Salary Request		**$ 647,900**		**$ 92,700**	**$ 502,700**
Fringe Benefits (20%)		$ 129,580		$ 18,540	$ 100,540
Total Personnel/Personnel Request		**$ 777,480**		**$ 111,240**	**$ 603,240**

OPERATING

Travel to conferences* (2 trips for 5 attendees: airfare @ $500 x 5 x 2 =$5,000; per diem @ $150 x 5 x 3 x 2 days = $4500)	$	9,500
Equipment (computer/server maintenance, replacement equipment)	$	3,000
Office supplies	$	10,000
Program Supplies (includes therapuetic activities, resident activities/events)	$	20,000
Rent - program offices at the St. George ($1200/mo)	$	14,400
Rent - program offices at Lamp Drop-In Center ($750/mo)	$	9,000
Telecommunications (land lines, cell, DSL)	$	20,000
Training	$	9,550
Contracted services - process evaluation	$	30,000
Transportation (staff parking, client bus tokens/passes, van expenses and maintenance)	$	20,000
Total operating request	**$**	**145,450**
Total Direct Costs	**$**	**748,690**
Administrative OH	$	-
Total Budget Request	**$**	**748,690**
Total funded amount for Year Two	$	601,767
Carryover request from Year One	$	146,923
Total Year Two Budget	$	748,690

Skid Row Housing Trust
SAMHSA Grant Number 1 H79 SM55909-01
Year Two Budget - Collaborative Initiative to End Chronic Homelessness

PERSONNEL

JOB TITLE	NAME	SALARY	L. OF EFFORT	OTHER SOURCES	REQUEST
Collaborative Program Manager (Admas Kan	SRHT	$ 60,000	100%	$ 15,000	$ 45,000
Case Manager (Nick Alenkin)	SRHT	$ 44,000	100%	$ -	$ 44,000
Case Manager (Regina Christian)	SRHT	$ 33,600	25%	$ 25,200	$ 8,400
Community Educator/LVN (Irma Gladney)	SRHT	$ 40,000	75%	$ 10,000	$ 30,000
Total salaries/Salary Request		**$ 177,600**		**$ 50,200**	**$ 127,400**
Fringe Benefits (20%)		$ 35,520		$ 10,040	$ 25,480
Total Personnel/Personnel Request		**$ 213,120**		**$ 60,240**	**$ 152,880**

OPERATING

	SRHT
Travel to conferences* (2 trips for 5 attendees airfare @ $500 x 5 x 2 =$5,000; per diem @ $120 x 5 x 3 days = $3600)	4750
Equipment (computer/server maintenance, replacement equipment)	1500
Office supplies	5625
Program Supplies (includes therapuetic activities, resident events)	15000
Rent - program offices at the St. George ($1200/mo)	14400
Rent - program offices at Lamp Drop-In Center ($750/mo)	
Telecommunications	3000
Training	4775
Contracted services - process evaluation	0
Transportation (staff parking, client bus tokens/passes, van expenses and maintenance)	4800
Total operating request	**$ 53,850**
Total Direct Costs	$ 206,730
Administrative OH	0
Total Budget Request - Skid Row Housing Trust	**$ 206,730**

LA County Department of Mental Health (DMH)
SAMHSA Grant Number 1 H79 SM55909-01
Year Two Budget - Collaborative Initiative to End Chronic Homelessness

PERSONNEL

JOB TITLE	NAME	SALARY	L. OF EFFORT	OTHER SOURCES	REQUEST
Psychiatrist (Dr. Vera Prchal)	DMH	$ 90,000	100%	$ -	$ 90,000
Total salaries/Salary Request		**$ 90,000**		**$ -**	$ 90,000
Fringe Benefits (20%)		$ 18,000		$ -	$ 18,000
Total Personnel/Personnel Request		**$ 108,000**		**$ -**	**$ 108,000**

Total operating request	**$ -**
Total Direct Costs	**$ 108,000**
Administrative OH	$ -
Total Budget Request - Dept. of Mental Health	**$ 108,000**

Lamp Community
SAMHSA Grant Number 1 H79 SM55909-01
Year Two Budget - Collaborative Initiative to End Chronic Homelessness

PERSONNEL

JOB TITLE	NAME	SALARY	L. OF EFFORT	OTHER SOURCES	REQUEST
Program Director (Paul Alderson)	LAMP	$ 55,000	100%	$ -	$ 55,000
Therapist (unidentified)	LAMP	$ 50,000	50%	$ 25,000	$ 25,000
MIS Manager (Sharon Eddington)	LAMP	$ 36,000	25%	$ 9,000	$ -
Recovery Specialist (Jerry Hoover)	LAMP	$ 34,000	100%	$ -	$ 34,000
Benefits Specialist (Gerald Minsk)	LAMP	$ 34,000	25%	$ 8,500	$ -
Administrative Assistant (Tabia Salimu)	LAMP	$ 30,000	100%	$ -	$ 30,000
Case Manager (Kirse Ayre)	LAMP	$ 31,000	100%	$ -	$ 31,000
Case Manager (Denise Triggs)	LAMP	$ 31,000	100%	$ -	$ 31,000
Case Manager (Anthony Alvarez)	LAMP	$ 31,000	100%		$ 31,000
Peer Advocate (Bruce Williams)	LAMP	$ 19,300	100%	$ -	$ 19,300
Outreach/Crisis Intervention Worker (Anthony Hamilt	LAMP	$ 29,000	100%	$ -	$ 29,000
Total salaries/Salary Request		**$ 380,300**		**$ 42,500**	$ 285,300
Fringe Benefits (20%)		$ 76,060		$ 8,500	$ 57,060
Total Personnel/Personnel Request		**$ 456,360**		**$ 51,000**	**$ 342,360**

OPERATING

Travel to conferences* (2 trips for 5 attendees airfare @ $500 x 5 x 2 =$5,000; per diem @ $120 x 5 x 3 days = $3600)	$ 4,750
Equipment (computer/server maintenance, replacement equipment)	$ 1,500
Office supplies	$ 4,375
Program Supplies (includes therapuetic activities, resident events)	$ 5,000
Rent - program offices at Lamp Drop-In Center ($750/mo)	$ 9,000
Telecommunications	$ 17,000
Training	$ 4,775
Contracted services - process evaluation	$ 30,000
Transportation (staff parking, client bus tokens/passes, van expenses and maintenance)	$ 15,200
Total operating request	**$ 91,600**
Total Direct Costs	**$ 433,960**
Administrative OH	$ -
Total Budget Request - Lamp Commmunity	**$ 433,960**

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
SAMHSA	5 H79 SM55909-02	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Lamp, Inc dba Lamp Community, 527 So. Crocker Street, Los Angeles, CA 90013

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
95-3993742	B0534G1	☑ Yes ☐ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
9/30/2003	9/29/2006	9/30/2003	9/29/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		523,503.95	523,503.95
b. Refunds, rebates, etc.		0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	523,503.95	523,503.95
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award		0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	523,503.95	523,503.95
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			523,503.95
o. Total Federal funds authorized for this funding period			670,427.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			146,923.05
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			0.00
r. Disbursed program income using the addition alternative			0.00
s. Undisbursed program income			0.00
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Cassandra A. Hadnot, Finance Director	213 346-0509
Signature of Authorized Certifying Official: Cassandra A. Hadnot	Date Report Submitted: October 29, 2004

Previous Edition Usable

NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

200-498 P.O. 139 (Face)

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
SAMHSA	5 H79 SM55909-02	0348-0039	1 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Lamp, Inc dba Lamp Community, 527 So. Crocker Street, Los Angeles, CA 90013

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
95-3993742	B0534G1	☑ Yes ☐ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
9/30/2003	9/29/2006	9/30/2003	9/29/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		523,503.95	523,503.95
b. Refunds, rebates, etc.		0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	523,503.95	523,503.95
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award		0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	523,503.95	523,503.95
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			523,503.95
o. Total Federal funds authorized for this funding period			670,427.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			146,923.05
Program Income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			0.00
r. Disbursed program income using the addition alternative			0.00
s. Undisbursed program income			0.00
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Cassandra A. Hadnot, Finance Director	213 346-0509
Signature of Authorized Certifying Official	**Date Report Submitted**
Cassandra A. Hadnot	October 29, 2004

Previous Edition Usable

NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

200-498 P.O. 139 (Face)

Lamp Community
SAMHSA Grant Number 1 H79 SM55909-01
Year Two Budget - Collaborative Initiative to End Chronic Homelessness

PERSONNEL

JOB TITLE	NAME	SALARY	L. OF EFFORT	OTHER SOURCES	REQUEST
Collaborative Program Manager	SRHT	$ 60,000	100%	$ 15,000	$ 45,000
Program Director	LAMP	$ 55,000	100%	$ -	$ 55,000
Administrative Assistant	LAMP	$ 30,000	100%	$ -	$ 30,000
MIS Manager	LAMP	$ 36,000	25%	$ 27,000	$ 9,000
Recovery Specialist	LAMP	$ 34,000	100%	$ -	$ 34,000
Benefits Specialist	LAMP	$ 34,000	25%	$ 25,500	$ 8,500
Case Manager (MSW)	SRHT	$ 44,000	100%	$ -	$ 44,000
Case Manager (Team Coordinator)	LAMP	$ 31,000	100%	$ -	$ 31,000
Case Manager	LAMP	$ 31,000	100%	$ -	$ 31,000
Peer Advocate	LAMP	$ 19,300	100%	$ -	$ 19,300
Peer Advocate	LAMP	$ 19,300	100%	$ -	$ 19,300
Outreach/Crisis Intervention Worker	LAMP	$ 29,000	100%	$ -	$ 29,000
Outreach/Crisis Intervention Worker	LAMP	$ 29,000			$ 29,000
Community Educator/LVN	SRHT	$ 40,000	75%	$ 10,000	$ 30,000
Total salaries/Salary Request		**$ 491,600**		**$ 77,500**	**$ 414,100**
Fringe Benefits (20%)		$ 98,320		$ 15,500	$ 82,820
Total Personnel/Personnel Request		**$ 589,920**		**$ 93,000**	**$ 496,920**

OPERATING

Travel to conferences* (2 trips for 5 attendees (airfare @$500 x 5 x 2 = $5000; per diem @ $120 x 5 x 2x 3 days = $3600)	$ 8,600
Computers	$ 3,000
Office supplies	$ 7,847
Program Supplies (includes therapuetic activities, resident events)	$ 7,000
Rent - program offices at the St. George ($1200/mo)	$ 14,400
Rent - program offices at Lamp Drop-In Center ($750/mo)	$ 9,000
Outside Services - Psychiatrist	$ 30,000
Telecommunications	$ 10,000
Training	$ 5,000
Participant Transportation (van expenses and maintenance)	$ 10,000
Total operating request	**$ 104,847**
Total Direct Costs	**$ 601,767**
Administrative OH	$ -
Total Budget Request	**$ 601,767**
Total funded amount	**$ 601,767**

10/04 - 9/05
FINAL YEAR

Lamp Community
SAMHSA Budget – Collaborative Initiative to End Chronic Homelessness
Budget Justification – Second Year

Personnel

Collaborative Program Manager: 1 FTE (75% of position funded by SAMHSA; 25% by HRSA) coordinates and provides vision/direction/cohesion to the overall collaborative effort; conducts quarterly and monthly meeting with Collaborative partners; oversees and collects data from partners; completes and submits required reports; develops, supervises and coordinates local process and outcome evaluation and assures its completion.

Program Director: 1 FTE supervises and provides leadership for the efforts of the multidisciplinary service team; conducts weekly meetings and training for staff; works with property management to assure good communication and resolution of problems; maintains data and submits reports and evaluation data to Collaborative Program Manager.

Administrative Assistant: 1 FTE provides administrative support and coordination for multidisciplinary service team under the direction of the Program Director.

MIS Manager: .25 FTE provides coordination and input of all outcome and evaluation data; assure timely and accurate recording of the data; provide printed reports of data to Program Director for completion of required reports to funding sources.

Recovery Specialist: 1 FTE develops and coordinates substance abuse and integrated MH/SA recovery activities at permanent housing sites; provides motivational interviewing, relapse prevention education, individual and group counseling; facilitate the development of self-help groups; provides training and skill enhancement to staff regarding co-occurring disorders, harm reduction and recovery interventions.

Benefits Specialist: .25 FTE provides benefits assistance and coordination for participants; promotes self sufficiency, money management and life skills development through activities, groups and individual counseling session.

Case Manager: 3 FTE provide assessment and intensive case management to project participants; ratio of 1 case manager to 17 participants; responsible for documentation of progress and plans, data entry as required for *Caminar* software baseline and status updates.

Peer Advocate: 2 FTE provide advocacy and case management trainees for Case Manager positions; ratio of 1 Peer Advocate to 7 participants (as services are needed); responsible for documentation of progress and plans, data entry as required for *Caminar* software baseline and updates.

Outreach/Crisis Intervention Workers: 2 FTE provide outreach to further engage chronic homeless participants who may be enrolled as participants in the project; provide crisis intervention support and coverage on evening and weekend shifts within the permanent housing facilities.

Community Educator/Nurse: 1 FTE (75% funded by SAMHSA) provides two unique functions: 1) supervision of medication management for participants and coordinated overall healthcare; 2) coordinate community education activities within permanent housing sites.

Fringe Benefits: (20%) FICA, Health, Dental and Life Insurance for employees, SUI, FUTA, annuity.

Operating

Travel: covers travel expenses for 2 trips for 5 attendees to the 1) SAMHSA National Conference and 2) CHI Grantee Meeting for 5 staff members. Travel costs include airfare ($500 x 5 x 2 = $5000), per diem ($120 x 5 x 2 x 3 days = $3600) for a total of $8,000.

Computers: covers maintenance and new purchases of computer equipment needed for project operation at St. George Basement Offices and the Lamp Drop-In Center. Costs covered will include desktop and printer purchases, computer maintenance, data back up systems, server equipment and digital camera equipment.

Supplies: rates are based on current annual office supply expenses and is allocated at different sites that feature project staff such as St. George Basement offices ($560/year x 6 staff members= $3,363), Lamp Drop-In Center (560/year x 5 staff members = $2,803), Lamp Village ($560/year x 2 staff members = $1,121) and SRHT main offices ($560/year x 1 staff member = $560) for a total of $7,847.

Program Supplies: covers expenses related to participant activities such as books and materials for educational and recovery workshops and groups, medical supplies for the nurse, recreational and community building activities, resident events, and therapeutic activities like art and writing workshops.

Contractual

Rent for St. George Basement Offices: rent for three office spaces in the basement of the St. George where at least 26 participants are housed. Offices are used by members of the multidisciplinary team. Rent is calculated at $1,200/month for a total of $14,400.

Rent for Lamp Drop-In Center: rent for four office spaces at the drop-in center where participants are engaged and enrolled in the program. Offices are used by members of the multidisciplinary team. Rent is calculated at $750/month for a total of $9,000.

Outside Services – DMH Psychiatrist: 1 FTE (30% of position funded by SAMHSA) provides on-site psychiatric diagnosis and outpatient treatment at the St. George Hotel or Lamp Village; referral and application for "5150" inpatient psychiatric treatment; document disability for SSI and other benefit applications.

Telecommunications: covers expenses related to the use of land line phones (6 land lines x $19/month x 12 months = $1,360), cell phones (12 cell phones x $50/month x 12 months = $7,200), DSL/Internet (2 DSL lines x $60/month x 12 months = $1,400) which provides critical communication needed to coordinate the project with multiple sites where services and housing are offered.

Training: covers expenses for staff training, attendance at required and relevant conferences, and consultant costs for in-service training.

Participant Transportation: covers expenses to support staff in providing transportation and accompaniment for participants to Shelter plus Care interviews with the local Housing Authority, doctor appointments, Social Security and DMV for identification, and group outings for cultural, social and recreational events. The project has procured a van that is 100% dedicated for this purpose. These funds will cover the cost of gas ($100/week = $5,200), insurance ($2,500/year), maintenance ($2,000/year) and parking ($25/month = $300) for a total of $10,000.

NOFA Budget- SAMHSA Component first 12 months

PERSONNEL

JOB TITLE	NAME	SALARY	L of EFFORT	OTHER** SOURCES	REQUEST
Collaborative Project Manager	SRHT	60,000	1.0	15,000	45,000
Psychiatrist	Dr. Robert Chang, M.	90,000	1.0	0	90,000
Program Director	Shannon Murray	55,000	1.0	25,000	30,000
Data/MIS Manager	Sharon Eddington	36,000	0.5	0	18,000
Recovery Specialist	LAMP	34,000	1.0	0	34,000
Case Manager	SRHT	32,000	1.0	0	32,000
Case Manager	SRHT	32,000	1.0	0	32,000
Case Manager	LAMP	32,000	1.0	0	32,000
Case Manager	LAMP	32,000	1.0	0	32,000
Peer Advocate	LAMP	24,960	1.0	24,960	0
Peer Advocate	LAMP	24,960	1.0	24,960	0
Outreach/Crisis Intervention Worker	LAMP	30,000	1.0	0	30,000
Outreach/Crisis Intervention Worker	LAMP	30,000	1.0	0	30,000
1 Community Educ./med management (RN, LVN)	SRHT	40,000	1.0	10,000	30,000
Total Salaries/Salary Request		**552,920**	**13.5**	**99,920**	**435,000**
Fringe Benefits (20%)		110,584		19,984	87,000
Total Personnel/Personnel Request		**663,504**		**119,904**	**522,000**

OPERATING

Travel for SAMHSA- 1 trip for 3 attendees (airfare @ $500 x 3 = $1500; per diem @ $120 x 3 x 3 days = $1080)		2,580
Office **Equipment** (computer + printer x 3 @ $1200 = $3600; 3 desks/chairs @ $500 = $1500; copier & fax = $2000)		7,100
Supplies:		
Office Supplies		6,500
Data Software (Caminar)		10,000
Program Supplies		3,600
Contractual:		
Rent- program offices (3 offices x $400/mo)	St. George Hotel	14,400
Other:		
Telecommunications (cell/phones, fax, cable, computer use/security/back-up)		12,000
Training		2,400
Transportation (participants)		2,400
Total Operating Request		**60,980**
Total Operating & Personnel Request		**582,980**
Indirect Charges- Administrative OH (15%)		87,447
TOTAL BUDGET REQUEST		**670,427**

Skid Row Collaborative Project - *Collaborative Initiative to End Homelessness*
Skid Row Housing Trust - SAMHSA Component
Contract Period : 11/1/2003 to 10/31/2004

FCC
SAMHSA #

Personnel Expenses	Salary	FTE	Amount
1. Collaborative Program Manager	$ 60,000	75%	$ 45,000
(Admas Kanyagia)			
2. Case Manager	$ 32,000	100%	$ 32,000
(unidentified at this time)			
3. Case Manager	$ 32,000	100%	$ 32,000
(unidentified at this time)			
4. Nurse/Community Educator	$ 40,000	75%	$ 30,000
(unidentified at this time)			
Total Salaries			**$ 139,000**
Fringe Benefits @ 20%			**$ 27,800**
Total Personnel Expenses			**$ 166,800**

Operating Expenses			Amount
Travel			1,000
Office Equipment			3,500
Supplies			
Office Supplies			2,000
Caminar (software)			10,000
Program Supplies			1,000
Contractual			
Rent - St. George Hotel			14,400
Other			
Training			1,200
Telecommunications			4,000
Transportation			2,000
Administrative OH			~~8,397~~
Total			**47,497**

Total SAMHSA Award (1st year) **$ 214,297**

Adhere to SAMHSA Participant Protection Requirements

Adhere to SAMHSA Participant Protection Requirements

- Develop and implement confidentiality and other participant protection procedures.
- Comply with 42 CFR Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records,* when appropriate.
- Ensure equitable selection of participants and adequacy of care.
- Describe potential risks and participant protection procedures in the application.
- Comply with SAMHSA Participant Protection requirements or 45 CFR 46, Protection of Human Subjects, as indicated in the grant announcement.

The grant announcements describe SAMHSA requirements and Federal regulations regarding participant protection. Applicants and grantees are expected to develop and implement appropriate procedures to address confidentiality and other ethical issues pertinent to the protection of human participants in proposed projects. This is not an optional activity. Read the information and directions in the grant announcement carefully.

Confidentiality is particularly important in SAMHSA grant projects because the use of some drugs is illegal and because of the potential for stigmatization of participants receiving treatment or counseling for drug abuse, mental illness, HIV/AIDS, and related problems. If participants in the proposed project could be exposed to any risk of problems through any failure of the project to keep information about them confidential, the applicant must develop procedures to prevent these risks and describe them in the application.

It is important to note the following regarding confidentiality:

- Grantees who provide substance abuse diagnosis, treatment, or referral for treatment must maintain the confidentiality of any patient or client records for alcohol or drug abuse treatment. All grantees must act in accordance with Title 42 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), Confidentiality of Alcohol and Drug Abuse Patient Records.

- Confidentiality regulations are applicable to any information about alcohol and other drug abuse patients obtained by a federally assisted project, as defined in regulations.

- Projects that offer treatment for mental illness must maintain confidentiality in accordance with professional standards of practice and applicable law.

Standards for SAMHSA Participant Protection

Standards for SAMHSA Participant Protection

1. Protection of clients and staff from potential risks
2. Fair selection of participants
3. Absence of coercion
4. Data collection
5. Privacy and confidentiality
6. Adequate consent procedures
7. Discussion of risks and benefit

The standards that define acceptable protections are varied and complex. Every effort must be made to ensure that all participants in SAMHSA-funded programs are appropriately and adequately protected. SAMHSA grant programs must comply with SAMHSA Participant Protection (SPP) requirements. Review the items in the box above. Depending on the evaluation and data collection requirements of the particular funding opportunity or the evaluation design you propose in your application, you may have to comply with the human subjects provisions of Title 45 of the Code of Federal Regulations, Part 46 (45 CFR 46), Protection of Human Subjects (HS). The only difference between the two (SPP and HS) is that when HS is required, an additional element (Institutional Review Board (IRB) approval) must be obtained. Let's discuss this eighth requirement.

Institutional Review Board (IRB)

8. IRB approval

- IRB approval is not required at the time of award, but as a condition of award
- Must describe the process for obtaining approval in the application.

Applicants must be aware that even if the Human Subjects provisions do not apply to all projects funded under a given funding opportunity, the specific evaluation design proposed by the applicant may require compliance with these regulations. The announcement and/or the NOFA will indicate whether all applicants for a particular funding opportunity must obtain IRB approval.

Although IRB approval is not required at the time of grant award, applicants whose projects must comply with HS must describe the process for obtaining IRB approval fully in their applications. You should immediately take steps to identify an IRB that will work with your organization. The Office for Human Research Protections (OHRP) is the HHS entity that maintains Federal responsibility for overseeing compliance with these requirements. OHRP is a good first contact for identifying an IRB.

As a condition of award, you will be required to provide to SAMHSA documentation that an Assurance of Compliance is on file with OHRP and the IRB approval has been received prior to enrolling any clients in the project.

General information about the human subjects provisions can be obtained on the OHRP web site at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (301/496-7005). SAMHSA-specific questions related to this should be directed to the program contact named in the funding announcement or NOFA.

See Handout 5-7, "Participant Protection," for a description of the participant protection standards that are included in the Services Standard Grant Announcement.

Skid Row Collaborative - Memorandum of Understanding
Collaborative Initiative to End Chronic Homelessness

Applicant Partners: Housing Authority of the City of Los Angeles (HUD), Lamp Community (SAMHSA), Clínica Msr. Oscar A. Romero (HRSA), Greater Los Angeles (GLA) Comprehensive Healthcare System (VA)

Active Partners: Skid Row Housing Trust (lead agency), Lamp Community, Los Angeles County Department of Mental Health, Clínica Oscar A. Romero, JWCH Institute, New Directions

Participants by MOU to the project: Homeless Healthcare Los Angeles, Behavioral Health Services, Los Angeles Homeless Services Authority, Corporation for Supportive Housing

Term of Agreement: The proposed term will be 3 to 5 years, subsequent to the availability of funding in late 2003.

Purpose: In response to the notice of funding availability (NOFA) published by the Interagency Council on Homelessness on January 30th 2003, the Skid Row Collaborative Partners propose to provide **62 chronically homeless individuals**[1] with stable housing, mental health and substance abuse services, primary health care and veterans' services to promote self-sufficiency and residential stability through **permanent supportive housing.** The proposed project will initially outreach to 140 homeless individuals on the streets and in shelters within the first year of the grant, of which 62 chronically homeless individuals will be identified and enrolled in the Collaborative project within the first four months of full service (including outreach) provision. All of the housing units assigned to the Collaborative will serve chronically homeless adults living with mental illness, chronic substance abuse and/or dually diagnosed individuals, with 20% or 12 participants targeted as veterans. This project will assist persons who are chronically homeless and disabled make the successful transition from the streets and emergency shelters to permanent supportive housing, self-sufficiency, and a better quality of life.

Guiding Principles: The proposed project is part of a community-wide strategy to address homelessness and necessitates a collaborative approach to resolving the problems of our most vulnerable citizens. Research and experience has shown that permanent supportive housing is a tenable solution to helping end chronic homelessness; by providing the supportive services and stable housing needed to promote and maintain residential stability, permanent supportive housing can eliminate the revolving door in and out of homelessness. The Collaborative's strength is the diversity and comprehensiveness of services it links: permanent housing, mental health and substance abuse services, primary health care and veterans' services. All participant agencies in the Skid Row Collaborative are dedicated to addressing the needs of the homeless and have extensive experience in serving this population in the Skid Row area of Los Angeles. Projected goals for the Skid Row Collaborative project are:

[1] Chronic homeless individual is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years" in the Collaborative Initiative NOFA.

- Create new permanent supportive housing for chronically homeless individuals, including veterans
- Successfully maintain 62 chronically homeless individuals in permanent supportive housing
- Assist residents to achieve self-sufficiency and resource stability
- Leverage funding from mainstream public and private sources to build a sustainable funding base for this initiative
- Increase and maintain the integration of community-wide systems of care for the homeless population such as the Skid Row Collaborative

I. Permanent Housing

Skid Row Housing Trust (lead agency) ***Permanent Housing Provider***

Skid Row Housing Trust (Trust), is one of the largest providers of service-enriched affordable, permanent housing for very-low income and formerly homeless people on Los Angeles' Skid Row. Since it was formed in 1989, the Trust has successfully developed 18 permanent housing projects with 1,099 housing units, and is currently in construction on its 19th project: the 88-unit St. George Hotel. Adequate housing is only the beginning of recovery for formerly homeless and very poor people living in Skid Row. The Trust's *Resident Services Department* was created in 1993 and has been instrumental in assisting residents to obtain services in the community to help them retain their permanent housing. The *SRHT Property Management Company*, a subsidiary of the Trust, was formed in 1995 to provide quality property management for the Trust's properties in a sensitive manner. The Management Company, in collaboration with the Resident Services Department, is implementing a Supportive Housing model that formalizes the integration of supportive services into rental housing for low-income and marginalized populations.

For the purposes of this collaboration, the Trust will act as the lead agency in the Skid Row Collaborative and make permanent housing an anchor for supportive services. The Trust will make units available at multiple sites throughout its housing portfolio. In addition, another partner in the Skid Row Collaborative, Lamp Community, will provide 14 permanent housing units, adding to the variety of housing options available to potential participants. The units will be distributed as follows:

St. George Hotel (24 units): The units dedicated at the St. George (scheduled to open in late 2003) were awarded rental subsidies in the 2001 SuperNOFA, therefore the Trust will not be requesting subsidies for these units but will pledge them as an in-kind contribution to the Skid Row Collaborative project. The St. George Hotel has a mixture of both efficiency and single-room occupancy style units, and boasts on-site amenities such as resident services space and community rooms. Due to the inclusion of services space in the design and construction of the building, the St. George will also act as the proposed "home" to the Skid Row Collaborative. **The Skid Row Collaborative will not supplant the services originally promised to the St. George in its 2001 Shelter Plus Care application** (these in-kind resources will still be utilized). Since the target population in this application differs from that proposed in the 2001 SuperNOFA application, the Collaborative project would deepen the level of services available for the units dedicated to *chronically* homeless and disabled individuals. The value of the permanent housing

units at the St. George that will be contributed to the Collaborative project is $133,362 per year for five years ($668,810).

Multiple Hotels (24 units): The Trust will be applying for 24 new sponsor-based Shelter Plus Care subsidies for these units, which will be scattered throughout the Trust's housing portfolio. The scattered site model will provide a variety of housing options available to the Collaborative that will satisfy the individual needs of proposed participants.

Lamp Community (14 units): Lamp Community will pledge 10 Safe-Haven units and 4 units at the Lamp Lodge to the Collaborative project. These units have already secured funding and will be provided as in-kind contribution to the project. The Lamp Lodge provides permanent supportive housing units with onsite health, psychiatric and recovery services for residents. The Safe Haven units will add to the variety of permanent housing options available to the Collaborative by meeting the needs of some residents for a high tolerance, low-demand, fully accessible entry point to the program. The value of the permanent housing units from Lamp that will be contributed to the Collaborative project is $99,120 per year for three years ($297,360).

In total, the Trust shall apply for 24 new Shelter Plus Care rental subsidies from HUD and will dedicate 24 existing Shelter Plus Care units at the St. George and the 14 units from Lamp Community to the project for a total of 62 permanent housing units for the Skid Row Collaborative. The proposed amount of the HUD application is approximately $689,760 for a five-year sponsor-based Shelter Plus Care contract.

The Trust is dedicated to addressing the needs of the chronically homeless in Skid Row, which hosts the country's second largest homeless population. The Trust believes that the Skid Row Collaborative will be both a national and local model of commitment to provide a comprehensive and feasible solution to homelessness. As the lead agency, the Trust will be responsible for coordinating and managing the Skid Row Collaborative project. The Trust will receive coordination support from both the HRSA and SAMSHA pieces of the application to fund a full-time Collaborative Project Manager to oversee the daily operations of the program. The Trust will also commit to seek additional local sources of funding for the on-going coordination of the project after the grant period. If the project is funded, the Trust will manage all lead contracting responsibilities, such as reporting and evaluation but will not serve as the fiscal agent for the individual grant pieces.

Housing Authority of the City of Los Angeles ***Shelter Plus Care Applicant and Grantee***

The Housing Authority of the City of Los Angeles (HACLA) will serve as the applicant partner for the Shelter Plus Care application to HUD on behalf of the Trust. HACLA will be responsible for carrying out all program administration responsibilities under the Shelter Plus Care Agreement with HUD. HACLA will be responsible for administering the Shelter Plus Care grant in the areas of confirming eligibility of participants, documenting participant income and calculating participant rent, inspecting properties for compliance with Housing Quality Standards, and making rental assistance payments to the sponsor. HACLA will execute a contract with the Trust, as it had done for the Trust's 295 units currently covered by previous Shelter Plus Care awards, which specifies the Trust's responsibilities for referring eligible applicants, providing housing, reporting on progress, and assuring compliance with supportive services match of rental assistance.

II. Mental Health and Substance Abuse services

Lamp Community (applicant to SAMHSA) ***Mental Health and Substance Abuse Services***

Founded in 1985, the Lamp Community (Lamp)'s mission and purpose is to provide a safe, accessible environment in which homeless people diagnosed as chronically mentally ill can work toward and gain maximum control of their own lives. For eighteen years, Lamp has developed and sustained a continuum of support services and housing that targets chronically homeless persons who are dual and multi-diagnosed with mental illness, substance addictions, HIV/AIDS, and other persistent health conditions. The Lamp Community Model is a nationally recognized pioneer program model that initiates highly effective services and housing components that successfully outreach, voluntarily engage, and sustain the persistently homeless in recovery, employment and housing.

For the purposes of the SAMSHA application, Lamp Community will provide mental health and co-occurring treatment services for chronically homeless residents of the Collaborative by dedicating a multi-disciplinary team of specialists in mental health, substance abuse and peer advocates to provide outreach, engagement, support and recovery services. In order to deepen the level of mental health services, Lamp will partner with the Los Angeles County Department of Mental Health (DMH) for licensed psychiatric diagnosis and treatment through the provision of a full-time psychiatrist dedicated to the Skid Row Collaborative project. Lamp Community will also partner with Homeless Healthcare Los Angeles and Behavioral Health Services, Inc. to provide in-kind intensive substance abuse and recovery services. Lamp will serve as the fiscal agent for the SAMSHA award, assume all contracting responsibilities with SAMSHA and the Collaborative, including coordinating the provision of mental health and substance abuse treatment by the partners that it has engaged for the purposes of this project. Lamp shall provide the following services to all residents of the Collaborative through the SAMSHA award: intensive street outreach and engagement to up to 140 chronically homeless individuals (in Year 1 and on an as-needed basis in subsequent years of the grant); intensive case management to mentally ill & dual diagnosed residents; money management and representative payee services; individual and group counseling; recovery groups and integrated recovery services for dual diagnosed residents; psychosocial rehabilitation; supportive employment opportunities; transportation; and benefits advocacy.

The amount of funds requested are $670,427 (Year One), $469,182 (Year Two) and $265,591 (Year Three), reflecting the subsequent reductions in program funding for the SAMSHA award. Lamp will also contribute mental health counseling, employment, money management and representative payee services, meals, clothing and showers valued at $337,724 per year for three years ($1,013,172). Lamp Community will leverage the gap in the requested funding with additional resources from mainstream resources such as Medicaid, local Mental Health Block grants, State of California AB34 program and private sources. The case management ratio proposed in this Collaborative is 1 case manager to 12 residents. Lamp Community will also contribute its current client-tracking and evaluation database program, *Caminar*, for the local evaluation of the Collaborative project. A copy of this program will set up at all permanent housing sites in order to gain a real-time analysis of the Collaborative's successes and/or failures.

Skid Row Housing Trust will make available office space to house Lamp and its coordinating partners at the St. George Hotel, the proposed home of the Collaborative project. These staff members shall enhance the service delivery by providing comprehensive case management, community activities and on-site medical case management to the residents of the Collaborative. Without the onsite provision of services, the residents will not be able to access the support they need.

In order to provide comprehensive mental health and substance abuse services, Lamp Community will partner with the following agencies for licensed psychiatric and substance abuse services:

Los Angeles County Department of Mental Health ***Licensed Mental Health Services***

The Los Angeles County Department of Mental Health (DMH) will provide licensed inpatient and outpatient psychiatric services, medication management, and representative payee services for the Skid Row Collaborative. As a mainstream provider of mental health services, the County DMH will provide access to its directly operated Downtown Mental Health Clinic (and other mental health centers if needed), Psychiatric Mobile Response Team (PMRT), and in-patient psychiatric treatment resources to the residents of the Collaborative. The County has contracted with Lamp Community since 1987 on programs such as the State of California's *Integrated Services for Homeless Adults with Mental Illness* (AB34) program. Funds to support a dedicated full-time licensed psychiatrist to the Collaborative will be provided through the proposed SAMSHA application. All other services will be provided on an in-kind basis. The participation of the County is key to the Collaborative in terms of sustainability and the leveraging of resources. It is the plan of the Collaborative that the County will bring in local resources in years 2 and 3 of the SAMSHA grant that will assist the Collaborative mainstream its funding through programs such as Medi-Cal and State Mental Health block grants. In kind contributions from the County Department of Mental Health in the Skid Row Collaborative are valued at $67,719 per year for three years ($203,157).

Homeless Health Care Los Angeles (HHCLA) ***Certified Outpatient Drug and Alcohol Treatment and Substance Abuse Assessment and Placement Services***

HHCLA is a significant provider of substance abuse services for homeless individuals and families in Los Angeles. HHCLA will provide in-kind comprehensive substance use assessments and placement referrals for individuals entering Los Angeles County's Drug & Alcohol treatment system at three Community Assessment Service Center locations (Hollywood, Downtown and Boyle Heights).

Additionally HHCLA will provide in-kind outpatient substance abuse treatment services to participants of the Collaborative project. The Los Angeles County Alcohol and Drug Program Administration and the State of California Alcohol and Drug Programs certify this program for Outpatient Drug and Alcohol Treatment. In kind services donated to the Skid Row Collaborative are valued at $50,000 per year for three years ($150,000).

Behavioral Health Services, Inc. (BHS) ***Licensed Substance Abuse Treatment Services***

BHS is a community-based behavioral treatment agency that has been in operation since the late 1970s. Expertise in substance abuse treatment is reflected in the myriad of treatment programs and methodologies BHS offers including: medical detoxification (residential and non-residential), outpatient methadone detoxification, residential services (therapeutic community and traditional 12-step approaches), outpatient and day treatment programs, and prevention services. BHS also has expanded and enhanced its services for those who suffer from mental illness in addition to substance addiction. Using a combination of psychological and psychiatric consultation, specialty placements with local mental health providers and on-site counseling, BHS provides enhanced (poly-diagnostic) services for those who need multi-faceted service interventions.

Behavioral Health Services will provide substance abuse treatment services including detoxification (outpatient/inpatient) and intensive in-patient programs for those residents of the Collaborative who may need it. These services will be provided on a short-term basis, where residents will be able to leave permanent housing for a limited amount of time to access these services when necessary. All services provided to the Collaborative will be provided on an in-kind basis. In kind services donated to the Skid Row Collaborative are valued at $100,000 per year for three years ($300,000).

BHS substance abuse treatment programs have Licensing and/or Certification from the Los Angeles County Alcohol and Drug Program Administration and the State of California Alcohol and Drug Programs.

III. Primary medical services

Clínica Msr. Oscar Romero (applicant to HRSA) ***Primary and Secondary Heath Care***

Clínica Msr. Oscar A. Romero is a Section 330-funded HRSA agency and has served the downtown population for several years. Through the Skid Row Collaborative, Oscar Romero will provide specialty health care and referrals for in-patient hospitalization to all residents of the proposed Collaborative. Clínica Msr. Oscar A. Romero will sub-contract with JWCH Institute, a Section 340-funded HRSA agency to provide medical outreach, primary medical assessments and primary mobile health care for residents of the Collaborative. The amount of funds requested from HRSA is $300,000 for three years ($900,000).

JWCH Institute (subcontractor to Clínica Romero) ***Medical Outreach and Primary Health Care***

JWCH Institute has extensive experience in providing mobile primary health care and medical outreach to the homeless population. In addition, JWCH has conducted on-site clinics at several of the Trust's properties and is dedicated to seeking permanent supportive housing for the clients it engages through its outreach projects. In the Skid Row Collaborative, JWCH Institute will coordinate all healthcare services including medical outreach, primary healthcare, referrals for specialty services, and transportation for residents of the Collaborative. JWCH will serve residents of the Collaborative at its Clinic at the Weingart Center, within walking distance from all the properties. To maximize support for direct services, JWCH will contribute $202,063 per

year in in-kind medical outreach services, HIV prevention education and additional clinical visits to the project for three years($606,189).

IV. Veterans Services

VA Greater Los Angeles Healthcare System (local VA Authority)
The Greater Los Angeles (GLA) Healthcare System serves as the local VA authority for the area of Skid Row, Los Angeles. If the proposal is funded, the GLA Center will provide 1 full-time VA employee to New Directions, a non-profit veteran services agency housed on VA grounds, to provide professional case management and service coordination to the chronically homeless veteran participants in the Collaborative.

New Directions (subcontractor to the VA) ***Veterans Services***
New Directions will provide residential drug treatment, case management and employment/vocational training to all veteran participants of the Collaborative project. All services shall be coordinated through the full-time VA employee that will be supplied by the GLA Healthcare System to New Directions. This employee will coordinate all veteran-specific services for the Collaborative residents in order to mainstream chronically homeless veterans into the VA system of care. The services provided include: case management, direct medical care, mental health and/or substance abuse treatment including treatment for trauma and post-traumatic stress disorder, assistance with veterans benefits, and vocational development. This employee will also coordinate the national evaluation and will be responsible for data collection through participant interviews, tracking participants and record keeping for the Collaborative residents. New Directions will be responsible for all service delivery either onsite at the Trust's properties or offsite at its offices on VA Center grounds. Additional in-kind services donated to by New Directions to the Skid Row Collaborative are valued at $23,220 per year for three years ($69,660).

V. Evaluation, Training and Technical Assistance

In addition to direct service and housing resources, the Skid Row Collaborative project has secured support from the following sources for evaluation, training and technical assistance. The ***Los Angeles Homeless Services Authority*** will provide an evaluation component to the project that will measure the project's effectiveness and feasibility for duplication in the Los Angeles homeless provider community. The Authority has pledged a full-time employee to the project that will conduct and coordinate an independent evaluation of the project. The value of this in-kind contribution is $50,000 for three years ($150,000).

The Trust will also receive training and technical assistance services from the ***Corporation for Supportive Housing*** to coordinate the integration of housing and services proposed by the Skid Row Collaborative. The value of this in-kind contribution is valued at $ 4,000 for three years ($12,000).

Implementation and Evaluation:

Phase 1): Outreach, Intake and Screening

Direct outreach will be conducted on the streets and in emergency shelters to identify potential clients through an Outreach Team coordinated by two partnering agencies in the Skid Row Collaborative: Lamp Community and JWCH Institute. This team, which will include medical outreach workers, mental health outreach workers, and community outreach preparation workers, will outreach for the program on the streets and in shelters, providing information and outreach services to potential participants of the program. In order to remain consistent with the voluntary and client-driven approach of the program, the only indicator to be used in screening potential participants for the program is an expression of interest in getting housed. Once a contact expresses an interest in getting housing, which may take a considerable amount of time to build a trusting relationship with outreach workers, then the homeless person is brought to Lamp's Safe-Haven and/or the Trust's Intake Office to begin the process of enrollment into the program. The Collaborative project will also evaluate self-referred walk-in applicants and will receive referrals from jail and/or mental health institutions that may be discharging potential participants to the streets.

Once the proposal is funded, the partners of the Collaborative will begin an intensive outreach process that will reach a potential 140 chronically homeless individuals within the first year of the grant. Of these 140 contacts, the Collaborative believes it can enroll the majority of the 62 chronically homeless individuals into the housing program within the first four months of the outreach process beginning. Once a potential participant has been identified and prepared by the outreach teams to enter the program, they will be screened by a case manager for housing eligibility for the program through an intake process. The intake will involve a series of interviews and service interventions to gather all the documentation and information needed to qualify for subsidized units. All efforts will be directed at securing housing that best suits the residents, be it in one of the 24 new Shelter Plus Care units proposed in this application, or in one of the 38 already existing affordable housing units at the St. George Hotel and Lamp Community that are being donated to the project.

Phase 2): Service Provision and Delivery

Once a person has been "enrolled" in the Skid Row Collaborative service delivery system, s/he will work with the Collaborative's multi-disciplinary team that includes case managers, licensed psychiatrists, medical workers, veterans' services case managers and substance abuse and/or mental health providers. Each resident will be assigned a primary Case Manager (there are a total of 5 case managers for the Collaborative who may be provided by the Trust, Lamp Community, or New Directions/GLA Center) who will coordinate and work in partnership with the resident to assess present needs, develop appropriate goals, facilitate the delivery of any services needed to maintain residential stability, and positive personal development. Appropriate services will be provided by the agencies described in this MOU to address the medical, psychiatric, psychosocial, and economic needs of the resident. Through a consistent effort to coordinate comprehensive services, the Skid Row Collaborative will be able to achieve residential stability of the 62 residents by holistically addressing all of their needs.

Phase 3): Evaluation and Reporting

The lead applicant, Skid Row Housing Trust, will address the daily operations of the Collaborative project through the coordination of monthly progress meetings of the partnering agencies, led by Collaborative Project Manager. Data collection for the local evaluation needs will be satisfied by the *Caminar* system and the Skid Row Collaborative shall coordinate with the Department of Veterans Affairs for the mandated national evaluation. The Collaborative will also work with the Los Angeles Homeless Services Authority, in providing applicable data to measure the project's effectiveness and feasibility for duplication in the Los Angeles Continuum of Care.

The success of the Skid Row Collaborative hinges on the successful coordination of the project. The lead applicant, Skid Row Housing Trust, will attempt to secure additional local resources to ensure that the project is successfully operational and becomes a comprehensive model for serving the chronically homeless population.

Signatures of all participating entities:

As a qualified representative of my organization, I agree with the guiding principles and goals of the Skid Row Collaborative project, including the responsibilities and activities aforementioned in this Memorandum of Understanding (MOU). I pledge to commit resources and services as proposed for the Skid Row Collaborative project, subsequent to its funding by the Interagency Council on Homeless, the U.S. Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Administration (SAMSHA), the Health Resources Services Administration (HRSA) and the U.S. Department of Veterans Affairs.

James Bonar, Executive Director
Skid Row Housing Trust (lead agency)

Donald Smith, Executive Director
Housing Authority of the City of Los Angeles

Mollie Lowery, Founding Executive Director
Lamp Community

Dr. Marvin Southard, Director
Los Angeles County Department of Mental Health

Mark Casanova, Executive Director
Homeless Healthcare Los Angeles

Larry Gentile, President/CEO
Behavioral Health Services, Inc.

Roland Palencia, Executive Director
Clinica Mar. Oscar Romero

Phyllis Paxton, Executive Director
JWCH Institute

please refer to MOU in VA Section

Charles M. Dorman, Acting Director
VA Greater Los Angeles Healthcare System

Toni Reinis, Executive Director
New Directions

Mitchell Netburn, Executive Director
Los Angeles Homeless Services Authority

please refer to attached letter of support

Jonathan Hunter, Associate Director
Corporation for Supportive Housing