

TI11-02

Application #: 1 H79 TI023797-01

Bus Off: Sharp, Denise

Council: 08/2011

Receipt Date: 06/16/2011

**Application for Federal Assistance SF-424**

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
<input type="text" value="06/16/2011"/>		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Central Oklahoma Family Medical Center, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="731223304"/>		* c. Organizational DUNS: <input type="text" value="1310577540000"/>
<b>d. Address:</b>		
* Street1:	<input type="text" value="527 W. 3rd"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Konawa"/>	
County/Parish:	<input type="text" value="Seminole"/>	
* State:	<input type="text" value="OK: Oklahoma"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="74849-1415"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="Substance Abuse Treatment"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Yasminda"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Choate"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Development Specialist"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="580-925-3286 ext. 322"/>		Fax Number: <input type="text" value="580-925-2362"/>
* Email: <input type="text" value="yasminda.choate@cofmc.org"/>		

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Substance Abuse & Mental Health Services Adminis.

### 11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services\_Projects of Regional and National Significance

### \* 12. Funding Opportunity Number:

TI-11-002

\* Title:

Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need

### 13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Technology Integration for Rural Substance Abuse Treatment Provision

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

\* a. Applicant

b. Program/Project

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

### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

### 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="274,697.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="90,500.00"/>
* g. TOTAL	<input type="text" value="365,197.00"/>

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

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

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

Yes       No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

### Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

### Abstract

Central Oklahoma Family Medical Center (COFMC) proposes to serve the approximately 15% of substance abusers within a rural service area through a combination of evidence-based practices including web-based assessment and self-reporting tools. COFMC intends to integrate substance abuse treatment within its existing electronic health record (EHR) system, NextGen, to facilitate primary care treatment services in conjunction with substance abuse treatment.

Project Title: Technology Integration for Rural Substance Abuse Treatment Provision

Population to be served: The service area consists of six in South Central Oklahoma. These rural counties have a total population of 62,473 persons and comprise 2,780 square miles. The rates of substance abuse are estimated at approximately 15% in this area. Primary drugs of choice are alcohol, marijuana, and methamphetamine (ODMHSAS, 2008). COFMC proposes to serve these clients primarily through referrals from drug court and primary care referrals.

Strategies/ Interventions: COFMC's Substance Abuse Treatment and Prevention Services rely on curriculum based on the Transtheoretical Model of Change. COFMC intends to integrate Drinker's Checkup, "a computer-based brief intervention designed to help problem drinkers reduce their alcohol use and alcohol-related consequences" (NREPP, 2008).

Project Goals/ Measurable Objectives: The primary objective of this project is to leverage technology to enhance the capacity of COFMC to serve the rural population in the six counties of our service area. COFMC modestly anticipates 500 clients per year based on population density and estimates of persons referred to treatment by the legal system. Given that within the designated service area only a handful of other outpatient treatment facilities provide comparable services, COFMC anticipates serving a minimum of 1500 clients over the three year project period. COFMC intends to integrate web-based services, the NextGen (electronic health record system), and other technological advances (text and instant messaging, teleconferencing via web platforms) to increase treatment and intervention opportunities for clients seeking treatment for substance abuse problems.

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# BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
2.						
3.						
4.						
<b>5. Totals</b>		\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]

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**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel	\$ 50,000.00	\$	\$	\$	\$ 50,000.00
b. Fringe Benefits	9,836.00				9,836.00
c. Travel	3,199.00				3,199.00
d. Equipment	6,500.00				6,500.00
e. Supplies	16,900.00				16,900.00
f. Contractual	153,290.00				153,290.00
g. Construction	0.00				
h. Other	10,000.00				10,000.00
i. Total Direct Charges (sum of 6a-6h)	249,725.00				\$ 249,725.00
j. Indirect Charges	24,972.00				\$ 24,972.00
k. TOTALS (sum of 6i and 6j)	\$ 274,697.00	\$	\$	\$	\$ 274,697.00
7. Program Income	\$ 90,500.00	\$	\$	\$	\$ 90,500.00

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### SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
14. Non-Federal	\$ [ ]				
15. TOTAL (sum of lines 13 and 14)	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]

### SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need	\$ 274,697.00	\$ 225,925.00	\$ 225,925.00	\$ [ ]
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 274,697.00	\$ 225,925.00	\$ 225,925.00	\$ [ ]

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	[ ]	22. Indirect Charges:	[ ]
23. Remarks:	[ ]		

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## Section A: Statement of Need

The service area consists of Seminole, Hughes, Okfuskee, Northeastern Pontotoc, Southern Pottawatomie, and Southern Cleveland Counties in South Central Oklahoma. These rural counties have a total population of 62,473 persons and comprise 2,780 square miles. The average population density of the service area is 22.47 persons per square mile. In contrast, Oklahoma averages 54 persons per square mile. Within this service area are 21,865 (35%) underinsured and uninsured individuals. Just under half of this population (48.7%) are male; however, a skewed proportion (61.6%) of substance abusers are men (SAMHSA, 2009). 69.4% of the population are Caucasian, 5.2% are Black, and 14.9% are American Indian (American Community Survey, 2009). The proportions of substance abusers within these races roughly correlate to the population percentages. The rates of substance abuse are estimated at approximately 15% of the total population in this area. Primary drugs of choice are alcohol, marijuana, and methamphetamine (ODMHSAS, 2008). Region 14, which includes Seminole County and three others within the service area, reported more crashes with injury, crashes that involved fatalities and alcohol or drug related crashes compared to Oklahoma. Alcohol-related arrests consist of driving under the influence, liquor law violations, and drunkenness. According to ODMHSAS, Region 14 had substantially greater alcohol-related arrests (34%) than the state of Oklahoma (29%).

There are only eleven (11) agencies providing outpatient substance abuse treatment besides COFMC. Of these agencies, five offer a sliding fee scale to accommodate the needs of 23.7% of individuals in the service area who live below the federal poverty level (ACS, 2009). Given the level of poverty, the high expense of fuel, and the rural area, the 15 miles from Konawa (the COFMC main campus) to Ada (the next-nearest treatment facility) is prohibitive for many clients—many of whom are required to engage in substance abuse treatment by the criminal justice system. Furthermore, for patients who do not have private insurance and are not Medicaid eligible, the cost of treatment is often financially ruinous for clients.

Clearly, COFMC's Substance Abuse Treatment Services fill a pressing need for treatment-seeking substance abusers in the service area. However, our clients require additional avenues for adequate treatment. Many substance abusers have co-occurring illnesses (often as a result of their substance abuse), and to facilitate their primary healthcare treatment in conjunction with their substance abuse treatment, COFMC intends to utilize Electronic Health Records, NextGen, so that clinicians and counselors have access to accurate and updated medical and treatment records with minimal effort. For clients who have access to internet services, COFMC will increase treatment and intervention opportunities for patients. With web conferencing through such applications as skype, patients can access their counselors from home. Patients may also make use of and other technological advances (text and instant messaging, teleconferencing via

web platforms) to increase treatment and intervention opportunities for clients seeking treatment for substance abuse problems. COFMC requires some funding to increase the counselors' access to these innovative methods of substance abuse treatment to better serve clients who have significant barriers including cost of travel and distance from service providers.

#### Section B: Proposed Evidence-Based Service/Practice

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section E, Performance Assessment and Data.

The purpose of the proposed project is to expand and enhance the availability of substance abuse treatment to clients in a rural service area.

- Identify the evidence-based service(s)/practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Also include the source of your information. (See Section I-2.1, and Appendix C, Using Evidence-Based Practices.)

COFMC already utilizes the Transtheoretical Model of Change (i.e. PRIME for Life) to assess substance abuse and provide early intervention services to clients. Given that a substantial number of clients in COFMC's program are referred by the legal system, this program is appropriate. This program, reviewed by SAMHSA in 2009 and listed in the National Registry of Evidence-based Programs and Practices (NREPP), has been studied in participant populations referred by the legal system often as a requirement for driver's license reinstatement (Kallina-Knighton, 2002). Alcohol abuse is the primary substance abuse problem within our target population, and this program has proven effective.

As a companion to PFL, COFMC proposes to integrate Drinker's Check-up (SAMHSA reviewed in 2008) to allow clients to access interventions from home. This program has proven successful in rural health centers in New Mexico. While racial demographics differ significantly, COFMC anticipates that the program will be successful given the similar levels of poverty and lack of access to treatment providers (Hester, 2005). COFMC does not intend to use Drinker's Check-up as a stand-alone treatment program; however, given the nature of the program and research findings, COFMC anticipates clients to succeed in reducing or eliminating their substance abuse with the combination of the two programs. Both programs correlate with the twelve (12) core functions (evidence-based model) as well as the twelve (12) step model to treat substance abusers. Studies have shown this model effective in most populations.

COFMC wants to accomplish two primary goals with this substance abuse treatment program: to assist substance abusers in identifying and eliminating problem behaviors and to reduce the rate of recidivism after the completion of the program. With these primary outcomes in mind,

COFMC anticipates treating five hundred (500) adult substance abuse clients per year. We anticipate that by increasing the access of patients to counselors by means of technology and access of counselors to patient medical records (including primary care notes), we will increase the rate of completion in the substance abuse treatment program and decrease the rate of recidivism upon completion. The EBP's we have outlined are appropriate to these outcomes because both programs operating in conjunction will force clients to actively consider their behaviors outside face-to-face counseling sessions (with use of Drinker's Check-up). The innate truthfulness scale in assessments for both models will provide counselors useful insight into the client's actual engagement in achieving sobriety and reducing problem behaviors. While the evidence of the success of these models for our population of focus does not exist, we anticipate success based on extant research for similar populations.

As previously discussed, COFMC will modify PFL and Drinker's Check-up by using them in conjunction with one another. By engaging clients outside the clinical setting (i.e. at home or other site of internet access), COFMC anticipates increasing the success rates for clients of the program to 65%. The PFL program was chosen based on the extensive research indicating that clients succeed in reducing or eliminating problem behaviors. COFMC has decided to include Drinker's Check-up to further increase client engagement in the program. Both programs have been tested in adult populations of demographics similar to those of COFMC. Furthermore, neither program relies on religious, racial, sexual orientation, or geographic setting to succeed in aiding substance abusers in reducing or eliminating problem behaviors. Both programs rely on a minimum of functional literacy, and COFMC serves a primarily English-speaking population.

#### Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
People: <ul style="list-style-type: none"> <li>• Staff –hours</li> <li>• Contract employees-- hours</li> </ul>	Outreach: <ul style="list-style-type: none"> <li>• Marketing</li> <li>• Intake/ assessment</li> <li>• Client Interview</li> </ul>	Client referral Client attendance Client participation	In-program: <ul style="list-style-type: none"> <li>• Client satisfaction</li> <li>• Client retention</li> </ul>
Funds	Treatment Planning: <ul style="list-style-type: none"> <li>• Weekly/ Bi-weekly classes</li> <li>• Counseling Services</li> <li>• Relapse prevention</li> <li>• Crisis Intervention</li> </ul>	Number of clients: <ul style="list-style-type: none"> <li>• Admitted</li> <li>• Terminated</li> <li>• In-program</li> <li>• Graduated</li> </ul>	In- or Post-Program: <ul style="list-style-type: none"> <li>• Reduced substance abuse—self reporting, urine, hair follicle</li> <li>• Psychological status</li> </ul>

			<ul style="list-style-type: none"> <li>• Reduced delinquency/crime</li> </ul>
Facilities	Program Support: <ul style="list-style-type: none"> <li>• Fundraising</li> <li>• Strategic planning</li> <li>• Administration</li> <li>• Public Relations</li> </ul>	Number of sessions: <ul style="list-style-type: none"> <li>• Per month</li> <li>• Per client/month</li> </ul>	
Equipment		Funds Raised: <ul style="list-style-type: none"> <li>• Grants</li> <li>• Program Income</li> <li>• Benefactors</li> </ul>	
Community services: <ul style="list-style-type: none"> <li>• Advertising</li> <li>• Legal System</li> </ul>			

#### Section C: Proposed Implementation Approach

- Describe your experience using health information technology for treating substance using populations. Describe your successes, challenges and outcomes.

To date, COFMC has engaged HIT for assessing incoming clients and designing the most appropriate course of treatment. Counselors also use HIT to record daily client notes. COFMC has utilized technology for telepsychiatry amongst patients in our VA program with successful results for patients. The challenges of using technology are typical and generally do not impact quality of client care: COFMC has had to increase broadband access for use by all departments, and the IT department regularly must install updates to the EHR system to keep pace with the extensive usage.

Nextgen, COFMC's current EHR system, is compatible for both Behavioral Health (under which our Substance Abuse Treatment Program falls) and primary healthcare (which COFMC as a Federally Qualified Community Health Center is required to provide). COFMC is already using NextGen for both programs and intends to expand the use of NextGen to include patient off-site access to review treatment plans, appointments, and counselor/ physician recommendations by linking the portal to our existing web page. The current structure of HIT is limited by only personnel constraints. At this time, COFMC has five employees who manage the EHR system and train clinicians and counselors on appropriate use. Despite this limitation, NextGen enhances COFMC's ability to provide quality patient care by linking departments (medical, dental, pharmacy, behavioral) with updated and accurate patient information.

Reaching the specified population of focus for appropriate substance abuse treatment requires the following steps:

1. Link the EHR program to web page for client access off-site
2. Include information to reach counselors out of the office (text messaging, instant messaging “office hours,” web conference) on expanded and enhanced COFMC website
3. Provide patient access to course tools from home (Drinker’s Check-up)
4. Increase ability for counselors to communicate regarding client care and increase opportunities for counselor training activities through use of smartboards, web conferencing, and teleconferencing.

By following these steps, COFMC will have greater access to our substance abuse clients and clients will have additional “life-lines” to treatment providers. NextGen Ambulatory HER 5.6 SP1 is ONC-ATCB certified according to CCHIT.org.

- Explain how you will address the following factors influencing the expansion and/or enhancement of HIT (including but not limited to EHR and telemedicine systems and tools):

The organizational factors influencing the expansion and enhancement of COFMC’s HIT system are as follows:

- Organizational: Increase in substance abuse clients including those with co-occurring ailments with a decrease in funding. COFMC is limited in the amount we are able to bill certain clients for certain services due to our sliding fee scale requirement and federal reimbursement policies.
- Provider Training and Competence Factors: COFMC relies on contract employees to provide a significant amount of work for this program. While the full-time employees maintain a certain level of competency in technology, our contract employees must be trained to meet appropriate competencies. COFMC will ensure this training is executed appropriately to decrease disparities in IT dexterity.
- Relationship factors: COFMC anticipates clients remaining with the same counselors throughout their programs. Those counselors will provide access to other counselors in the program through treatment notes by utilizing the EHR system effectively. During assessment, clients will be encouraged to utilize technology to facilitate treatment; however, clients who opt out based on lack of comfort with modern technology will be provided less technical means to engage in the program including phone calls and paper notebooks for home assessments.

- Technical factors: COFMC does not anticipate hiring additional HIT staff or consultants. The current employees who perform support maintenance and operation of the system will continue to do so.
- Financial factors: COFMC intends to utilize program income and existing funding to meet the program costs beyond the three-year award period. The Center is committed to maintaining this program well beyond the period of this pilot project.

COFMC screens and assesses clients for drug and alcohol usage and mental disorders at intake. These results are immediately incorporated into the patient record through NextGen and an appropriate treatment plan can be developed based on the input from the counselor doing intake and, if necessary, information provided by primary care clinicians and the psychiatrist. COFMC has extensive experience treating co-occurring disorders through the Behavioral Health Psychosocial Rehabilitation Program.

COFMC will utilize an existing capability in the NextGen EHR to offer patients access to their health records through a portal. COFMC must incorporate access to this portal to its existing website, and clients will simply be able to click the hot link to access data including health records, treatment plans, and calendar tools. Through use of this portal, COFMC can more effectively engage clients in their own care. Similarly, home-based monitoring tools (Drinker's Check-up, web conferencing) will improve health outcomes by further engaging clients in their own treatment plans. COFMC will ask for voluntary patient involvement in the use of technology-based care during the intake. Clients who agree to participate in this pilot project will be asked to sign an effective consent form.

#### Timeline

	Key Activities	Milestones	Responsible Staff
Year 1—Months 1-3	Advertise program to clients; Purchase equipment; Hire program coordinator and contract LADCs; Create marketing and advertising materials	<ul style="list-style-type: none"> <li>• Complete web design to allow patient access to EHR portal</li> </ul>	Jon Brandon IT Director HR Director
Year 1—Months 4-6	Enroll clients in technology-based	<ul style="list-style-type: none"> <li>• Submit quarterly</li> </ul>	Jon Brandon

	<p>substance abuse treatment services;</p> <p>Begin service delivery;</p> <p>Participate in Grantee Conference</p>	<ul style="list-style-type: none"> <li>• reports</li> <li>• Begin first course of client treatment program</li> </ul>	<p>Contract LADCs</p> <p>Grant Coordinator</p>
Year 1—Months 7-9	<p>Assess first two courses of technology-based service delivery</p> <p>Continue offering courses</p>	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	<p>Jon Brandon</p> <p>Contract LADCs</p> <p>Grant Coordinator</p>
Year 1—Months 10-12	<p>Assess courses of technology-based service delivery</p> <p>Continue offering courses</p>	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	<p>Jon Brandon</p> <p>Contract LADCs</p> <p>Grant Coordinator</p>
Year 2—Months 1-3	<p>Assess courses of technology-based service delivery</p> <p>Continue offering courses</p>	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	<p>Jon Brandon</p> <p>Contract LADCs</p> <p>Grant Coordinator</p>
Year 2—Months 4-6	<p>Assess courses of technology-based service delivery</p> <p>Continue offering courses</p>	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	<p>Jon Brandon</p> <p>Contract LADCs</p> <p>Grant Coordinator</p>
Year 2—Months 7-9	<p>Assess courses of technology-based service delivery</p> <p>Continue offering</p>	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	<p>Jon Brandon</p> <p>Contract LADCs</p> <p>Grant Coordinator</p>

	courses		
Year 2—Months 10-12	Assess courses of technology-based service delivery  Continue offering courses	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	Jon Brandon  Contract LADCs  Grant Coordinator
Year 3—Months 1-3	Assess courses of technology-based service delivery  Continue offering courses	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	Jon Brandon  Contract LADCs  Grant Coordinator
Year 3—Months 4-6	Assess courses of technology-based service delivery  Continue offering courses	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	Jon Brandon  Contract LADCs  Grant Coordinator
Year 3—Months 7-9	Assess courses of technology-based service delivery  Continue offering courses	<ul style="list-style-type: none"> <li>• Submit quarterly reports</li> <li>• Continue service delivery</li> </ul>	Jon Brandon  Contract LADCs  Grant Coordinator
Year 3—Months 10-12	Assess courses of technology-based service delivery  Continue offering courses	<ul style="list-style-type: none"> <li>• Submit final reports</li> <li>• Continue service delivery</li> </ul>	Jon Brandon  Contract LADCs  Grant Coordinator

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

COFMC anticipates serving 500 persons annually in the substance abuse treatment program with technology integrated. This projection will allow us to serve 1500 substance abuse clients over the course of the project. Included in this service, we anticipate a minimum of three substance abuse courses per week for approximately two hours each class. Depending on the clients' reason for joining the project, the client may take short courses for 8 hours or courses as long as six weeks. We anticipate that 65% of these students will complete the course having reduced or eliminated their substance abuse problem. A patient will be considered successful if reduction falls to 50% of his/ her intake at the beginning of the course.

This project is embedded within our Behavioral Health services department which already relies on SAMHSA EBPs for compliance. No other community organizations are part of this project at this time. Preparations to offer substance abuse treatment and prevention courses began in April 2011. The program is currently subject to HRSA review and has been submitted for approval to our change in scope. COFMC is funded sufficiently to proceed with traditional substance abuse treatment courses; however, without additional funding, we cannot serve as many clients successfully, nor can we incorporate technology-based lifelines as we have presented within this grant. COFMC anticipates no barriers to begin service delivery by the fourth month of the project period. Lack of additional funding is, at present, the only barrier we face with implementing this proposed project. By the end of the project period, COFMC anticipates having established a positive reputation within the legal system for referrals. The increases in clients will increase the program income and thus COFMC anticipates continuing the project through this increase as well as through donations by benefactors and private foundations. Program continuity will be maintained given the nature of our structure as a Federally Qualified Health Center which are strictly regulated by HRSA guidelines. Furthermore, the COFMC Board makes all final decisions and have approved this program pending funding. The Board ensures continuity of worthwhile programs initiated by COFMC.

#### Section D: Staff and Organizational Experience

COFMC, established in 1985, has remained in the service area (based in Konawa, OK) for the past twenty-six (26) years. The Center was formed due to community demand and with input from community leaders, ten of whom currently serve on our Board of Directors. This organization has extensive experience in serving Behavioral Health patients with co-occurring substance abuse issues. In addition, the Center has several years of experience in providing telepsychiatry services to VA patients under our soon-to-expire contract with the Veterans Administration. Furthermore, COFMC has been rigorously expanding relationships with local drug courts—our primary focus for referrals to the substance abuse program—for the past several months in anticipation of this program.

The Project Director, Jon Brandon, is a Licensed Alcohol and Drug Counselor, a Licensed Clinical Social Worker, and a Licensed Masters of Social Work. He has ten years of experience

in program development, administering parenting courses, leading substance abuse groups, and administering ADSAC Assessments. He will spend 10% of his time developing and administering this grant program. The remaining 90% of his time will be spent leading substance abuse groups as per his existing job description with the Center.

The Grant Coordinator will be required to administer and coordinate all elements of this grant program. This person, to be hired upon funding approval, will ideally have a Bachelors degree in social work or a related field. This person must have prior grant administration experience. In the interim, the grant administration functions of this program will be overseen by the development specialist, Yasminda Choate, who has five years of experience in developing and administering grants.

The Contract Counselors are hourly employees who will lead groups and interact with patients. These employees will be responsible for much of the technology integration to facilitate patients' usage of these tools. The licensing requirements for these positions are, at minimum, Licensed Clinical Social Workers; however, Licensed Alcohol and Drug Counselors are preferred.

Jon Brandon has ten years of experience in working with populations similar to that found in the service area of COFMC. This region of Oklahoma is primarily English-speaking with Caucasians being the largest demographic, followed by American Indian and Black people. Jon Brandon has lived and worked in Oklahoma for over twelve years and has an intimate knowledge of the population this program will target.

COFMC has the facility space and much of the equipment necessary to effectively meet the requirements of this grant program. COFMC is subject, as an FQHC, to the Americans with Disabilities Act. The facility in which this program will be located is in compliance. In addition, the population can easily access COFMC and discretion will be maintained as a result of the myriad of services we provide.

#### Section E: Performance Assessment and Data

COFMC is accustomed to HRSA reporting requirements from our EHRs. We plan to utilize our current system for collecting UDS data as well as our systems and personnel accustomed to accumulating data for the Service Area Competition grants. In addition, we will use client satisfaction surveys to gather qualitative data related to the clients in this program. We will rely on clients to supply data regarding the following GPRA performance measures:

- Housing status
- Employment status
- Access to services

- Social connectedness.

COFMC will utilize data from the courts and clinical (EHR) data:

- Abstinence from use
- Criminal justice system involvement
- Retention in services.

Data will be collected at baseline, discharge, and 6 months post-baseline, and will be disseminated through our EHR. The NextGen system will automate GPRA reporting. COFMC will use client reporting and observation of electronic contact to report on the

- Number of persons in treatment with access to and regular use of technology tools, e-apps, web-based programs and services;
- Number of persons in treatment trained on the previously listed tools; and
- Number of expanded or enhanced technologies integrated into the provider infrastructure.

Given the performance measures set by the grant and the traditional requirements for quarterly grant reports to federal funding agencies, COFMC anticipates frequent review of qualitative and quantitative data for this funding program. COFMC does not anticipate disparate outcomes for racial/ ethnic groups; however, we will monitor data for evidence of disparities. Program staff will be collecting the data related to the clients in this program and reporting on that data to the administrative team and the Board of Directors.

COFMC has not budgeted more than 20% of the total grant award for data collection as evidenced in the narrative budget.

#### SUPPORTING DOCUMENTATION

##### Section F: Literature Citations.

Hester, R.K., Squires, D.D., and Delaney, H.D. (2005). The Drinker's Check-up: 12-month outcomes of a controlled clinical trial of a stand-alone software program for problem drinkers. *Journal of Substance Abuse Treatment*. 28(2). 159-169.

Kallina-Knighton, W. (2002). Effectiveness of an intervention program for DUI (driving under the influence) offenders (Doctoral dissertation, Auburn University, 2002). *Dissertation Abstracts International*, 63(6-A), 2151.

## Section G: Budget Justification, Existing Resources, Other Support

### A. Personnel

Federal Request: \$50,000

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Jon Brandon	\$100,000	10%	\$10,000
Grant Coordinator	TBD	\$40,000	100%	\$40,000
Total				\$50,000

Justification:

1. The Project Director will provide daily oversight of the grant and is key staff.
2. The Coordinator will coordinate project services and project activities, including training, communication, and information dissemination.

### B. Fringe Benefits

Federal Request: \$9,836

Component	Rate	Wage	Cost
FICA	7.65%	\$40,000	\$3,060
Workers Compensation	3.8%	\$40,000	\$1,520
Insurance	13.14%	\$40,000	\$5,256
Total			\$9,836

Justification: Fringe benefits reflect the current rate for the agency. This amount reflects the fringe benefits for the Grant Coordinator.

### C. Travel

Federal Request: \$3,199

Grantee Conference	Washington D.C.	Airfare	\$350/flight x 2 persons	\$700
		Hotel	\$200/ night x 2 persons x 2 nights	\$800
		Per Diem	\$46/ day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles @ .505/mile	\$1,515
Total				\$3,199

**Justification:**

1. Two (2) staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington D.C.
2. Local travel is needed to attend project activities and training events. Local travel rate is based on the current federal rate of reimbursement.

**D. Equipment**

Federal Request: \$6,500

Smartboard with Projector	\$6,500	\$6,500
Total		\$6,500

Justification: This equipment is needed for group presentations of course curriculum, teleconferences, and training of personnel.

**E. Supplies**

Federal Request: \$16,900

General Office Supplies	\$50/ month x 12 months	\$600
Laptop Computers	\$1500 x 7	\$10,500
Portable Wireless Printers	\$300 x 5	\$1,500
Television	\$1,800	\$1,800
Software	\$2,500	\$2,500
Total		\$16,900

**Justification:**

1. General Office Supplies are necessary for operation of the project.
2. Laptop Computers, Portable Wireless Printers, and Software are required to provide curriculum to the clients and to allow all program staff remote access to the EHRs to better facilitate client treatment.
3. The television is to present course curriculum to clients during group sessions.

**F. Contract**

Federal Request: \$153,290

ADSAC Facilitators	5 persons	\$35/hour x 15 hours per week x 50 weeks per year	\$131,250
Web designer			\$3,500
Treatment Services	500 persons in treatment	\$27/ client per year	\$13,500
Cellular Aircard	7 Computers	\$60/month x 12 months	\$5,040
Total			\$153,290

Justification: The ADSAC facilitators, treatment services, and cellular aircards are mandatory to provide leadership to clients working through the treatment program.

Treatment services include such contract items as workbooks to provide to clients. The cellular aircards provide remote wireless internet access to our facilitators off-site and are necessary in the rural areas these facilitators will service. The web designer will create the necessary modifications to our existing website to provide the clients access to their EHR portals.

G. Construction

No request is made for construction.

H. Other

Federal Request: \$10,000

Program Marketing		\$10,000
Total		\$10,000

Justification: COFMC must make substance abusers, local law enforcement agencies, and potential primary care referrers aware of our program with marketing materials.

Total Direct: \$249,725

Indirect @10%: \$24,972

Total Request: \$274,697

COFMC anticipates reimbursements of \$90,500 in program income which will be reapplied to the program. This amount will be used in Years 2 and 3 to hire additional contract employees to increase our capacity to serve more clients. Infrastructure development is not reflected in this budget except perhaps by the permanent (or semi-permanent) items purchased to provide curriculum delivery. These items are a smartboard with projector, television, seven laptops, and three printers. The associated cost is \$20,300 or 7.38% of the total federal request. The request for software does address some of the data collection for performance measures and performance assessment. The total request of \$2,500 is .91% of the total grant request.

Justification: The ADSAC facilitators, treatment services, and cellular aircards are mandatory to provide leadership to clients working through the treatment program. Treatment services include such contract items as workbooks to provide to clients. The cellular aircards provide remote wireless internet access to our facilitators off-site and are necessary in the rural areas these facilitators will service. The web designer will create the necessary modifications to our existing website to provide the clients access to their EHR portals.

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H. Other

Federal Request: \$10,000

Program Marketing		\$10,000
Total		\$10,000

Justification: COFMC must make substance abusers, local law enforcement agencies, and potential primary care referrers aware of our program with marketing materials.

Total Direct: \$249,725

Indirect @10%: \$24,972

Total Request: \$274,697

Section H: Biographical Sketches and Job Descriptions.

Jon Brandon  
304 Dollina Drive  
Norman, OK 73069  
405-488-4096  
[jonbrandon@sbcglobal.net](mailto:jonbrandon@sbcglobal.net)

OBJECTIVE

A position in which I can utilize my knowledge of Social Work theory and practice in such areas as substance abuse, domestic violence, clinical assessment, treatment, and community organization.

EDUCATION

University of Oklahoma  
BA Sociology (May 2000)  
Masters of Social Work (May 2008)

EXPERIENCE

Child Welfare Specialist I and II (2002-2006): Completes investigations of abuse and neglect; prepares case reports and other documentation. Provides reports to courts, visits children in care, refers children and family to services, develops treatment plans for permanency of children. Recommends a course of action, provides protection services and coordinates referrals to other units, agencies, service providers, and courts.

Child Welfare Specialist III (2006): Supervises workers in the completion of investigations of abuse and neglect in the absence of the direct supervisor. Responsible for mentoring new Child Welfare workers in the field.

Program Field Representative (2006-2011): Training of social workers in the area of Risk and Safety, Investigations, and Permanency Planning. Development of training curriculum and presentations. Review and ruling on cases that have been filed for appeal. Review current Child Welfare cases for appropriate documentation of policy and procedure.

Parenting in Recovery (2007-2011): Facilitate groups for parents currently in recovery from addiction and involved in domestic violence. Instruct parents on appropriate interventions in the area of alternative discipline and development of parenting skills while coping with their own addiction. Provide individual therapy for children suffering from trauma due to abuse associated with domestic violence and addiction.

Substance Abuse Group Leader (2007-2011): Conduct clinical assessments and determine recommended level of treatment. Facilitate groups for individuals who suffer from addiction

and/or co-occurring disorders. Lead ADSAC (10 and 24 hour) groups as well as complete ADSAC Assessments for individuals who have received DUI or substance abuse related charges.

Program Manager—Substance Abuse and Family-Centered Services: Manage Substance Abuse Treatment Division as well as Family-Centered Services including but not limited to Intensive Outpatient Treatment, group and individual, parenting groups and services to children.

#### LICENSURES

Licensed Masters of Social Work

Licensed Clinical Social Worker

Licensed Alcohol and Drug Counselor

#### LADC Job Description

The Licensed Alcohol and Drug Counselor (LADC) is responsible for assessing the level of drug and alcohol abuse and conducting substance abuse services. He/she provides counseling sessions for families, individuals and groups. The Counselor is responsible for interviewing and developing the chemical dependency assessment. The Counselor is also liaisons with outside agencies and individuals for the purpose of developing and coordinating discharge planning with the treatment team and family.

Licensed Alcohol and Drug Counselors provide individual therapy at a minimum of one (1) session per week, and group counseling at a minimum of three (3) times per week.

Physical Demands: Moderate to heavy. Satisfactory health, strength and stamina to meet the physical, mental and emotional demands and stressors that position requires: walking, running, standing, lifting, irregular working hours, and assisting with the restraint (Protective Holds/Escorts) of patients when necessary for the safety of the patient and others.

#### Requirements:

- Bachelor's degree from an accredited college or university in social work, counseling or other related fields.
- Two years direct clinical experience specific to family, individual and group therapy with children and/or adolescents. For specialized issues or treatment modalities, training must be specific to substance abuse. Must have knowledge of human development over the life span.
- Must be licensed in the State of Oklahoma (or have completed the requirements to work under supervision of an LADC; Licensed Clinical Social Workers with the relevant experience may be considered.)

#### Preferred:

Two years of chemical dependency experience

Program development experience

Knowledge of and expertise in family counseling

Ability to have flexible scheduling

### **SAMHSA Grant Project Director**

**General Description:** The SAMHSA Grant Project Director will be responsible for directing project activities as outlined in the grant contract.

#### **Responsibilities:**

Essential duties and responsibilities include the following:

- Performs technical, analytical and professional tasks with particular emphasis on the collection, interpretation, aggregation and evaluation of data, and the incorporation of data into grant reports.
- Works with Grant Development Team to align project activities with tasks described in the grant proposal and contract.
- Manages activities of other employees as related to the grant contract.
- Coordinates with area legal officials involved with the grant to administer contract requirements.
- Other related duties may be assigned.

#### **Qualifications:**

Expected:

- Bachelor's Degree from an accredited institution in a discipline pertinent to duties and responsibilities;
- Demonstrated data collection skills.
- Ability to work with various community constituencies.
- Must possess required knowledge, skills, abilities and experience and be able to explain and demonstrate, with or without reasonable accommodations, that the essential functions of the job can be performed.
- Ability to maintain an established independent work schedule.
- Effective communication and interpersonal skills.
- Effective organizational and planning skills.
- Ability to attend to detail and ensure accuracy of data.
- Demonstrated ability to use personal computers and various word processing and spreadsheet software applications.

**CONTACT INFORMATION:**

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Dr. Investigator, 123-4567. You should also contact her at any time if you feel you have been hurt by being a part of this study.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, MC 5579, Palo Alto, CA 94304.

The extra copy of this consent form is for you to keep.

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Signature of Adult Participant

Date

Attachment 4: Letter to the SSA (if applicable; see Section IV-4 of this document)

Not applicable to Oklahoma agencies

The following parties are authorized to use and/or disclose your health information in connection with this research study:

- The Project Director, Grant Coordinator, and Licensed Counselors working with you in your Substance Abuse Treatment Program.

### **Who May Receive or Use the Information?**

The parties listed in the preceding paragraph may disclose your health information to the following persons and organizations for their use in connection with this research study:

- HRSA: SAMHSA.

Your information may be re-disclosed by the recipients described above, if they are not required by law to protect the privacy of the information.

### **When will my authorization expire?**

Your authorization for the use and/or disclosure of your health information will expire on *December 31, 2100*.

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Signature of Participant

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Date

## **Authorization to Use Your Health Information for Research Purposes**

Because information about you and your health is personal and private, it generally cannot be used in this research study without your written authorization. If you sign this form, it will provide that authorization. The form is intended to inform you about how your health information will be used or disclosed in the study. Your information will only be used in accordance with this authorization form and the informed consent form and as required or allowed by law. Please read it carefully before signing it.

### **What is the purpose of this research study and how will my health information be utilized in the study?**

The purpose of this project is to study *the use of integrative technology in the treatment of substance abuse.*

### **Do I have to sign this authorization form?**

You do not have to sign this authorization form. But if you do not, you will not be able to participate in this research study.

### **If I sign, can I revoke it or withdraw from the research later?**

If you decide to participate, you are free to withdraw your authorization regarding the use and disclosure of your health information (and to discontinue any other participation in the study) at any time. After any revocation, your health information will no longer be used or disclosed in the study, except to the extent that the law allows us to continue using your information (e.g., necessary to maintain integrity of research). If you wish to revoke your authorization for the research use or disclosure of your health information in this study, you must do so in writing. Please provide the written withdrawal to *COFMC at 527 W 3rd, Konawa, OK 74849.*

### **What Personal Information Will Be Used or Disclosed?**

*Information relating to the treatment and care you receive for your substance abuse and co-occurring illnesses.*

### **Who May Use or Disclose the Information?**

*agree to participate, we will collect your medical information from your medical record after each visit, which does not involve any direct participation by you.*

**PAYMENTS:** *You will not be paid to participate in this study.*

**PARTICIPANT'S RIGHTS:** Your decision whether or not to participate in this study will not affect your medical care. If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your identity will not be disclosed in any published and written material resulting from the study.

with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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Denise Sharp, ARNP (signed electronically)

6/16/11

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Signature of Authorized Representative

Date

(4) letters of commitment and/or support: COFMC has not collected letters of commitment given that we have not partnered with any other agencies.

Attachment 2: Data Collection Instruments/Interview Protocols –  
[http://edocket.access.gpo.gov/cfr\\_2005/octqtr/pdf/45cfr63.33.pdf](http://edocket.access.gpo.gov/cfr_2005/octqtr/pdf/45cfr63.33.pdf)

- Attachment 3: Sample Consent Forms

## **SAMPLE CONSENT FORM For Prospective Collection of Medical Information/Data**

**DESCRIPTION:** You are invited to participate in a research study on *technology use in substance abuse treatment. From the information collected and studied in this project we hope to learn more about how we can integrate technology into the treatment of substance abuse.*

**PROCEDURES:** With your permission, we would like to *collect health information about you, including information about your general health (height, weight, blood pressure, results from blood tests, medications, physical exam results) related to medical treatments and care you receive. We would like to collect this information about you after each medical visit you have for as long as you are treated at Central Oklahoma Family Medical Center.*

**RISKS AND BENEFITS:** *There are no anticipated risks associated with this study. You will not receive any direct benefit from participation. We cannot and do not guarantee or promise that you will receive any benefits from this study.*

**TIME INVOLVEMENT:** Your participation in this study will *not require more time from you other than for the initial visit where this study is explained to you. If you*

**Department of Health and Human Services****§ 63.33****§ 63.31 Protection of human subjects.**

All grants made pursuant to this part are subject to the specific provisions of Part 46 of this subtitle relating to the protection of human subjects.

**§ 63.32 Data collection instruments.**

(a) *Definitions.* For the purposes of this section "Child" means an individual who has not attained the legal age of consent to participate in research as determined under the applicable law of the jurisdiction in which such research is to be conducted.

"Data-collection instruments" means tests, questionnaires, inventories, interview schedules or guides, rating scales, and survey plans or any other forms which are used to collect information on substantially identical items from 10 or more respondents.

"Respondents" means individuals or organizations from whom information is collected.

(b) *Applicability.* This section does not apply to instruments which deal solely with (1) functions of technical proficiency, such as scholastic aptitude or school achievement, or (2) routine demographic information.

(c) *Protection of privacy.* (1) No project supported under this part may involve the use of data collection instruments which constitute invasion of personal privacy through inquiries regarding such matters as religion, sex, race, or politics.

(2) A grantee which proposes to use a data collection instrument shall set forth in the grant application an explanation of the safeguards which will be used to restrict the use and disclosure of information so obtained to purposes directly connected with the project, including provisions for the destruction of such instruments where no longer needed for the purposes of the project.

(d) *Clearance of instruments.* (1) Grantees will not be required to submit data-collection instruments to the Assistant Secretary or obtain the Assistant Secretary's approval for the use of these instruments, except where the notification of grant award specifically so provides.

(2) If a grantee is required under paragraph (d)(1) of this section to submit data-collection instruments for the approval of the Assistant Secretary or

if a grantee wishes the Assistant Secretary to review a data-collection instrument, the grantee shall submit seven copies of the document to the Assistant Secretary along with seven copies of the Office of Management and Budget's standard form No. 83 and seven copies of the Supporting Statement as required in the "Instructions for Requesting OMB Approval under the Federal Reports Act" (Standard form No. 83A).

(e) *Responsibility for collection of information.* A grantee shall not in any way represent or imply (either in a letter of transmittal, in the data-gathering instruments themselves, or in any other manner) that the information is being collected by or for the Federal Government or any department, agency or instrumentality thereof. Basic responsibility for the study and the data-gathering instruments rests with the grantee.

(f) *Parental consent.* In the case of any survey using data-collection instruments in which children are involved as respondents, the grantee, in addition to observing the other requirements contained in this section, and in Part 46 of this subtitle as appropriate, shall provide assurances satisfactory to the Assistant Secretary that informed consent will be obtained from the parents of each such respondent prior to the use of such instruments, except that a waiver from the requirements of this paragraph for specific data-collection activities may be granted upon the written request by the grantee and a determination by the Assistant Secretary that a waiver is necessary in order to fully carry out the purposes of the grant.

**§ 63.33 Treatment of animals.**

If animals are utilized in any project receiving assistance, the applicant for such assistance shall provide assurances satisfactory to the Assistant Secretary that such animals will be provided with proper care and humane treatment; in accordance with the Animal Welfare Act (7 U.S.C. 2131 et seq.) and regulations set forth in (9 CFR Parts 1, 2, 3, 4).

Attachment 1:

- (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization: Central Oklahoma Family Medical Center.
- (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization: COFMC is not partnering with any other agencies at this time for this project.

(3)

## Statement of Assurance

As the authorized representative of Central Oklahoma Family Medical Center, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;

official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>1</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance

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<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

Preferred:

- Expertise in grant management.
- Prior successful work experience in a public or nonprofit organization.
- Experience in organizing and coordinating major projects.
- Ability to lead and interact effectively with a team.

## Appendix I: Detailed Budget and Justification

### A. Personnel

Federal Request: \$50,000

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Jon Brandon	\$100,000	10%	\$10,000
Grant Coordinator	TBD	\$40,000	100%	\$40,000
Total				\$50,000

Justification:

1. The Project Director will provide daily oversight of the grant and is key staff.
2. The Coordinator will coordinate project services and project activities, including training, communication, and information dissemination.

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Federal Request: \$3,199

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Total				\$3,199

**Justification:**

1. Two (2) staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington D.C.
2. Local travel is needed to attend project activities and training events. Local travel rate is based on the current federal rate of reimbursement.

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Treatment Services	500 persons in treatment	\$27/ client per year	\$13,500
Cellular Aircard	7 Computers	\$60/month x 12 months	\$5,040
Total			\$153,290

**Project/Performance Site Location(s)**

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

Organization Name: Central Oklahoma Family Medical Center

DUNS Number: 1310577540000

\* Street1: 527 W. 3rd

Street2:

\* City: Konawa County: Seminole

\* State: OK: Oklahoma

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 74849-1415

\* Project/ Performance Site Congressional District: OK - 005

**Project/Performance Site Location 1**

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

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City: County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name NA * Street 1 NA      Street 2 _____ * City NA      State OK: Oklahoma      Zip _____ Congressional District, if known: _____		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> _____		
<b>6. * Federal Department/Agency:</b> Department of Health and Human Services		
<b>7. * Federal Program Name/Description:</b> Substance Abuse and Mental Health Services_Projects of Regional and National Significance CFDA Number, if applicable: 93.243		
<b>8. Federal Action Number, if known:</b> _____		
<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix _____ * First Name NA Middle Name _____ * Last Name NA Suffix _____ * Street 1 NA Street 2 _____ * City NA State MI: Michigan Zip _____		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix _____ * First Name NA Middle Name _____ * Last Name NA Suffix _____ * Street 1 _____ Street 2 _____ * City _____ Zip _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Jesse Anderson		
*Name: Prefix _____ * First Name NA Middle Name _____ * Last Name NA Suffix _____		
Title: _____ Telephone No.: _____ Date: 06/16/2011		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**CHECKLIST**

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

Included  NOT Applicable

1. Proper Signature and Date on the SF 424 (FACE PAGE) .....
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)

- Civil Rights Assurance (45 CFR 80) .....
- Assurance Concerning the Handicapped (45 CFR 84) .....
- Assurance Concerning Sex Discrimination (45 CFR 86) .....
- Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....

12/31/1983
12/31/1983
12/31/1983
12/31/1983

3. Human Subjects Certification, when applicable (45 CFR 46) .....

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

YES  NOT Applicable

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....
4. Have biographical sketch(es) with job description(s) been provided, when required?.....
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....
6. Has the 12 month narrative budget justification been provided? .....
7. Has the budget for the entire proposed project period with sufficient detail been provided? .....
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?
9. For Competing Continuation and Supplemental applications, has a progress report been included?

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

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

Prefix:  First Name:  Denise Middle Name:   
 Last Name:  Sharp Suffix:   
 Title:  Chief Executive Officer  
 Organization:  Central Oklahoma Family Medical Center  
 Street1:  527 W. 3rd  
 Street2:   
 City:  Konawa  
 State:  OK: Oklahoma ZIP / Postal Code:  74849 ZIP / Postal Code4:  1415  
 E-mail Address:  denise.sharp@cofmc.org  
 Telephone Number:  580-925-3286 x.230 Fax Number:  580-925-2362

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

Prefix:  First Name:  Jon Middle Name:   
 Last Name:  Brandon Suffix:   
 Title:  Licensed Alcohol Drug Counselor  
 Organization:  Central Oklahoma Family Medical Center, Inc.  
 Street1:  527 W. 3rd  
 Street2:   
 City:  Konawa  
 State:  OK: Oklahoma ZIP / Postal Code:  74849 ZIP / Postal Code4:  1415  
 E-mail Address:  jon.brandon@cofmc.org  
 Telephone Number:  580-925-3286 Fax Number:

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

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

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

Previously Filed with: (Agency)

Region VI, Dallas, TX

on (Date)

01/01/1984

## INVENTIONS

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

## EXECUTIVE ORDER 12372

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

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

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

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

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

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

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

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

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

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

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

**Debarment and Suspension – Title 2 CFR part 376.**

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

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

**Environmental Tobacco Smoke – Public Law 103-227.**

**Program Fraud Civil Remedies Act (PFCRA)**