

Baltimore Substance Abuse Systems, Inc.

GRANT APPLICATION PACKET

INSTRUCTION MANUAL

FY 2011

(Do not proceed before reading all instructions)

BALTIMORE SUBSTANCE ABUSE SYSTEMS, INC.

INSTRUCTIONS FOR GRANT APPLICATION PACKET

This package is a standard application to become a vendor for a health related human services program funded in whole or part by Baltimore Substance Abuse Systems, Inc.

You have received an invitation to submit an application for funding of a Cost Reimbursement or a Fee-For-Service Contract from Baltimore Substance Abuse Systems, Inc. (BSAS).

Programs should submit **one (1) original and six (6) copies of the program description and budget application**. Providers should also email the budget in Excel format and program narrative in Word format to the Contract Administrator at mirvin@bsasinc.org. The subject line for the email should be: "XXXFY11BSAS Grant Application Submission". Please substitute three letters of your organization's name for the first three letters (XXX), e.g., the subject line for the FY 2011 grant application submission of the ACME COUNSELING CENTER should be "ACCFY11BSAS Grant Application Submission". *Please do not staple or bind the original.*

Only three (3) sets of the appendices need to be submitted.

Providers can obtain electronic copies of budget forms and a sample organizational chart on the BSAS website at <http://www.bsasinc.org/aboutbsas/fundingopportunities.asp/>.

The budget forms located on the BSAS website must be used in preparing the budget application.

I. GRANT APPLICATION OVERVIEW

A. Grant Application Cover Page – FORM (BSAS – CP)

Complete entire form. Do not leave any items blank.

Name of Organization – Enter formal, corporate or agency name

Program Title – Specific title indicating program.

Fiscal Year – State Fiscal Year for which funds are requested – e.g., 2011

Grant Name(s) – Enter the grant name(s) for which funds are requested

Submission Date – Enter date you are submitting grant application to BSAS

B. Table of Contents

See Addendum I (pg. 15) for sample Table of Contents that must be used in all applications. All pages of the Program Narrative must be consecutively numbered and should include the Table of Contents. Consecutively numbering of the budget application is optional.

II. GUIDELINES FOR PROGRAM NARRATIVE

A. Program Description (Section A should be no more than 20 pages in length).

If your program receives more than one grant award from BSAS, only one (1) Program Description is required. Please include the following:

1. Program Overview:

Describe the agency's vision and values and address the federal requirements listed below:

- a. Give a brief overview of your agency including when it was established, the history and the mission and vision statement (no more than 3 paragraphs).
- b. Describe the type of screening and/or assessment tool (s) as well as the methods for screening, assessment and placing patients into care. Describe how federally-defined priority populations (pregnant women, women with children, HIV/AIDS, and IV drug users) are given priority for placement into care.
- c. Levels of Care – Using ASAM-PPC levels, identify the levels and describe treatment level of care and services offered.
- d. Describe the services provided for special populations (women, HIV/AIDS, dually diagnosed, homeless, criminal justice, spanish speaking populations, adolescents, hearing impaired.)
- e. Special Grants - If your program receives more than one grant from BSAS, briefly describe the services provided under each separate BSAS grant
- f. Criminal Justice: There is a core set of data that is necessary for BSAS to collect from all providers with active criminal justice clients for operational and reporting purposes to the State and Drug Courts of Maryland. Describe how your program will designate a primary point of contact, and a clearly defined system for communications with criminal justice supervision agents and other criminal justice officials regarding patients or potential patient referrals. As well as, attend Drug Treatment Court Users Meetings and all other BSAS-required criminal justice meetings. Discuss how you will continuously enter treatment encounters and progress notes for the duration of the client's treatment into SMART (staff, procedure, timing, etc.) within the timelines specified in Code of Maryland Regulations (COMAR) and complete SMART Drug Court case management summary notes for all Drug Court patients by the 15th day and 30th day of each month, and at least 72-hours prior to a client's court hearing.
- g. Service enhancements-Describe all ancillary support services provided either on-site or via referral agreement with other organizations
- h. HIV/AIDS – Describe how HIV/AIDS risk assessment, risk reduction and referral for counseling and testing are provided. Indicate if on-site testing and/or counseling are provided.
- i. Prevention services – All treatment programs must describe how family and/or child focused prevention/intervention services are linked or being implemented within the treatment setting.
- j. Describe how this agency provides formal opportunities for people in recovery, family members, staff, and administrators to learn about recovery.

2. Treatment Services

- a. Describe the number, types and size of groups with respect to client/counselor ration. (insert a daily activity schedule for all treatment services that includes the name of the group, time and day group is held). Methadone, buprenorphine and outpatient detoxification programs must provide a schedule of medication dosing hours.
- b. Describe all treatment services and delivery strategies funded wholly or in part by BSAS. This should include the following:
Description of services provided, how your program interacts with the consumer (for example, individual, group sessions, phone contact, etc), frequency of interactions with consumers and why you believe these treatment delivery strategies are effective.
- c. Detail the sequence of consumer steps through your program (for example, referral, enrollment, treatment, completion, continuing care). Describe where (at what steps) you tend to lose consumers and how you are addressing this challenge.
- d. Describe how your staff help people in recovery become involved in non mental health/ addiction related activities such as employment, education, faith community, volunteer, peer support activities.
- e. Describe your program's efforts at involving significant others and other natural supports (employer, landlord, neighbors, peers, clergy) in the planning of the consumer's treatment services.
- f. Describe how the program applies evidence based practices in the provision of treatment services.

3. Organizational Chart: *(Treatment and Prevention providers both must submit an organizational Chart)*

- a. Include an organizational chart that reflects each position in the program (BSAS and non-BSAS funded positions).
- b. Positions supported by fee-for-service should also be included.
- c. List each position by Level of Care
- d. List position name, name of individual filling positions, and certification and licensure (if applicable).
- e. Use plus sign (+) for any BSAS funded positions within the same grant that are split between Levels of Care.
- f. Use the asterisk (*) for any BSAS funded positions that are funded in more than one BSAS grant.
- g. If the positions are 100% non-BSAS funded, just list the name of the funding source. Plus (+) and asterisk (*) signs are not required in this situation. See attached sample.

4. Waiting List:

Describe the management of your program's waiting list, the current status and the average length of time an applicant is on this waiting list. Specify any referral

agreements with other providers for waiting list clients. **Address where these individuals are likely to go for services if you are unable to provide.**

5. Describe your Continuous Quality Improvement process including frequency of meetings, data collected, actions taken within the past fiscal year to improve service delivery, community, staff, and consumer relations.

6. What are the advantages to your treatment program over other similar programs located in Baltimore City?

7. Managed Care Contracts:

List any contracts with Managed Care Organizations (MCO), type of service(s) provided and associated slot counts.

8. Community Organizations:

List the name of the primary community organization(s) and stakeholders in the neighborhood in which your program is located. Describe their impact on or role in your program. Describe your program's relationship with the organization(s) in terms of communication protocols, program membership in community organization, program participation in community meetings and/or community events, sharing of resources, etc.

9. Fee Collections:

All programs are expected to collect fees in accordance with The Health General Article, Title 10, COMAR 10.02.01 and DHMH Policy 3416.

a. Provide a brief description of fee collection policy to include procedures for billing and collections, safeguarding of client monies, maintenance of client records such as financial assessment forms and how the sliding fee scale is used to assess client charges.

b. A copy of the Fee Collection Policy should be included as ATTACHMENT G.

10. Prevention Services:

a. Describe the community-based substance abuse prevention program and activities funded by bSAS. Specifically discuss both adult and adolescent services.

b. Describe the integration of prevention and treatment services; including the prevention strategies of information dissemination, education, alternatives, community based process, environment, and problem identification and referral.

c. Describe collaboration and partnering with other community agencies.

d. Describe your Continuous Quality Improvement process including frequency of meetings, data collected, and actions taken within the past fiscal year to improve service delivery, community, staff, and consumer relations.

e. List the name of the primary community organization(s) and stakeholders in the neighborhood in which your program is located.

- f. Describe the impact on or role in your program of the above mentioned community organization (s) and stakeholders.
- g. Describe your program's relationship with the organization(s) in terms of communication protocols, program membership in community organization, program participation in community meetings and/or community events, sharing of resources, etc.
- h. Submit a matrix listing each prevention program/activity, indicating which programs are evidence-based, CSAP prevention strategies, IOM category, risk factors to be addressed, target populations, number of individuals to be served, goals and measurable objectives, the timeline for implementation (if a new program) and the amount of bSAS funding.

B. Progress Report

FY 2009

List your goals and objectives for FY 2009 and describe the level of achievement for each. Use numbers and percentages.

FY 2010

List your goals and objectives for the first five (5) months of this year and describe the level of achievement for each. Describe your programs progress, changes and challenges to date. Include activities of your Governing and/or Advisory Board.

C. Managing For Results/Program Goals and Objectives

FY 2011

List your goals and objectives for upcoming year for which funding is being requested. Guidelines for formulating goals and objectives are under Addendum II (pg. 16) i.e. S.M.A.R.T.

III. PROGRAM BUDGET INFORMATION

A. Cover Page – FORM (BSAS 432)

Complete entire form. Do not leave any items blank.

Program Title – Specific title indicating program.

Name of Organization – Enter formal, corporate or agency name

Name of Grant (Cost Center Name) – See Letter of Invitation

Period For Which Support Is Being Requested – Enter Fiscal Period or indicate if the request is for less than a 12-month period. This line must be in the format 7/1/10 – 6/30/11.

Fiscal Year – State Fiscal Year for which funds are requested – e.g., 2011

Submission Date – Enter date you are submitting grant application to BSAS

Date Application Received – To be completed by BSAS

B. Vendor Information Page (BSAS 432A)

Complete entire form. Do not leave any items blank.

Note: BSAS formulas will automatically enter most vendor information from the COVER PAGE; however Providers must review and complete any remaining sections.

Organization Address

Executive Director's Name, telephone number and e-mail address

Finance Contact Name, telephone number and e-mail address

Mailing Address (if other than shown above)

Federal Employer Identification – This number is required. Payments will not be made to vendors without this number.

Minority Enterprise - If your organization meets the definition per the Annotated Code of Maryland.

National Provider Identifier – Please provide us with your NPI.

Period for which funds are requested – *(Automatically entered from Cover Page)*

Agency Number – Please provide us with your Agency Number *(formerly the Substance Abuse Management Information Systems number – SAMIS)* as listed on your current DHMH certification for Levels of Care for which your program is certified.

Area/Jurisdiction to be Served – List local jurisdiction where services will be rendered, e.g. Baltimore City.

Does the Organization do Fundraising? – Enter Yes or No

Are any of the State supported costs being used to generate fundraising dollars? – Enter Yes or No

Type of Proposal – See below

NEW – First time application under this funding

OTO – One time only application

Renewal – Initial application for continuing funding for new fiscal year

Supplement – Grant application for additional funding

C. Vendor Information Page (BSAS 432A-1)

Complete entire form. Do not leave any items blank.

Location Number – Please provide the one digit location number for each physical location where services are being provided.

Facility Name/Address – Please provide the Facility Name and Address for each physical location where services are being provided.

Level(s) of Care to be funded – Use American Society of Addiction Medicine (ASAM) Levels of Care (i.e. Level II-D Ambulatory Detox; Medication –Assisted Treatment, etc.

Number of Treatment Slots – Enter number of treatment slots for each location and Level of Care for this grant. The total number of slots for all locations should match the total number of slots listed on the Performance Measures form - BSAS 432 PM and on the T.F.R.A.N. Form. Do not assign treatment slots to Detox programs.

Number of Clients to be Served (Treatment Episodes) – Enter the number of Clients to be served annually by location and Level of Care for this grant. The total number of clients for all locations should match the total number of clients listed on the Form BSAS 432 PM and on the Treatment F.R.A.N. Form.

D. Grant Packet Check List and Signature Page (BSAS 432B)

Place a check mark next to each completed item in Grant Application Packet. The certifying officer (chief executive or director) must sign (in blue ink) this page prior to the submission of this application.

E. Program Budget Summary Sheet (BSAS 432C)

Expenditures for the program should include costs supported by fee collections such as Health Choice, third party income, client fees etc. Do not include “Other” funding such as other grants, awards etc., on individual grant budget summary sheets. “Other” funding should only be reported on the COMBINED WORKSHEETS.

Section I

Only Complete Vendor Information that was not copied from COVER PAGE and VENDOR INFORMATION PAGE.

Chargeable Services – Indicate “Yes” or “No” as to whether your program charges patients all or a co-pay portion for services.

BSAS provides 50% or more of funding – Indicate Yes or No

Section II

Complete with information regarding the level of Care, number of slots/beds, and number of estimated clients.

Section III

Grant Name will automatically transfer from the Cover Page.

Section IV

Enter all costs associated with program services to be delivered under this application.

DO NOT CHANGE LINE ITEM TITLES. Additional line items must be totaled under “Other”. Include a detailed breakdown of “Other” in the Line Item Budget Narrative section.

INDIRECT COSTS. *Indirect costs are limited to an amount not to exceed 10% of salary and fringe.* A description of the expenditure items included under indirect costs must be in Section AB of the line item budget narrative. Indirect costs are costs which have been incurred for multiple or common objectives; shared costs or those costs associated with more than one cost within that part of the provider’s operation which is both funded by BSAS and which are not readily identifiable as direct costs without effort disproportionate to the results achievable. Such costs should be identified as direct costs unless they meet the forgoing criteria. All costs must be reasonable and necessary.

UNALLOWABLE COSTS - (this list is not all inclusive). Refer to DHMH Human Services Agreement Manual, Section 2150.09.

- Staff licensure fees
- Gifts, contributions, donations
- Lobbying or advocacy costs
- Malpractice Insurance for consultants
- Losses on other grants and contracts
- Bad debts
- Fines, Claims, Awards, Judgments, or Penalties
- Vehicle purchase or leasing costs are allowable if the purchase or lease is approved by BSAS and if the vehicle is for transportation of recipients of grant/contract services to or from service locations or for the transportation of service personnel and/or supplies from one service site to another or to home-bound clients for the purpose of delivering services.

F. Schedule of Salary Costs (BSAS 432D)

Merit System - Indicate if salaries are based on the State Merit System. If not based on the State Merit, leave this section blank.

JOB IDENTIFICATION NUMBER - LIST THE JOB IDENTIFICATION NUMBER FOR EACH POSITION, FULL-TIME AND/OR PART-TIME. Each position must have an assigned “job number”. This number indicates the position, not the individual hired for that position.

Job Title / Position Name – List positions in groups using the following categories:

- Level 0.5 – Early Intervention
- Level 1a – Outpatient - Adolescent
- Level II.5 – Partial Hospitalization
- Level III.1 – Halfway House
- Level III.3 – Long Term Residential Care
- Level III.5 – Therapeutic Community
- Level III.7 – Medically Monitored Inpatient (ICF)
- Level III.7.D – Medically Monitored Inpatient (ICF) – Detox
- MAT – Medication Assisted Treatment
- MAT.D – Medication Assisted Treatment – Detox
- Administrative

Note:

Any position split between levels of care within the same grant should be preceded by a plus sign (+). Show percentage of position under each category.

Any position funded in more than one BSAS grant should be preceded by an asterisk (*).

Name of Person Filling Position – Names must match names entered on the Organizational Chart. **If a name is not provided for each position i.e. the position is vacant, you must indicate the anticipated date of hire in the “name of person” column.**

Certification/Licensure – Updated certification/licensure must be entered for each position where certification/licensure is required.

Type of Service – Indicate the type of service provided by each clinical position using any of the following categories:

- Adult
- Men Specific Adult
- Women Specific Adult
- Adolescent
- Co-Occurring
- Criminal Justice
- Homeless
- Women and Children

Slot Allocation – the number of slots allocated to this position must be entered. The number of slots should be proportionate to the FTE. The total number of slots allocated must equal the total slots funded by the grant.

Hours per week – It is required that you list number of total full or total part time hours worked for BSAS under this grant for each staff member. Part time and temporary positions for replacement of persons on leave should be identified.

FTE % - Enter the percentage of Full Time Equivalency devoted to the BSAS funded program.

Annual Salary – You must indicate each employee’s annualized salary. **This is the salary that your agency would pay annually if this position is/was full time.**

BSAS Funded Salaries - Enter the amount funded by BSAS.

The total for this schedule must equal the salary line item on the Program Budget page in the "Total Program Budget" column, Form BSAS 432C.

G. Schedule of Consultant Costs (BSAS 432E)

List the individual's name. If payment will be made to a business, list the firm's name also. List only the highest applicable degree held. Total costs must equal the hourly rate times the total number of hours. The total amount of “BSAS Funded” for this schedule must equal the consultant line item in the BSAS Program Budget Summary Sheet.

Note: The consultant-contractor relationship is defined as individual, personal delivery of service where the format has a high degree of autonomy over use of time, selection of process, and utilization of resources (See Addendum III, p.18).

Legal, accounting, or audit services, should not be entered on this schedule but should be identified on the specific line items indicated in the Program Budget Summary page.

Note: Nursing agency costs can be listed under either “Purchase of Services” or “Consultant”. The appropriate category used should be based on your consistent treatment of the costs in your accounting records.

H. Schedule of Equipment Costs (BSAS 432F)

This schedule is to be used to identify each piece of equipment and the sources of funding used to purchase equipment. Indicate if this is an Equipment Replacement or Additional Equipment item by using the appropriate column. List the total cost of equipment and the amount being funded by BSAS. The justification column is to be used to describe the need for the item to be purchased and its proposed usage.

I. Line Item Budget Narrative pages (BSAS 432G1-G8)

Provide a cost breakdown and justification for each BSAS funded line item shown on section 432C Program Budget Summary Page. The justification should reflect the basis for the amount requested to be funded by BSAS.

1. **Client Incentives** – must provide a detailed breakdown and justification
2. **Fee Collections** – The budget justification must include a detailed breakdown to show how you calculated estimated fee collections

J. Sources of Funding (BSAS 432H)

List sources of funding anticipated for this budget application. In-kind funding should be listed here, but do not show it on the BSAS 432C Program Budget

Summary Page. List only BSAS award and fee collections such as Health Choice, third party, private pay, etc.

K. Financial Records Check List (BSAS 432I)

Indicate the financial records your organization maintains.
Signature of the certifying official is required on this page.

L. Fee-For-Service Budget Application Packet (BSAS 432 FFS)

Cover Page (BSAS 432-FFS)

Follow Instructions included in completion of BSAS 432 application.

Vendor Page (BSAS 432A-FFS)

Follow Instructions included in completion of BSAS 432 application.

Grant Packet Check List and Signature (BSAS 432 B-FFS)

Follow Instructions included in completion of BSAS 432 application.

Program Budget Summary (BSAS 432C-FFS)

List the total cost to provide service on Line 28: FEE FOR SERVICE

Line item Budget Narrative (BSAS 432G-FFS)

Provide contractual rate, Level of Care, slots and number of clients to be served.

Sources of Funding (BSAS 432H-FFS)

List sources of funding anticipated for this budget application.

Financial Records Check List (BSAS 432I-FFS)

Indicate the financial records your organization maintains.
Signature of the certifying official is required on this page

M. Combined Worksheets (BSAS 432-2)

Combined Program Budget Summary (BSAS 432C-2)

- The Combined Worksheets can be used for all budgets.

Section II - List Levels of Care, Slots/Beds and Annual Clients for each BSAS funded grant **and any other funding your organization receives for your treatment program.**

Section III – Enter the appropriate Grant Name in each column.

Section IV - List Line item expenditures for each grant. The budgeted line item expenditures for BSAS funded grants should be the same as those listed on each individual Form BSAS 432C. “All Other Funding” represents the total of all non-BSAS funding.

Combined Schedule of Salary Costs (BSAS 432D-2)

List all employees funded by BSAS and “All Other Funding” following instructions outlined in Section D. Each column represents the percentage FTE and dollar amount supported by each grant or fund.

Combined Schedule of Sources of Funding (BSAS 432H-2)

List all sources of funding, including each separate BSAS grant, anticipated for this program. In-kind funding should be listed here, but do not show it on the BSAS 432C Program Budget Summary Page.

N. Fee-For-Service/Performance Based Combined Worksheets (BSAS 432 -2)

Combined Program Budget Summary (BSAS 432C-2)

Section II - List Level of Care, Slots/Beds and Annual Clients for each Level of Care for each BSAS funded grant **and any other funding your organization receives for your treatment plan.**

Section III – Enter the appropriate Grant Name for each Level of Care funded by BSAS.

Section IV - List line item expenditures that comprise fee-for-service/performance based rate for each BSAS funded Level of Care per grant. The total budgeted line item expenditures for each column should be the same as the total listed on Line 28: Fee for Service/Performance Based.

“All Other Funding” represents the total of all non-BSAS funding.

Combined Schedule of Sources of Funding (BSAS 432H-2)

List all sources of funding, including each separate BSAS grant, anticipated for the program. In-kind funding should be listed here, but do not show it on the BSAS 432C Program Budget Summary Page.

IV. ESTIMATED PERFORMANCE MEASURES

A. Treatment Estimated Performance Measures-BSAS 432 PM

For each level of care, list the number of BSAS grant funded slots/beds, the number of total slots/beds, and the number of BSAS grant funded clients (treatment episodes) and total clients (treatment episodes) to be served annually.

B. Treatment F.R.A.N. Form (T.F.R.A.N.). See Addendum IV for instructions (pg.19).

C. Prevention F.R.A.N. Form (P.F.R.A.N.). See Addendum IV for instructions (pg.19).

V. REQUIRED ATTACHMENTS

- Attachment A: Organizational Chart
- Attachment B: List of Board Members (include contact information for the Chairman of the Board)
- Attachment C: Current Lease / Mortgage Agreements
- Attachment D: Insurance Certification (i.e., Professional Liability, General Liability, Fire, Theft, Bond, and Board of Directors)
- Attachment E: Current DHMH Certification(s) and/or Accreditation for every ASAM Level of Care for which your program is certified.
- Attachment F: Most recent financial audit
- Attachment G: Fee Collection Policy

ADDENDUM I

SAMPLE – TABLE OF CONTENTS

This is a guide to help applicants prepare the table of contents for the Grant Application.

PROGRAM NAME
TABLE OF CONTENTS

<u>Section</u>	<u>DESCRIPTION</u>	<u>Page#</u>
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II.	<u>PROGRAM NARRATIVE</u> Program Description Progress Report Program Goals and Objectives/Managing for Results	1
III.	<u>BUDGET INFORMATION</u> Budget Application Cover Page Vendor Information Page (BSAS 432A) Vendor Information Page – Part II (BSAS 432A-1) Grant Packet Check List and Signature Page (BSAS 432B) Program Budget Summary (BSAS 432C) Schedule of Salary Costs (BSAS 432D) Schedule of Consultant Costs (BSAS 432E) Schedule of Equipment Costs (BSAS 432F) Line Item Budget Narrative (BSAS 432G) Sources of Funding (BSAS 432H) Financial Records Check List (BSAS 432I) Fee-for-Service Budget Application Packet (BSAS 432FFS) Combined Budget Worksheets (BSAS 432-2)	
IV.	<u>DIRECT SERVICE REPORTS AND ESTIMATED PERFORMANCE MEASURES</u> Estimated Performance Measures Treatment F.R.A.N. Form Prevention F.R.A.N. Form	
V.	<u>APPENDICES</u> Attachment A: Organizational Chart Attachment B: List of Board of Directors Members Attachment C: Current Lease/Mortgage Agreements Attachment D: Insurance Certification <ul style="list-style-type: none">• Professional Liability• General Liability• Fire Insurance• Theft Insurance• Bond Insurance• Board of Directors Attachment E: Program Certification & Accreditation Certificates for each Level of Care Attachment F: Most Recent Financial Audit Attachment G: Fee Collection Policy	

ADDENDUM II

GUIDELINES FOR FORMULATING GOALS AND OBJECTIVES

Requirement

Each grantee requesting funds, are required to state goals and objectives for the budget period of the request. The Goals and objectives should reflect what the program is about and where the program and the target population of the grant will be at the end of grant funding. Goals must be provided for each of the areas applicable to the program. Thus, a program with a criminal justice interface component would be expected to provide goals for that area. Objectives may be stated for areas such as general administration, planning and coordination; treatment and rehabilitation; prevention; management information systems; intervention, education and public information; training, and community outreach.

Definitions

A **GOAL** is the end that one strives to attain and is clear and concise. The goal is a statement of an aim to be accomplished during a designated period (i.e. July 1, 2010 to June 30, 2011). Goals can be short, medium, and long term and each goal can have one or more specific objectives.

An **OBJECTIVE** is a statement of a specific end that can be measured and reasonably expected to be achieved. Objectives must be measurable in order that progress toward achieving the objective can be assessed. Objectives are steps sometimes referred to as benchmarks or milestones that must occur in order to reach the goal.

All Goals should be **S.M.A.R.T.**

Specific: Goals are specific and focused. How levels of functioning or functional impairments will improve

Measurable: Goals are measurable. Achievement can be observable. There are measurable indicators of progress.

Achievable: Goals are attainable with the context of your program.

Results-oriented: Goals are directly related to the outcomes the program is anticipating.

Time-Framed: Goals can be reviewed with in a specific time period.

There are two types of Goals and Objectives: process and outcome.

Process Goals and Objectives:

Process goals and objectives are those addressing the activities, services and processes involved in the program's operation. Examples of areas addressed by process goals and objectives include number of clients served, number of individual and group sessions provided, staff trainings, staff turnover, etc. Process goals and objectives usually start with words such as: to provide, to develop, or to establish. It is quantifiably measurable. It describes the process to reach the end result, rather than focusing on the end result.

1. At minimum, programs must include the number of treatment slots and number of clients to be treated during the grant period.

Outcome Goals and Objectives:

In addition to any process objectives provided, each grantee must provide goals and objectives addressing the treatment outcomes expected as a result of the expenditures of effort and monies during the Fiscal year. Treatment outcome objectives must have the following characteristics:

1. The objectives must address levels of positive change expected to occur in the lives of the target population listed in the grant during the course of treatment. Use words such as to increase or to decrease that imply some sort of measurable change. Outcome Goals are quantifiable.
2. At minimum, programs must include all applicable Drug Stat performance measure.
3. Programs should include goals on staff development and retention and any other outcomes related to overall program health.

Examples of Goals and objectives:

Goal 1. To provide comprehensive methadone maintenance treatment to 300 unique uninsured Baltimore city residents between July 1, 2010 and June 30, 2011.

Objective 1a: To admit 300 patients into our program between July 1, 2010 and June 30, 2011.

Goal 2. To meet all required Drug Stat performance measures

Objective 2a: To retain at least 95% of all patients admitted into our program for 30 days

Objective 2b: To retain at least 85% of all patients admitted into our program for 90 days

Objective 2c: To demonstrate 75% negative drug tests among patients for heroin, cocaine and marijuana between July 1, 2010 and June 30, 2011.

Objective 2d: To demonstrate at least 29% improvement in employment/training among patients who were unemployed at admission between July 1, 2010 and June 30, 2011.

Objective 2e: To utilize between 90% and 100 % for 100 BSAS funded slots.

Addendum III

Description of Contractual Employee and Consultant

"Contractual Employee" or "Consultant"

A- **Contractual Employee** is defined in Section 4401 (C-1) of the Federal Employee Tax Regulations to include every individual performing service under the terms of an employee-employer relationship. In general, this relationship exists if the person for whom services are performed has control or direction of the individual performing the services. This applies not only to the result of the service but may extend to the means by which that result is attained.

- Guidelines which may be used to identify a Contractual Employee:
 - 1- If the Provider has a right to control and direct the performance of services not only as to the results, but also as to the details and means.
 - 2- If the Provider has the right to discharge.
 - 3- If the Provider furnished a place for work.
 - 4- If the degree to which the individual has become integrated into the Provider's operation for which services are performed is significant.

Contractual Employees must abide by the Federal Employee Tax Regulations. The Provider shall deduct from the Contractual Employee's wages such withholding and FICA social security taxes and pay the employer contribution as required by applicable Federal and State law.

B- **Consultant** is a person engaged in the presentation of independent work, business or trade in which they offer services to the public.

Addendum IV

PROGRAM INSTRUCTIONS FOR ACCESSING T.F.R.A.N. / P.F.R.A.N. FORMS

The F.R.A.N. forms have built-in macros to make them functional. In order to properly use the forms your computer must have Excel macros enabled.

To enable macros do the following:
Open Excel
Go to Tools>Macro>Security
Select Low security level for macros

Once you have done this you can open the T.F.R.A.N.

Login Password: juris

Programs must use the password above to access the T/FRAN P/FRAN forms.

Center Top Heading:

Utilize a drop down box to select type of document: Original, Modification, Supplement or Reduction. Each heading should be followed by a number each time the form is edited.

Example: Original 1
When edited, changed to Original 2

Column 1 Heading:

Replace <County> by selecting your county name from the drop box provided (*i.e. Baltimore City*).

Replace <Grant Name> with the appropriate name for your organization (*i.e. BSAS, Inc.*)

Replace <Grant Number> with the corresponding Grant Number (*i.e. 11-02-5999*).

Replace <Project Number> with the appropriate grant name (*i.e. Block Grant*).

Other than the Heading Column 1, you will only be allowed to enter data into the white cells. All light gray cells have been formatted to total the data you have entered. Dark gray cells do not allow entry. You will only be able to enter data in allowable cells.

You must use drop down boxes in column two by clicking on the arrow at the right of the cell to access.

If you select a drop down in error you will not be able to delete the row. All you need to do is delete the data from the cells to correct.

This form may not be edited or recreated. Contact your grants accountant if you need additional assistance.