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April 9, 2013

UNIVERSITY HEIGHTS • 3375 U S RT 60 E
P O BOX 8069 • PHONE (304) 525-7851
HUNTINGTON, WEST VIRGINIA 25705
FAX (304) 525-1504
www.prestera.org

Ms. Kimberly A. Walsh
Deputy Commissioner
Division of Alcohol and Drug Abuse
Office of Behavioral Health Services
Bureau for Behavioral Health and Health Facilities
West Virginia Department of Health and Human Services
350 Capitol Street-Room 350
Charleston, West Virginia 25301-3702

Dear Ms Walsh,

We are pleased to enclose to you a copy of Standard Form 424 Face Page and a copy of the project abstract for Prestera Center's application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. This project is a collaboration between Prestera Center and Marshall University to expand and enhance services to consumers in the rural areas of our catchment area through the utilization of technology.

The application has been submitted to SAMHSA in response to their RFA# 13-008, (CFDA) No. 93.243 Targeted Capacity Expansion - Technology Assisted Care program.

According to the grant guidelines, any comments that you wish to make on the proposal may be sent not later than 60 days after the deadline date (April 10, 2013) for the receipt of applications. Please direct your comments to:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20850
ATTN: SSA – funding Announcement No. TI 13-001

We would also appreciate receiving a copy of the comments you submit to SAMHSA. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Karen Yost".

Karen Yost
Chief Executive Officer

Dayhoff, Sarah (SAMHSA)

From: Elizabeth Miller [Elizabeth.miller@prestera.org]
Sent: Monday, June 03, 2013 8:47 AM
To: Dayhoff, Sarah (SAMHSA)
Subject: Prestera Center
Attachments: TAC 6.3.13.pdf

Good Morning;

Karen Yost asked me to send you the attached file.

Thank you,

Elizabeth R. Miller
Executive Assistant
Prestera Center at Pinecrest
5600 US Rt. 60, East Room 221
Huntington, WV 25705
Phone 304-525-7851 x 2516
Fax 304-697-1251

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ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

5-31-2013

Date



Signature of Authorized Official

Karen Yost, Chief Executive Officer

Name and Title of Authorized Official (please print or type)

Prestera Center for Mental Health Services

Name of Healthcare Facility Receiving/Requesting Funding

3375 U.S. Route 60 East

Street Address

Huntington, WV 25705

City, State, Zip Code

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)
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: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP / Postal Code: ZIP / Postal Code4:
 E-mail Address:
 Telephone Number: Fax Number:

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

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP / Postal Code: ZIP / Postal Code4:
 E-mail Address:
 Telephone Number: Fax Number:

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

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

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

Previously Filed with: (Agency)

on (Date)

INVENTIONS

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

EXECUTIVE ORDER 12372

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

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

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

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

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

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

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

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

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

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

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

Debarment and Suspension – Title 2 CFR part 376.

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

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

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Dayhoff, Sarah (SAMHSA)

From: Dayhoff, Sarah (SAMHSA)
Sent: Friday, May 31, 2013 3:46 PM
To: 'karen.yost@prestera.org'; 'brent.burgess@prestera.org'
Cc: Foster, Alania (SAMHSA)
Subject: TI024757 TI13-008 TCE-TAC- Prestera Center for Mental Health Services, Inc.

Hello,

My name is Sarah Dayhoff from the Division of Grants Management at SAMHSA.

Please be informed that funding decisions have not been made; however, there is an item that needs to be addressed before your application can be further reviewed.

While reviewing your application, I noticed a discrepancy on the HHS Checklist. Part A, #2 need to be marked completely and have the dates indicated. If your organization has never filed these assurances with an HHS agency please submit them to us at this time. Please submit a revised checklist to me via email no later than C.O.B, Tuesday, June 4, 2013.

Thank you,

Sarah Dayhoff
Grants Technical Assistant
SAMHSA, Division of Grants Management
1 Choke Cherry Road, Room 7-1079
Rockville, MD 20857
Sarah.Dayhoff@samhsa.hhs.gov
240-276-0276 (Office)
240-276-1430 (Fax)

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="04/10/2013"/>		<input type="text"/>	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
<input type="text"/>		<input type="text"/>	
State Use Only:			
6. Date Received by State:	<input type="text"/>	7. State Application Identifier:	<input type="text"/>
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="Prestera Center for Mental Health Services, Inc."/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="55-0492369"/>		* c. Organizational DUNS: <input type="text" value="1038065350000"/>	
d. Address:			
* Street1:	<input type="text" value="3375 U.S. Route 60 East"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Huntington"/>		
County/Parish:	<input type="text"/>		
* State:	<input type="text" value="WV: West Virginia"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="25705-2837"/>		
e. Organizational Unit:			
Department Name:	<input type="text"/>	Division Name:	<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Karen"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Yost"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="CEO"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:		<input type="text" value="304-525-7851 x 1134"/>	
		Fax Number:	
		<input type="text" value="304-697-1251"/>	
* Email: <input type="text" value="karen.yost@prestera.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-13-008

* Title:

Grants to Expand the Use of Technology-Assisted Care 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:

Prestera Center's Technology Assisted Care (TAC) in the rural areas of Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam and Wayne counties in West Virginia

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.

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
----------------------	---	--	--

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="280,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="280,000.00"/>

* 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

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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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:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. N/A	93.243	\$ []	\$ []	\$ 280,000.00	\$ 0.00	\$ 280,000.00
2.						
3.						
4.						
5. Totals		\$ []	\$ []	\$ 280,000.00	\$ []	\$ 280,000.00

Standard Form 424A (Rev. 7- 97)

Prescribed by OMB (Circular A -102) Page 1

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel	\$ 57,748.00	\$	\$	\$	\$ 57,748.00
b. Fringe Benefits	13,039.00				13,039.00
c. Travel	7,948.00				7,948.00
d. Equipment	129,343.00				129,343.00
e. Supplies	1,350.00				1,350.00
f. Contractual	54,403.00				54,403.00
g. Construction	0.00				
h. Other	0.00				
i. Total Direct Charges (sum of 6a-6h)	263,831.00				\$ 263,831.00
j. Indirect Charges	16,169.00				\$ 16,169.00
k. TOTALS (sum of 6i and 6j)	\$ 280,000.00	\$	\$	\$	\$ 280,000.00
 7. Program Income	\$ 0.00	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	CFDA 93.243	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 280,000.00	\$ 89,402.00	\$ 89,402.00	\$ 50,598.00	\$ 50,598.00
14. Non-Federal	\$ 0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 280,000.00	\$ 89,402.00	\$ 89,402.00	\$ 50,598.00	\$ 50,598.00

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. 93.243	\$ 279,995.00	\$ 279,999.00	\$ 0.00	\$ 0.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 279,995.00	\$ 279,999.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	263831	22. Indirect Charges:	16169
23. Remarks: Indirect cost rate agreement included in Other Attachment File 2			

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Prescribed by OMB (Circular A -102) Page 2

Prestera Center Technology Assisted Care (TAC)

ABSTRACT

Prestera's Technology Assisted Care is a two pronged project which serves to address the behavioral health needs of rural, isolated and economically disadvantaged Appalachians by: 1- enhancing Prestera Center's Electronic Health Record System to include a Patient Portal and 2 - expanding Prestera's limited telemedicine capabilities to reach clients throughout the Center's 8 county catchment area. It is expected that at least 2,000 of Prestera Centers clients will access the Patient Portal over the 3-year life of the program. It is also expected that a minimum of 900 individuals will utilize the expanded telemedicine capabilities to manage their medications, access their care provider or receive specialty services which are otherwise unavailable to them.

The first goal of TAC is to improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal. Through implementing a personal health record system (PHR), Prestera Center clients can access their specific behavioral health information, communicate with providers about their medications, set or adjust appointments, communicate with their provider regarding issues of concern, and access educational information that they need to cope with their illness. Objectives include promoting wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site; supporting recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site; increasing treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments; and improving health outcomes of clients.

The second goal is to improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients. By expanding the Center's existing telemedicine system, clients will obtain behavioral health treatment and specialty care without barriers such as transportation, lack of qualified provider, or stigma which may be inhibiting their access to care. Objectives for this goal include **treatment access** through an expanded telemedicine system which will be provided to 900 clients over the course of the program's three years: 200 in Year 1, 300 in Year 2, and 400 in Year 3; **integration of the use of technology in client treatment** measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use. Outcomes will be shared among all Prestera Center providers engaged in the provision of care to clients through use of expanded telemedicine use, measured by monthly utilization reports.

Prestera Center Technology Assisted Care (TAC)

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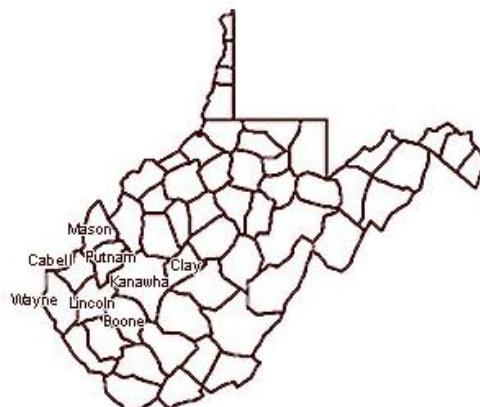
Prestera Center Technology Assisted Care (TAC)

Section A: Population of Focus and Statement of Need

Addiction and mental health issues are expected to cost individuals, children, families and communities in the U.S. \$510.8 billion annually (www.samhsa.gov). By 2020, behavioral health disorders will become the number one cause of disability worldwide, according to SAMHSA's website. SAMHSA estimates that 23.5 million Americans age 12 or more needed treatment for substance use and only 11% of those in need actually received treatment. West Virginia has the highest per capita number of prescription drugs filled by pharmacies in the nation, according to a 2011 epidemiological report provided by WVDHHR, Bureau for Behavioral Health and Health Facilities, Division on Alcoholism and Drug Abuse. The suicide rate in West Virginia is above the national average based on 2010 data (in the same epidemiological report mentioned previously). The solution to addiction and mental health problems is treatment. Treatment is effective and recovery is possible as evidenced in the people whose lives are improved by participating in Prestera Center services every single day.

Prestera Center for Mental Health Services, Inc. is one of 13 comprehensive, community based behavioral health services agencies located in West Virginia. Prestera Center's catchment area includes eight of the state's 55 counties, and two of the three most populated cities in the state, Huntington (Cabell County) and Charleston (Kanawha County). Charleston, the state capitol, is the single city in West Virginia which has a population exceeding 50,000. West Virginia is the only state in the nation that lies completely within the Federally designated Appalachian Region, and is reflective of the persistent poverty and economic despair that prompted the creation of the Appalachian Regional Development Act. Though marked improvements in the state's economy and poverty have been realized over the years, pockets of poverty remain in the state's more rural areas. The Health Resources and Services Administration (HRSA) designated each of the eight counties in Prestera's service area as medically underserved health professional shortage areas (HPSAs) for mental health care (HRSA 2013). Adults, age 18+ residing in this underserved, rural area are the focus population for Prestera Center's Technology Assisted Care (TAC) project.

- **Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.** Rural Appalachians with substance use disorder and bipolar disease residing in Prestera Center's eight county catchment area is the population of focus for the TAC project. The specific demographics of the population being served by Prestera Center in the catchment area (depicted in the map above) are described in Tables 1 & 2 below. This demographic data depicts the current clients of Prestera Center's services based on race, ethnicity, gender and age. Counties such as Boone, Clay, Lincoln and Wayne represent some of the most rural areas of the state and also reflect an aging



population receiving behavioral health services. Other more populated areas such as Cabell and Kanawha counties, reflect a higher percentage of clients between the ages of 18-34 with 47% of the clients Prestera serves in those counties falling in that age range. The majority of the population of focus is White, which is reflective of West Virginia's race and ethnicity profile. This population is also among the poorest in the state as reflected by the socioeconomic status of Prestera Center's clients depicted in Table 3 below. Gender disclosure demonstrated that 99% of the clients said they were either male or female; 354 clients did not reveal their gender.

Table 1: Race, Ethnicity & Gender profile of population of focus by number served by county

County	# of Clients	Race/ Ethnicity					Gender		
		Black	Native American	Hispanic	Asian	White	M	F	Undisc.
Boone	1,542	<1%	<1%	<1%	0%	96%	45%	54%	<1%
Cabell	7,320	6%	1%	<1%	<1%	90%	49%	49%	<1%
Clay	505	<1%	1%	<1%	0%	96%	44%	55%	<1%
Kanawha	10,885	10%	1%	<1%	<1%	83%	50%	49%	<1%
Lincoln	1,508	<1%	1%	<1%	0%	94%	47%	51%	<1%
Mason	1,732	1%	3%	<1%	<1%	94%	44%	55%	<1%
Putnam	2,118	1%	1%	<1%	<1%	95%	50%	50%	<1%
Wayne	3,227	1%	1%	<1%	<1%	96%	45%	53%	<1%
TOTAL	28,837	6%	1%	<1%	<1%	89%	48%	51%	<1%

Client statistics by county via Qualifacts (Prestera Center's EHR) 4-1-2013

The majority of Prestera Center's clients fall between the ages of 25-44 (51%) as illustrated by Table 2 below. In addition to client ages, another component of the population of focus is individuals serving in the Armed Forces as well as spouses of active duty service men and women. Over the course of last year, Prestera Center provided behavioral health services to 717 military and 69 spouses of active military personnel, the majority of whom live in Cabell and Kanawha counties.

Table 2: Age profile of population of focus by number served by catchment area county

County	# of Clients	Age						Military	
		18-24	25-34	35-44	45-54	55-64	65+	#Served	# Spouse
Boone	1,542	12%	25%	25%	17%	15%	5%	16	5
Cabell	7,320	17%	30%	22%	18%	10%	3%	160	17
Clay	505	16%	27%	24%	15%	11%	6%	9	3
Kanawha	10,885	18%	29%	22%	19%	10%	3%	330	27
Lincoln	1,508	17%	24%	23%	20%	11%	4%	20	1
Mason	1,732	15%	28%	21%	18%	13%	4%	28	1
Putnam	2,118	18%	30%	22%	17%	9%	3%	85	9
Wayne	3,227	17%	29%	22%	17%	11%	3%	69	6
TOTAL	28,837	17%	29%	22%	18%	11%	3%	717	69

Client statistics by county via Qualifacts (Prestera Center's EHR) 4-1-2013

Table 3: Socioeconomic status of population of focus.

County	# of Clients	Payment Source			
		Medicaid (37%)	Medicare (2%)	Charity Care (43%)	Insurance (2%)
Boone	1,542	571	31	663	31
Cabell	7,320	2,708	146	3,148	146
Clay	505	187	10	217	10
Kanawha	10,885	4,027	218	4,681	218
Lincoln	1,508	558	30	648	30
Mason	1,732	641	35	745	35
Putnam	2,118	784	42	911	42
Wayne	3,227	1,194	65	1,388	65
TOTAL	28,837	10,670	577	12,400	577

Payment source provided by Prestera Center's CFO 4-3-2013

Table 3 illustrates that 80% of the clients served by Prestera Center receive either Medicaid or Charity Care for their behavioral health services. Only 2% have a private pay insurance. With over 23,000 individuals being served who are living in poverty, this data reveals that Prestera Center is treating some of the most economically disadvantaged populations in West Virginia.

- **Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.** Individuals who live in Prestera Center's service area are very likely to experience health care disparities and disadvantages even more than people living in other parts of the U.S. West Virginia is situated in the heart of Appalachia. The Appalachian region is known for higher than average rates of poverty, low levels of education, high rates of unemployment and high rates of addiction and mental illness. Prestera Center employs local staff who are proficient in Appalachian culture, dialect, values and mores. By providing culturally competent services, health disparities are reduced. Prestera Center promotes the cultural competence of staff through training and hiring practices. By increasing access to health care services, behavioral health care staff and the electronic health record as a result of this project, Prestera Center will continue to positively impact health care disparity in the region. The population in the eight-county catchment area represents 25% of West Virginia's overall residents. This area is reflective of the rural nature of the population of focus as depicted in Table 4. Only Kanawha and Cabell counties have a significant population with a growing Putnam County situated geographically between the two. Though areas of these three counties are quite remote, the remaining counties in the service area are extremely rural with sparse population centers dotted throughout. For example, Point Pleasant, located in Mason County has a population of 4,350; while Madison located in Boone County is home to 3,076. The City of Wayne, located in Wayne County has a population of 1,413; Lincoln County's city of Hamlin has a population of 1,142. The City of Clay, population 491 is located in Clay County, which has only 27.5 people per square mile (compared with 77.1 persons per square mile for the state). These represent the larger cities in the target counties. The remaining population is scattered over the 3,700 square miles that define the catchment area.

Table 4. Overall population in the geographic catchment area.

County	Population	% in Poverty	% Age 65+	% Black	% Native Amer	% Hispa	% White	% Male	% Female
Boone	24,478	18.9%	14.3%	0.6%	0.1%	0.4%	98.6%	49.7%	50.3%
Cabell	96,974	21.5%	15.9%	5.1%	0.2%	1.2%	91.6%	48.7%	51.3%
Clay	9,297	27.8%	16.1%	0.3%	0.2%	0.4%	98.6%	49.6%	50.4%
Kanawha	192,179	14.1%	16.8%	7.4%	0.2%	1.1%	89.2%	48.1%	51.9%
Lincoln	21,627	28.2%	15.3%	0.2%	0.1%	0.5%	99.0%	49.8%	50.2%
Mason	27,179	17.8%	17.3%	0.8%	0.2%	0.5%	97.6%	48.2%	51.8%
Putnam	56,435	9.8%	14.7%	1.0%	0.2%	0.9%	96.8%	49.2%	50.8%
Wayne	41,649	19.7%	17.0%	0.3%	0.2%	0.6%	98.5%	48.8%	51.2%
WV		17.5%	16.2%	3.5%	0.2%	1.3%	94.1%	49.3%	50.7%
USA		14.3%	13.3%	13.1%	1.2%	16.7%	78.1%	49.2%	50.8%

Source: U.S. Census Bureau, Quickfacts 2012.

When comparing the overall population in the catchment area with the population of focus, one can quickly see that the population being served demonstrates an extreme need among the neediest in the target area. For example, in Boone County, 18.9% of the population lives in poverty; however, 37% of the clients served by Prestera Center in that county are Medicaid recipients and 43% are charity care. This same example holds true throughout Prestera's service area. Further, the race and ethnicity mix of Prestera's clients is greater than within the individual counties. For instance, Prestera Center's client mix from Kanawha County includes 10% African American's (See Table 1) while the percent of African Americans that make up Kanawha County's population is 7.4% and the State of West Virginia is 3.5% (See Table 4).

The barriers encountered by Prestera Center in serving such a rural and remote population include poverty, transportation to services, treatment compliance and the ability to attract providers to meet clients needs who are willing to live in rural areas or drive long distances to work in a rural location. Public transportation is extremely limited or nonexistent in the smaller counties. And, while available in Kanawha, Putnam and Cabell counties, bus lines do not cover many of the rural areas in which clients live. Clients are forced to depend on family members or friends to drive them to appointments, which often leads to cancelled sessions, no shows, and treatment non-compliance. Technology Assisted Care will enable Prestera Center to address these barriers by 1) developing a patient portal from which clients can actively participate in their care by having access to their personal healthcare information, communicating with their behavioral health care provider, and managing their own care from appointments to prescription refill requests; and 2) enhancing access to behavioral health services through the expansion of telemedicine so that Prestera Center clients living in the remote areas of the service area receive the services they need at an accessible location by a provider capable of meeting their needs.

The use of this patient portal and enhanced access to telemedicine will improve Prestera Center's ability to effectively communicate with and to appropriately serve some of the center's most rural, sickest, and non-compliant clients. The focus of TAC will be on clients in the more remote portions of the service area, paying particular attention to the 1442 clients who have been identified as having a co-occurring substance use (that results in high risk for hepatitis) and bi-

polar disorder, (a serious mental illness characterized by unstable mood, erratic and risky behavior and a high risk/degree of non-compliance with medical treatment). However, the use of the portal is not exclusive to this population. Rolling TAC out with a focus on this population provides Prestera Center with the opportunity to perfect the technology with a significant special high need client sector so that it can then be adapted to the remainder of the Center's clients. Nevertheless, the accessibility to the technology will be available to all Prestera Center clients.

Focusing on the substance abusing, bipolar client population is supported by the literature. Comorbid substance use disorders (SUDs) are more prevalent in clients with bipolar disorder than in any other psychiatric group (*Tohen et.al. 1998*). The Epidemiologic Catchment Area study reported that over 60% of individuals with bipolar disorder have a lifetime history of co-occurring SUDs (*Regier et.al. 1990*). *Sherwood et al. (2001)* reported rates of SUDs in clients with bipolar disorder ranging from 14%-65% in treatment settings. Comorbid substance abuse is associated with an earlier age of onset of the bipolar illness, higher frequency of mood episodes, greater persistence of symptoms between mood episodes, longer time to recovery, shortened time to relapse, greater severity of both depression and mania, more mixed and rapid cycling episodes, greater disability, and higher mortality rates (*Brown 2005 and Levin 2004*). Furthermore, substance abuse in clients with bipolar disorder is associated with increases in violence (*Salloum et. al., 2004; Cassidy et.al., 2001*) and psychiatric rehospitalizations, as well as poorer psychosocial outcomes (*Lagerberg, et al 2010*) compared with bipolar disorder without SUDs. In addition, clients with bipolar disorder and comorbid SUDs are more likely to attempt suicide than clients with bipolar disorder who do not have comorbid SUDs (*Guadino et al 2011*). Gaudiano et al. also found that even a history of an SUD, in the absence of a current SUD, was associated with poorer acute treatment response, a longer time to remission of an acute mood episode, and a greater percentage of time with clinically significant mood symptoms.

Additionally, the Affordable Care Act creates the opportunity to establish 'health homes' for persons with chronic conditions. West Virginia is in the process of developing and submitting a State Plan Amendment for this purpose, and has chosen bipolar disorder and substance use with chronic health conditions such as Hepatitis C. Care data indicates that these clients more frequently utilize hospital emergency departments and have a higher incidence of medical and psychiatric hospitalization. Six of the state's 55 counties were selected for this initiative based on high prevalence identified from claims data. Four of the counties are counties served by Prestera Center (Cabell, Kanawha, Putnam and Wayne).

- **Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources.** *Gaudino, Weinstock and Miller (2011)* reported that clients with comorbid substance use and bipolar disorders are at particularly high risk for treatment nonadherence and a host of negative consequences. Treatment adherence is defined as "The extent to which a person's behavior... corresponds with agreed recommendations from a healthcare provider" (*World Health Organization 2003*). Between 20% and 60% of clients with bipolar disorder are nonadherent to medication (*Colom, Vieta, & Tacchi 2005; Scott & Pope 2002*). For example, Scott and Pope found that 32% of clients with bipolar disorder who were prescribed mood stabilizing medication had been nonadherent within the past month and that 50% had been nonadherent during the previous two years. Medication

nonadherence is associated with a number of negative outcomes in bipolar disorder. In addition, adherence can be defined more broadly to include behavioral adherence, such as keeping treatment appointments and following prescribed lifestyle changes that are recommended as part of treatment (*Colum, et al 2005*). Studies of clients with severe mental illness show high rates of treatment drop out and failure to attend appointments.

Research suggests that several factors may have an important relationship with nonadherence in bipolar disorder. These include past history of nonadherence, longer duration of treatment, denial or poor insight into illness, fear of medication side effects, negative beliefs about treatment, poor client-doctor alliance, certain cultural beliefs, rational response to poor treatment, system problems (include lack of transportation, problems with access, lack of financial resources, etc.), lack of family/social support and isolation, and poor ability to comply (forgetting or distractions, misinterpretation or poor understanding of instructions, failure to establish routines that promote adherence, etc.), and the presence of psychotic features, mania, and cluster B personality traits. These findings are consistent with previous studies, leading some researchers to conclude that the most important predictor of nonadherence in bipolar disorder is comorbid alcohol and/or drug abuse (*Lingam & Scott 2002*). The exact relationship among drug use, treatment nonadherence, and outcomes is likely complex, reciprocal, and variable. However, there appears to be significant correlation between substance use and poor adherence in bipolar disorder, which in turn can lead to a variety of negative outcomes, including relapse of both disorders.

Prestera Center serves clients in eight counties, five of which are rural areas posing particular challenges with access, including limited treatment providers, distance to services, lack of transportation (including public transportation), and lack of community support organizations. The population in these counties demonstrate a great need for services. As seen in Table 5, a significant number of individuals residing in this targeted area suffer from substance use or dependence. Co-occurring disorder is also prevalent. Table 5 shows that while nearly 20% of the clients of Prestera's Kanawha County services are as a result of a diagnosis of Alcohol abuse or dependence; over 21% of the population served in Kanawha County have a bi-polar disorder; 17% struggle with an opioid addiction. Bi-polar and opioid addiction is the most common co-occurring combination across the Center's entire service area.

Table 5. Number of Primary Substance Use and Bipolar Diagnosis by County

County	# of Clients	Substance Abuse/Dependence				Bipolar	Co-occurring	
		Alcohol	Opioid	Cannabis	Sedative, hypnotic or anxiolytic		#	% of Bipolar
Boone	1,542	144	360	75	82	400	91	22.75%
Cabell	7,320	1398	1862	836	311	953	328	34.42%
Clay	505	43	100	33	9	98	18	18.37%
Kanawha	10,885	2141	1895	1158	316	2317	627	27.06%
Lincoln	1,508	188	344	106	60	233	59	25.32%
Mason	1,732	194	378	84	48	222	70	31.53%
Putnam	2,118	465	474	226	72	340	110	32.35%
Wayne	3,227	501	864	345	176	468	139	29.70%
TOTAL	28,837	5074	6277	2863	1074	5031	1442	28.66%

Client statistics by county via Qualifacts (Prestera Center's EHR) 4-1-2013

The no-show rate for Prestera clients in 2012 was 22% across all county sites. This has been an area of concern for some time, with specific activities designed to reduce the no-show rate, including providing transportation services to Center sites. However, transportation service is not possible in the rural counties and is not sustainable due to financial and risk constraints.

Alternative ways to facilitate engagement and provide treatment must be implemented in order to improve health outcomes. Improving technology and access to better technology can improve treatment adherence and eliminate the need for transportation, in many cases. Web-based technology that allows a client to access their own electronic health record does not exist today at Prestera Center. TAC will both expand and enhance the ability of Prestera Center to effectively communicate with clients who are traditionally underserved and to track and manage their health to ensure treatment and services are available where and when needed through the use of technology-assisted care.

Section B: Proposed Evidence-Based Service/Practice

- **Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.** The purpose of Prestera's TAC is to expand and enhance the capacity of substance abuse/mental health treatment providers throughout Prestera Center's system of satellite sites. The program will serve clients with co-occurring disorders (bipolar/substance abuse) who have been underserved because of lack of access to treatment in their community due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints. This target population was chosen based on Prestera's strategic plan to develop a health home model to coordinate the health care needs of bipolar and substance abusing clients. The use of electronic health record (EHR) and web-based technology, including an electronic personal health record (PHR) and web-based portal, smart phones, and behavioral health electronic applications (e-apps), will expand the ability of providers to effectively communicate and interact with persons in treatment and to accurately track and manage their behavioral health status, improve treatment adherence and ensure treatment and services are available where and when needed. This web-based portal and remote access via the internet will provide Prestera's substance abuse/ mental health clients who reside in HRSA-designated HPSA underserved regions of West Virginia, electronic access to their treatment providers and their personal health records. The ability to interact with caregivers remotely, provides a platform which will foster client-centered care and expand the available treatment services to a larger population of persons who are in need of substance abuse/mental health treatment.

A second element of this project is the expansion of current telemedicine services. By enhancing telemedicine technology and increasing access to services and care through technology, increased treatment compliance or treatment adherence will be achieved. Through enhancing the current telemedicine technology, Prestera Center will provide more portable telemedicine solutions to each county in its service area. All Prestera Center clients are routinely screened for co-occurring disorder as part of the intake process. Patients targeted for TAC are patients with a co-occurring substance use disorder with bipolar disease. Working with their clinicians and with these e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care.

Goal 1: To improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal. Through implementing a personal health record system (PHR), Prestera Center clients can access their specific behavioral health information, communicate with providers about their medications, set or adjust appointments, communicate with their provider regarding issues of concern, and access educational information that they need to cope with their illness.

Objective 1-1: Promote wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site.

Objective 1-2: Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.

Objective 1-3: Increase treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Communication with provider and medication management will also be monitored.

Objective 1-4: Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.

Goal 2: To improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment. By expanding Prestera Center's existing telemedicine system, clients will obtain behavioral health treatment and specialty care without barriers such as transportation, lack of qualified provider, or stigma which may be inhibiting their access to care.

Objective 2-1: Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the three years of the program: 200 in Year 1, 300 in Year 2 and 400 in Year 3.

Objective 2-2: Integrate the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use.

Objective 2-3: Share outcomes among all Prestera Center providers engaged in providing care to clients through use of expanded telemedicine use, measured by monthly utilization reports discussed and documented during staff meetings.

Objective 2-4: Improve health outcomes of clients, including those co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition measured by follow-up GPRA data collected.

- **Describe the evidence-based practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability.** In 2004, President George Bush set a goal of universal Electronic Medical Records (EMRs) by 2014, outlining a detailed plan designed to increase meaningful IT use in healthcare and to create national standards that would enable medical information to be digitized, stored, and shared electronically. Progress toward this goal was not realized under the Bush administration and President Obama has aggressively renewed this charge through the HITECH Act and the American Reinvestment and Recovery Act of 2008. Acquiring and implementing secure and effective information technology that spans the patient home, ambulatory care clinic inpatient facility, diagnostic lab, provider practice, policymaker, and payer communities should lead to improved quality of care through a more comprehensive decision-making process and better-informed decision making at all stakeholder levels (ATTC 2009). Prestera Center implemented Electronic Health Records in 2010.

In a case study, it was found that launch of “My HealtheVet Portal,” a powerful tool that enabled veterans to better understand and manage their personal healthcare and helped VA healthcare providers to make decisions based on accurate, current, and comprehensive patient information, generated a significant patient benefit to veterans. It is a secure portal that provides the gateway to veteran health benefits and services. It provides access to trusted health information, links to federal and VA benefits and resources, the Personal Health Journal, and online VA prescription refill. Electronic refill of prescriptions is the number 1 requested service by veterans, and 2.5 million prescriptions have been refilled through the My HealtheVet portal. In the future, registrants will be able to view appointments, co-pay balances, key-in portions of their medical records online, and much more (*Oracle 2009*).

Following this lead, a secure, web-based Patient Portal will link clients to their electronic health record (EHR) through enhancement of the CareLogic EHR (*see letter of support Attachment 1*). The Patient Portal will be designed to enhance treatment outcomes and improve the quality of life for clients by improving the accuracy of medication lists within the EHR, reducing adverse drug events, increasing client compliance with care and improving client-provider communication regarding medications and treatment goals. This portal will allow clients to view and communicate with their provider regarding their list of medications and allergies from the EHR, report non-adherence, side effects and other medication-related problems and easily communicate this information to providers, who can verify the information and update the EHR as needed. Studies which have used this evidence-based practice (web-based portal and PHR) have demonstrated improvements in treatment access, compliance, reductions in medication errors and cost reductions. Further analyses will determine the effects of this Patient Portal on important treatment-related outcomes and identify further enhancements needed to improve on this approach. The population of focus includes adult men, women or LBGT, who are age 18 and older, with a more prominent racial mix than typically found in other parts of the state, living in rural underserved areas with low educational attainment and a poor socioeconomic status (80% of current patients receive Medicaid or charity care). Co-occurring substance use disorders and bipolar disorder is a diagnosis focus; however, this diagnosis is not exclusive for TAC.

Video teleconferencing has been in place for almost 20 years at the Department of Veterans Affairs and other government organizations that serve patients in rural areas. But over the last decade, more psychologists have begun offering “telepractice,” also often referred to as “telepsychology” or the newer term, “telemental health” and the older, more generic “telehealth.” The terms refer to providing psychological services remotely, via telephone, email or videoconferencing.

Those in the telehealth trenches say it improves access to care for people who live in remote areas or who, due to illness or mobility problems, can't leave home. The practice also enhances psychological services by allowing psychologists to support clients between visits. Medicare, Medicaid and other third-party reimbursement is available for psychologists who deliver such services via videoconferencing and follow specific guidelines, experts say (American Psychological Association 2011). Usage and satisfaction data will be employed to determine whether clients find the expanded telemedicine and the Patient Portal easy to use, whether it leads to their providers having more accurate information about them, and if it will enable clients to feel more prepared for their forthcoming visits.

Demographics like race, ethnicity, religion, gender, age, geography, gender identity, sexual orientation, disability and socioeconomic status will not change from the typical rural Appalachian population served by Prestera Center. Prestera Center does not discriminate against anyone based on any of these criteria. Language and literacy, specifically literacy about behavioral health symptoms, medications and substance use disorders is expected to improve as a result of this project. Clients with access to their electronic personal health record will be more educated about their disorder(s) and their recovery. For persons with reading disabilities or low reading levels, a counselor or other staff member is available to read to them.

• Explain how your choice of an EBP will help you address disparities in subpopulations. Besides the enhancements mentioned in the previous sections, by providing web-based access to an electronic personal health record (PHR) (Patient Portal) and the ability to communicate and interact remotely with caregivers (telemedicine expansion), clients who reside in Prestera satellite site regions which are unable to easily access the full scope of services available at the Prestera Center in Huntington, WV will have the ability to receive psychiatric and other therapeutic services via the internet – some of which are currently available only to clients who either reside in the Huntington area, or who have reliable transportation and are able to travel the distance from their home to the Huntington location on a regular basis.

Using evidence-based practice (EBP) with a culturally sensitive approach to Appalachian rural and underserved, elderly, African American, and Lesbian, Gay, Transgender, Bisexual (LGBTB) persons will provide for greater participation in services through remote web-based access and a wider range of services. Cultural sensitivity training is integrated into all training required of all new Prestera Center employees. Cultural competency training, including service provision to substance abusers who are mentally ill, will also be included as part of the implementation phase of the TAC project.

• Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP. The only modification to be made will be adapting the EHR to include PHR and the web-based Patient

Portal, and providing remote access to caregivers, treatment professionals and medical staff through secure video teleconferencing. No modifications to any EBP are necessary.

- **If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.**

Does not apply.

Section C: Proposed Implementation Approach

- **Describe how you will support SAMHSA's Strategic Initiative #6, Health Information Technology (HIT), in treating substance using populations.** Prestera Center implemented its Certified EHR system in 2010 with the launch of CareLogic, by Qualifacts at all of the agency's sites throughout the eight-county catchment area. Specifically, CareLogic allows Prestera Center's behavioral health practitioners to engage the individual receiving services without waiting for the exchange of records and paperwork and without requiring unnecessary or repetitive tests and procedures. Access to a client's behavioral health history, medication history, and other information is essential to identifying potential medication interactions, factors that may affect the effectiveness of treatment, and/or other potentially harmful consequences to a course of treatment. All members of the internal treatment team have access to each area of an individual's record for the purposes of providing consistent care across all areas of treatment.

The proposed client web-based portal/PHR will enhance Prestera's currently existing, certified EHR system by building a web-based Patient Portal and PHR capability, which will meet Meaningful Use requirements specified in the Health Information Technology, Economic and Clinical Health (HITECH) Act. This is in accordance with SAMHSA's Health Information Technology (HIT) goals by improving the quality of care to mental health/substance abuse clients who can take a greater role in determining their health care needs through direct electronic access to their PHR. The project also expands Prestera Center's telemedicine capabilities, providing an increased ability for clients to interact with caregivers electronically while having these sessions also documented in their EHR. Through this two-phase approach TAC supports SAMHSA's Strategic Initiative #6:

- By enhancing the current EHR, clients will have the capability to link to their secure PHR through the new web based Patient Portal which will benefit them by being able to view information in their electronic record; create, send and receive secure messages directly to/from providers; and have more opportunities to be engaged individually.
- By expanding the current telemedicine system, clients will have increased access to services as a result of and the ability to interact remotely with caregivers /treatment providers and specialty services through telecommunication expansion, which links back to their electronic health record. Telecommunication services will be expanded to each of the 8-counties in Prestera Center's catchment area.

Both the enhanced EHR and expanded telemedicine system will break down the barriers encountered by the rural population of focus including transportation, and access to therapy as well as to specialty care. Treatment compliance is expected to improve.

- **Describe your experience using technology for treating substance using populations.**
Describe your successes, challenges and outcomes. Describe your organization's current capacity in technology-assisted care. Explain how your current infrastructure enhances or limits the quality of care your organization provides. Explain how it enhances or limits your efficiency as an organization.

Electronic Health Records. Prestera Center started utilizing technology for treating substance using populations with the 2010 implementation of *Qualifacts* CareLogic Enterprise, an Electronic Health Record system Certified as a Complete EHR under the ARRA Meaningful Use rules. The cornerstone of CareLogic is a single and complete behavioral health record for each client. The electronic client record (ECR) gives staff immediate and secure access to crucial client data and financial information, dramatically improving care coordination, clinical outcomes and agency efficiency. Specifically, *Qualifacts* Systems Inc's, CareLogic Enterprise is 2011/2012 compliant and was certified as a Complete EHR on March 22, 2011, by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable Eligible Provider certification criteria adopted by the Secretary of Health and Human Services. The 2011/2012 criteria support the Stage 1 Meaningful Use measures required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA). *Qualifacts* Systems Inc., is the largest provider of enterprise Software as a Service (SaaS) for human service and behavioral health providers. Prestera Center utilizes the *Qualifacts* CareLogic Enterprise system to quickly, securely and seamlessly share information across the region to improve the flow of information and enhance the coordination of client care. *Qualifacts'* Certified EHR Guarantee assures that Prestera Center is utilizing an electronic health record system that meets all applicable Meaningful Use, Interoperability and CCHIT requirements for Behavioral Health and Human Services.

Videoconferencing and telepsychiatry. Prestera Center is also utilizes technology to treat clients in several ways. The "CARE" project uses "Life Size" equipment for videoconferencing and telepsychiatry. The Care Available for Rural End-Users or "CARE" project is a U.S. Department of Agriculture project that allows staff, including psychiatrists, to visit with clients over a secure IP connection. There is now "Life Size" brand video conferencing equipment at four of Prestera Center's rural county offices in Clay, Mason, Lincoln and Boone counties and at two primary care federally qualified health centers (FQHCs) in rural Wayne and Lincoln Counties. The client sits in front of a television screen and camera/microphone to see their provider while the professional provider has a similar experience of observing and talking with the client through a real-time, interactive, secure video connection. The Life Size equipment is utilized during normal business hours, Monday through Friday between 8:00 am and 5:00 pm, primarily for evaluation of clients for involuntary commitment. Clinical staffs can use the equipment to complete psychiatric evaluations through interactive video technology, or to complete medication reviews and order medications, to give a consultation on a client in another location, or to interview and evaluate a child or adult for a mental hygiene commitment due to imminently dangerous behavior to themselves or others. Psychologists and counselors also use the Life Size equipment to complete the intake assessment evaluation on a new client seeking admission. Counselors with licenses may use the Life Size equipment to interview or provide therapy to a client if the only credentialed counselor available to see the client is too far for the client to travel.

Positive benefits include:

- dramatically improved client access to care, especially for those individuals in rural and remote locations who cannot travel to a more urban area for treatment services.
- reduced staff and provider travel thus attracting qualified individuals for provider positions who otherwise do not want to travel to or live in remote areas of the state.
- better utilization of physicians, specialized clinical staff, crisis staff and law enforcement personnel, by improving productivity due to less travel.
- additional billing opportunities through WV Medicaid and a handful of insurance carriers which allow services that are provided through the Life Size equipment to be billed.

Challenges include:

- The equipment is only available at 4 of Prestera Center's 53 services sites. Though located at two of the Center's most rural and remote sites, the use of the equipment is available to only a limited number of clients.
- Only one provider and one client can use the equipment at a time. Utilization of the equipment is high; often providers have to wait for the equipment to become available.
- Only locations on the network can be accessed through the equipment making it inflexible to use at multiple sites; more portable equipment would improve capacity.
- The equipment can only be hooked up in specific meeting rooms or group rooms which limits access to that room for other client services. The lack of mobility is a significant problem and severely limits its functionality.

Secure on-line recovery community. OneHealth is the first comprehensive online community specifically designed to help people change their behavior and lead healthier lives. It is a community of selected friends and communities that help people achieve their personal health goals. Its clinically sound solutions follow best evidence-based clinical practices (*OneHealth 2013*). Prestera Center joined the website based system nearly two years ago as a recovery tool for substance use clients. When users join and log-in, he/she is asked to identify how he/she is feeling. If they choose that they are not great or struggling, the One Recovery website or mobile app asks if it can notify friends so they can reach out to help get through difficult times, or, they can join in an online chat for inspiration or advice. OneHealth allows users to access their support network across multiple conditions. OneHealth protects the user's information and it includes privacy settings to control how much information is displayed, similar to other market products like "Facebook". The OneHealth website or mobile app also includes space for journaling, which can be very helpful to people by identifying what is working for them in recovery. OneHealth provides support, communities and tools for recovery all in one single website or mobile app.

Kiosks are set up at three addictions treatment locations for clients to use to connect to One Health. The computers, computer screens, keyboards and a mouse are available for anyone to walk up to and use (they are programmed to only go online to One Health). As a provider member of OneHealth, Prestera Center Recovery Coaches and counseling staff have their own access and accounts so they can also contact clients and former clients to congratulate them on their successes or help them solve problems. The OneHealth website and mobile app have been well received by clients and staff and utilized, especially by clients who live in rural and remote areas. Access and efficiency have improved through the constant contact of a 'virtual community' on OneHealth.

A disadvantage of OneHealth is that there are limited locations and stationary equipment. Another is that at the current time, only some substance abusing clients at three specific sites are participants. Additionally, access to medical record information by establishing a “client portal” is not possible.

Clinical trial. A clinical trial project currently being implemented in West Virginia is the Addiction Comprehensive Health Enhancement Support System (or A-CHESS) relapse prevention system that offers support to alcohol dependent people through a mobile phone-based app. It is a clinical trial project in partnership with First Choice Health Systems in West Virginia and with NIATX (Network for the Improvement of Addiction Treatment) under the direction and IRB of the University of Wisconsin. Prester Center has been selected as one of two pilot sites in West Virginia for this research project. The hypothesis is that A-CHESS develops competence, relatedness (social connectedness) and autonomy for recovering individuals. Recovery resources will be available around the clock, at home (or anywhere) through the mobile phone app. There is an audio delivery feature that can substitute for reading written text so that people with lower literacy levels can participate. A-CHESS offers communication with peers, peer specialists like Recovery Coaches and addiction experts. It uses GPS functionality to warn a person that they are about to enter a neighborhood they have identified as a high risk area for themselves. The A-CHESS evaluates risk for relapse and tracks the sections of the app that people are using or not using regularly in order to determine what is more or less helpful. Reminder alerts encourage staying on track with established goals entered into the app. Individualized addiction-specific information about recovery is available to users any time and tailored to their needs. One-touch communication with a “care manager” is available through the A-CHESS mobile app. The A-CHESS app will be offered to all of Prester Center’s clients who are participating in a Suboxone maintenance program. Clients may elect to participate or not, after understanding the risks and benefits of participating in a research study and signing consent forms. The A-CHESS research project has launched in the past quarter and clients are now being enrolled.

There are some limitations to the A-CHESS initiative:

- While the app is free, the equipment and data plan have to be paid for by the client. This is a barrier for clients without sufficient funds to pay for the phone and data plan.
- The lack of cell service for some cellular companies in rural areas is another barrier.
- Because this is a research project, the target population is very limited.
- There is no “client portal” to allow client’s access to their medical record and no telemedicine solution that allows clients to interact with their providers.

The Partners in Health Network (“Partners in Health”) is a group of primary health care organizations across West Virginia (Prester Center is one of two behavioral health organizations participating). Partners in Health was established to find ways to meet the needs of member health care providers and hospitals in order to promote an integrated service delivery network throughout the state. Many of the primary care members provide services in rural areas. A Claude Worthington Benedum Foundation planning grant was awarded to Partners in Health to evaluate the use of technology, especially to provide access to specialty providers, which are not available in many of the member community hospitals. The planning grant is nearly complete, and it is anticipated that an application for funding from the Benedum Foundation for implementation will be made by Partners in Health. A Partners in Health Network project anticipated to be implemented in the next year will be an Apple Store “app” that provides a

HIPAA compliant secure connection over Apple's I-phone or an Apple I-pad (with plans to develop the app for Android phones also). Prestera Center participated in the planning grant and will participate as the psychiatric specialty care provider if the implementation grant is awarded.

Partners in Health is not designed to be of significant benefit to Prestera Center clients. Prestera's participation in the initiative is as a specialty provider, e.g. psychiatry. However, depending on how the initiative plays out, there might be some opportunity for Prestera to have limited access to hospital medical personnel. It also offers Prestera Center the opportunity to collaborate with the medical community. Partners in Health is not designed as an internal technological tool for Prestera. At the current time, the use of iPads and iPhones is not compatible with Prestera's current EHR. This represents a major limitation.

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

- o Organizational factors (i.e., redesign of workflows, capabilities of your practice, day-to-day operations of your practice).

Prestera Center has demonstrated success in implementing a secure, HIPAA/HITECH compliant, Certified electronic health record system throughout the agency's eight county catchment area. This EHR system is established in each of Prestera Center's 53 services sites. Authorized personnel have secure access to any patient's health record that is being served in the system. This is a major advantage due to the transient nature of some patients who receive services from more than one Prestera Center site and for patients being served by more than one provider. The EHR keeps all services received by a client in one client record, significantly impacting continuity of care. Workflows were redesigned to effectively and efficiently utilize the new EHR system and to improve client outcomes.

Redesigning workflow is also involved with the multitude of major federal grant projects awarded to Prestera Center in the past 20 years. Prestera Center has been the direct recipient of federal grants and has been a partner in some statewide federal grant initiatives. Federal grant projects currently underway include:

- SAMHSA PBHCI grant which has established an integrated health care clinic in a primary Prestera services site and is being conducted in partnership with a local FQHC. Work is underway to develop a link between electronic health records of the FQHC and Prestera Center so that patients have one record in both systems.
- A SAMHSA CMHS System of Care initiative that began as a regional effort has now been implemented Statewide.
- SBIRT, awarded to the State of WV for implementing screening, brief intervention and referrals to treatment for adults and adolescents seen in general medical practices, schools, hospital emergency departments and other places. Prestera is a partner with the state in this initiative, and
- SAMHSA's Services in Supportive Housing Program that provides housing support to chronically homeless families and individuals.

Each of these initiatives required a redesign of workflow and flexibility of Prestera in order to implement. Prestera Center has demonstrated this time and time again since being awarded its first grant by SAMHSA in 1993 for the Renaissance program and a subsequent SAMHSA Targeted Capacity Expansion grant which provided expanded residential substance abuse treatment services to women who were able to keep their children with them while living in the program. Renaissance is still in existence 20 years later, helping countless women to overcome the plight of addiction and trauma to build a successful life for themselves and for their children.

Prestera Center also has demonstrated success working in partnerships to develop and implement successful and creative services. Examples of these partnerships include the Huntington Housing Authority to develop housing for chronically mentally ill individuals, Marshall University School of Medicine Department of Psychiatry to serve as a clinical rotation site for medical students, and Marshall University School of Pharmacy to implement clinical pharmacy services and establish a clinical site for pharmacy doctoral students.

To implement TAC, Prestera Center's Clinical Director at Prestera Center will have the usual work flow temporarily interrupted to finalize the exact content of the personal health record that all clients can access. The Clinical Director will also review and possibly revise policies as necessary. However, typical day-to-day operations for the Clinical Director will not be interrupted. Work flow for the Information Technology (IT) department director and staff will experience the most significant change. Development and implementation of the web-based portal; identification, purchasing, implementation and training on new telemedicine equipment will be required; and, monitoring and maintaining the technology will be required. However, it is expected that the most significant workflow demand will occur during the first year. Some IT department staff will continue to work on the helpdesk for staff and they will continue to address routine, daily IT responsibilities.

o Provider training and competence factors (disparity in IT dexterity among clinicians and staff). Prestera Center staff have become accustomed to using computers to complete documentation electronically within the Center's electronic health record (*Qualifacts CareLogic*). Some staff had difficulty initially when they were not accustomed to typing or working from a computer. Over half of the new staff training curriculum at Prestera Center is delivered through a software application called "Essential Learning" which tracks class registrations, learner progress, completion of required training modules, post-test scores and offers a library of additional training resources. Over time, staff have adjusted to using the electronic health record and Essential Learning applications competently. It is anticipated that some clients who are not familiar with computers, mobile phones, video conferencing and using other modern technologies may experience some difficulties and some frustrations. Staff will be available to assist clients with problem solving whenever possible. A number of Prestera Center clinical staff are also competent using the telemedicine equipment.

o Relationship factors between provider and persons in treatment (i.e., immediate vs. long term impact on care, the ability of persons in treatment to use electronic tools). Prestera Center staff will continue to maintain professional relationships with all clients, including during electronic transactions. Prestera Center has experience with this through the existing electronic communications with clients through telemedicine and the other technology assisted projects listed above. It is anticipated that some clients will have more difficulty adjusting to new technology and some may be suspicious of it. Some clients may not be familiar with computers,

mobile phones and data plans, video teleconferencing and others. Staff will assist in providing education/instruction on their use and solving problems as much as possible.

o Technical factors requiring additional staff or consultants (i.e., support maintenance, operation of the system). Prestera Center plans to utilize the existing EHR, CareLogic by Qualifacts, and enhance it to include a client portal for accessing the client personal health record (PHR); this will not require additional staff or consultants. Qualifacts technical assistance/support personnel will provide assistance with system development and training of staff. Consultation staff will be required for new equipment purchased outside the Qualifacts system. This will all be coordinated through Prestera's IT Director who is also the Project Director for TAC. Marshall University evaluation personnel (Sheba International) will also provide technical assistance/support and training on an on-going basis to ensure that all required evaluation documentation and elements are completed, as well as providing on-going monitoring and feedback of implementation.

Expansion of telemedicine will also be spearheaded by Prestera Center's IT department with the effort being led by the IT Director. The IT department has experience in rolling out telemedicine connectivity and has a clear plan to implement this project throughout Prestera Center's service area as illustrated in Table 6, Prestera Center's Technology Assisted Care Implementation Timeline. No additional staffing will be needed to implement this phase of TAC.

o Financial factors (i.e., coverage of ongoing hardware upgrades and maintenance, software maintenance, IT staff and consultants, and refresher training costs that occur beyond the three-year award period). There will be a financial outlay to develop and implement the client portal and to maintain the portal and its connection to the EHR. Those monthly maintenance fees will be absorbed by the organization at the conclusion of the grant project. The biggest expense will be in development and set-up which would be supported by the TCE-TAC funding.

There will also be a significant cost for expanding Prestera Center's telemedicine capabilities. After this initial outlay of funding for equipment, Prestera Center will have the capacity to support the system, including software maintenance, IT staff and refresher training costs that occur beyond the three-year award period. Contributing toward this capacity is the ability to bill telemedicine services including assessment, medication checks, individual therapy and psychiatric evaluations.

•Describe how effective consent will be obtained and tracked, including any special conditions dictated by State law and 42 CFR part 2. Consent for treatment is routinely collected at intake or other point of entry into services at Prestera Center. Consent is generated by the electronic health record which also provides for an electronic signature. An explanation of risks, benefits, and alternative treatments is reviewed with the client or client's duly authorized representative. A notice of privacy practices is provided that outlines how protected health information will be used and disclosed. Information about payment and fees is also included. Clients are typically asked to repeat what was discussed with them so it is clear that they understand. They are given the opportunity to ask questions to ensure understanding and to clarify any questions or concerns. Failure by the client or duly authorized representative to sign this consent may result in refusal or delay of services. Additionally, the GPRA instrument will be added to the Center's certified EHR system. Therefore, when clients complete an intake into one of Prestera's programs, at any Prestera site, they are also consenting to participating in the

GPRA. GPRA data will be collected and reported to the SAIS website on individuals utilizing the expanded telecommunications services.

• Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

Achievement of the goals will produce meaningful and relevant results by establishing a behavior change platform via technology enabled services that extends service capability, lowers the costs of care management and provides improved outcomes for clients with chronic illnesses. This will be accomplished through a two pronged approach:

Implementation of a HIPAA compliant patient portal serves to enhance services by:

- facilitating the use of technology to promote, educate, monitor, and assist service recipients and persons in recovery to self-direct, manage their health goals and succeed;
 - promoting quality services throughout Prestera's service area;
 - improving engagement and adherence to treatment or treatment compliance;
 - generating improvement in client outcomes, and
 - increasing client satisfaction with Prestera Center's service delivery system.

Expansion of Prestera Center's current secure, HIPAA compliant telemedicine system serves to improve services by:

- removing barriers to treatment (i.e. transportation, stigma treatment disparity), for the rural, medically underserved population located in some of the most remote areas of the state.
 - improving access to care by being able to electronically connect clients in the rural areas of the state with clinicians or specialty providers at various Prestera Center sites.
 - integrating care provided through the technology expansion into the clients' EHR; client has access to their records through the patient portal which will improve treatment adherence and individual client outcomes.
 - providing additional billing opportunities through telemedicine which will assist in defraying the cost of maintaining the patient portal and expanded portable telemedicine after the three-years of funding has ended.

Ultimately, achievement of the goals will improve patient outcomes and position Prestera Center to become a health home (if West Virginia's State Plan Amendment is approved) and will facilitate full implementation of the ACA.

• Describe your plan to screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. All clients are screened and assessed for the presence of co-occurring disorders at the time of their intake assessment and evaluation. Intake assessments in the EHR are integrated to screen for both mental health and substance use disorders. A complete psychosocial history includes information collected about past and current mental health symptoms, diagnoses, treatments, medications, efficacy of past treatments and past or present patterns of substance misuse, abuse and dependence disorders. Information about motivation and readiness for change, strengths and problem areas, and recovery environment is collected and synthesized during the intake process. The emphasis for the client is on welcoming them and engagement in treatment. The intake assessment and evaluation results dictate the

recommended programs, services and treatment interventions and the goals and objectives for the client's treatment plan. For substance use disorders, the ASI (Addiction Severity Index) is administered at intake and at each assessment update administered during treatment. Mental health symptom acuity is evaluated, symptom history information is collected and mental health symptom's impact on level of functioning are included in the intake assessment. To clarify or further evaluate specific mental health problems, the PHQ (Patient Health Questionnaire), Beck Depression and Anxiety scales, the Milan and other instruments can be utilized. Fully integrated programs for co-occurring disorders are available in detox, outpatient and intensive outpatient programs. All residential treatment programs are co-occurring capable programs. Determining the right programs and services for the individual is a process of sharing recommendations and listening to what the client is willing to accept. Clients are also screened for the presence of co-occurring disorders at each visit with a counselor or a medical provider. Additional assessment tools will be implemented consistent with State requirements (which have not been determined) that will include one of more of the following: Bipolar Disorder Symptoms and Functioning Monitoring, Mood Disorder Questionnaire, CIDI-based Screening Scale for Bipolar Spectrum Disorders, and Suicide Behaviors Questionnaire-Revised (Attachment 2).

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. (See Table 6 below)

Table 6. Prestera Center's Technology Assisted Care Implementation Timeline

Key Activities	Responsible Staff	Milestones by Months											
		1	2	3	4	5	6	7	8	9	10	11	12
Announce grant award	PI		█										
Patient Portal													
Development	Software Engineer & System Admin			█	█								
Provide training on use				█									→
Begin monitoring client use	IT Director & Evaluation team				█	█							→
Maintenance and Modifications	Software Engineer & Systems Admin					█	█						→
Telecommunications													
Purchase Equipment	IT Director		█	█									
Set up in remote areas	Systems Engineer			█	█	█							
Provide training on use	Systems Engineer			█	█	█							→
Monitor client use	IT Director/ Evaluation team				█	█							→
Maintenance and modifications	IT Director/ Systems Engineer					█	█						→
Reporting/Monitoring													
Quarterly Reports	Evaluation team					█	█		█				█
Quarterly Meetings	Evaluation team					█	█	█		█			
Advisory Meetings	PI-Project Director		█	█	█	█	█	█	█	█			
Required													
Travel to Conference	TAC Staff			█									

- **Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreach, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.** Prestera Center provides comprehensive mental health and substance abuse services to its clients. In 2012, Prestera Center served 21,000 unduplicated clients. Clients will be recruited from across the eight county region in rural West Virginia to participate in TAC. Existing clients with co-occurring substance use disorder and bipolar disorder will be contacted and targeted for TAC however, the program will offer the opportunity for any client to participate. The substance abusing, bipolar population is also the target population for the pending State Plan Amendment to develop health homes.

The State's plan is to pull claims data to identify all persons in the target population from the pilot counties (four of which are Presteras). These persons will be contacted and will be able to identify Prestera Center as their health home. Aside from the clients currently being served by Prestera, additional clients may choose to enroll in Prestera's services. The TAC project will be fully disclosed and explained and clients will choose to participate or not. Staff will be educated in a variety of ways about the project so they can inform their clients about it and ask for their consent to participate (*See Attachment 3*). Staff will read about the project in the employee newsletter, on the employee intranet site and in several reminder e-mail messages which are broadcast to all employees. Existing and incoming new Prestera Center clients will be offered the opportunity to participate.

Prestera Center staff are almost entirely from the Appalachian region and they generally live in the geographic location where they are providing services. As such, staff easily identify with the culture, language, beliefs, norms, values and socioeconomic factors of the clients. Many Prestera Center staff have lived their entire lives in West Virginia (as is common in the Appalachian culture). Having access to an electronic health record and improved access to treatment providers will encourage treatment retention. Clients who stay in services longer, and who receive more intensive treatment services are more likely to be successful in the changes they are seeking. Seeing improvements and stabilization in their mental health symptoms and their substance use disorder will help encourage more treatment retention. Multiple community based organizations are participating in established partnerships with Prestera Center. Partnerships include medical providers, hospitals, day care centers, schools, housing providers, homeless providers and others. Information will be provided to community partners about the TAC project so they can also help recruit clients to participate.

Finally, as part of Prestera Center's new staff orientation training, all staff receive cultural competency training which details the provision of services tailored to the client population being served. This training heightens the awareness of Prestera Center staff regarding the differences of individuals and the uniqueness of their needs. Services are not from a one-size fits all menu. Race, ethnicity, gender, socioeconomic status, educational attainment, living arrangements, criminal justice status, military status, rural, mental health status are all characteristics that drive culturally competent care. Awareness and focus on culturally competent care serves to reduce health disparities among these most vulnerable clients.

- **Describe how you will ensure the input of clients in assessing, planning and implementing your project.** Input of clients in assessing, planning and implementing the Prestera Center TAC will be obtained in several ways. Prestera Center's Board of Directors has responsibility for implementation and evaluation of all Prestera services. The Board's membership is comprised of members from throughout the eight county service area; nearly 16% have immediate family members as clients or are themselves clients of Prestera Center. In addition, focus groups will be held throughout the service area to obtain input for planning and provide feedback. Client satisfaction surveys will be obtained to evaluate client satisfaction with the portal as well as the expanded telemedicine capabilities. Client input on what is working and what is not working will drive decisions for system adjustments (*See Attachment 1 for client support of TAC*).

Finally, a client advisory group will be established so that clients have the opportunity to provide input into the development of the system and to assist in testing the system prior to going live.

- **Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in**

Attachment 1. Sheba International, Inc. is a seasoned, privately operated enterprise that chiefly provides professional assistance in program grant development and/ or external project evaluations, chiefly in the areas of education, healthcare, criminal justice, epidemiology, and related research based initiatives. Sheba International has experience through an **expert team** in Data Analysis, Biostatistics, Health Geographic Information Systems (HGIS) applications, Public Health Research, Health service Research, Health care information systems, Health Informatics, Electronic Health Records and Program Evaluation.

The principal role of Sheba International will be as an independent evaluator, responsible for conducting a Formative, Process and Summative Evaluation. Some of the major activities in which Sheba will participate include: development of data collection instruments, quarterly and annual reports review, data collection and data analysis and dissemination of findings and other activities related to the project. Additionally, Sheba will also be involved in the training of participants as well as maintaining project data storage. Sheba will also oversee the final evaluation reports. (*See Attachment 1 for letter of commitment*).

- **State the unduplicated number of individuals you propose to serve under the expansion/ enhancement, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, and gender.** Prestera's TAC proposes to serve clients using technology assisted care in two venues: through 1) the enhancement of the current electronic health record via a patient portal and 2) the expansion of the current telemedicine system to clients living in the rural and remote locations in the catchment area, the entire area being designated by HRSA as a mental health provider shortage area and an underserved service area. Table 7 below illustrates the unduplicated number of individuals proposed to be served by this two-pronged approach including the number and types of services being provided and anticipated outcomes, by race, ethnicity and gender.

Based on the general population who receive services from Prestera Center, the program understands that the behavioral health outcomes for Latino/Hispanics and African Americans are

significantly worse than for other groups. The services needs of these populations is based on the Prestera Center's current client population:

Table 7. Unduplicated number of individuals proposed to be served.

	Total	FY1	FY2	FY3
Patient Portal (Enhancement) Number served	2000	400	700	900
By Race/Ethnicity		20%	35%	45%
African American	150	30	54	66
American Indian/Alaska Native	20	4	7	9
Asian	5	1	2	2
White	1739	348	607	784
Hispanic or Latino	5	1	2	2
Native Hawaiian/Other Pacific Islander	1	0	0	1
Unknown	80	16	28	36
By Gender				
Female	1020	204	357	459
Male	960	192	336	432
Undisclosed	20	4	7	9
By Sexual Orientation/Identity Status				
Lesbian	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	Unknown
Telemedicine (Expansion) Number served	900	200	300	400
By Race/Ethnicity		22%	33%	45%
African American	54	12	19	23
American Indian/Alaska Native	9	2	3	4
Asian	0	0	0	0
White	801	178	264	359
Hispanic or Latino	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0
Unknown	36	8	14	14
By Gender				
Female	432	97	145	190
Male	459	101	152	206
Undisclosed	9	2	3	4
By Sexual Orientation/Identity Status				
Lesbian	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	Unknown
GRAND TOTAL Patients Served	2900	600	1000	1300

Numbers based on race and gender of current Prestera Center clients.

Enhancement and Expansion of Prestera Centers Technology Assisted Care project (TAC) will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service compliance rates will be consistent with the access to services projections noted above. The program expects to break down barriers to services for Prestera Center's rural population and increase access for 900 individuals over the course of the three-year period through the telemedicine expansion. Improvement in treatment compliance, and outcome measures reflected by the baseline and follow-up GPRA data collection instrument will demonstrate a reduction of substance use and an improvement in the overall health and wellbeing of the clients.

It is also projected that a minimum of 2000 Prestera clients will be engaged in their treatment through enhancing the agency's medical health record to include a patient portal. The program expects an increase in treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Access to the portal and improvement in patient outcomes will be measured by the number and types of services accessed, as recorded in the electronic health record system.

- **Provide a per-unit cost for this program.** Based on telemedicine services to 900 individuals through the assistance of this funding, the per person cost is \$747 per unduplicated patient over the three year period of the grant ($\$280,000 \times 3 \text{ years} = \$840,000 \times 80\%$ (excludes evaluation costs) = $\$672,000 / 900 \text{ clients} = \747 per unduplicated client served. Based on the current limited telemedicine capacity in Clay County, one of the state's most rural areas, clients use the system on an average of NINE times each. Based on this usage data, the cost per use would be \$83.

Section D: Staff and Organizational Experience

- **Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.** Prestera Center has 20 years of direct experience managing major federal grant projects and programs, dating back to 1993 when the long-term residential treatment program called Renaissance for women with children was funded under a SAMHSA Residential Women and Children/Pregnant and Post-partum Women's RFA project. Prestera Center has successfully managed or partnered with the State of WV for state-wide projects in at least a dozen or so SAMHSA funded projects. Prestera Center has experience with the SAMHSA Payment Management System, grants management, project officers and other SAMHSA officials that are helpful to maintain a successful grant project. Not only is Prestera Center successful in winning competitive grants, Prestera is also successful in competitive continuation renewals. Prestera is very successful in sustaining the work of the projects after the federal grant period expires. From the time a project is funded and a person designated or hired to direct the project, projects stay on task for implementation, start on time and serve the number of individuals listed in the application. Prestera is also effective in obtaining the required 80% follow-up / reassessment data on individuals served by the programs.

Prestera Center has a demonstrated positive record with successfully implementing programs using state and local funds. Prestera Center staff maintain a commitment to quality services and evidence-based practices to help clients achieve their full potential. Prestera Center provides general outpatient services to both children and adults, as well as specialized services for more intensive care. In addition, Prestera Center offers a full variety of addictions services including outpatient, detoxification, public inebriate services and residential housing (both long and short term). This continuum of care allows the experienced clinical staff to offer the very best treatment within a fully integrated system developed to meet the individual needs of each client. The center is CARF accredited.

Center funding has always been through a unique blending of Federal, State, and local tax funds; and client and third-party fees for service, though the proportion of that funding has varied throughout the life of the Center. Most of the funding in the early years was through Federal grants. Today, revenue comes from State and Federal grants, contracts, Medicaid and Medicare, with some other third-party providers or private pay. Currently, there are 53 Prestera Center locations scattered throughout the eight county region, making it the largest mental health and addictions services provider in the State of West Virginia. With 850 employees, Prestera Center has ranked annually since 2003 in the top 100 employers in the State of West Virginia and dedicated to each of the more than 21,000 adults, children and families that are served each year.

Supervisors and agency leaders are well qualified and experienced and highly credentialed. Supervisors, the management team, the executive team and the members of the Board of Directors are representative of the Appalachian culture and language.

Sheba International (SI), Inc., a seasoned, privately operated enterprise, provides professional assistance in program grant development and/ or external project evaluations, primarily in the areas of education, healthcare, criminal justice, epidemiology, and varies related researched based initiatives. SI is owned and operated by Girmay Berhie, Ph.D., MSW, MS-IS. Dr. Berhie is a tenured Professor and Director of Health Informatics at Marshall University, Huntington, WV. He is also an author, consultant, and shoulders extensive research and teaching experience in several fields, including Global Health, Biostatistics, Epidemiology, Public Health Research, Program Planning and Evaluation, Health Service Research, Hospital Information Systems, Health Informatics and Electronic Health Records (EHR). He most recently co-authored a book, *"The Multi-Dimensional Development Evaluation Model,"* Linus Publication, 2012.

Dr. Berhie's Ph.D. is in Public Policy and Administration with a concentration in Research Methodology and a Master's of Social Work from Saint Louis University. His Master's Degree in Information Systems originates from Marshall University, where he took several courses such as Biostatistics & Principles of Epidemiology Intermediate; Biostatistics; Regression Analysis in Public Health Research; and Applied Multivariate Methods courses from the John Hopkins University School of Hygiene and Public Health.

Dr. Berhie is the current **External Evaluator for BEACON Project**, a three year, \$5 million dollar TAACCT grant through the Department of Labor (Sept. 2012-Oct, 2014) with Mountwest Community and Technology College, Huntington, WV. Other evaluation services provided by Sheba International are noted in Dr. Berhie's Vitae located in Section H, Position Descriptions and Biographical Sketches.

- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

A list of staff including the Project Director and other key personnel is depicted in Table 7. The staff is acquired, experienced, knows the organization and has proven capabilities of implementing technology driven systems.

Table 7. Key Staff, Role and Level of Effort.

Position Name/Level of Effort	Individual	Role
Principal Investigator (5% - Years 1-3)	Karen Yost, President & CEO	Oversee project administration
Clinical Director (5% - Years 1-3)	Lisa Kaplan, Clinical Director	Oversees portal development; Define PHR and EHR Access; Train staff in use of technology.
TAC Project Director (45% - Y1) (25% - Y2) (30% - Y3)	Brent Burgess, IT Director	Oversee all elements of TAC, day-to-day supervision of all TAC staff; Implement Web Portal to PHR; Responsible for equipment purchases and deployment
Qualifacts System Admin (30% - Year 1&2) (25% - Y3)	Kim Ellis	EHR system implementation / enhancements
Software Engineer (20% - Year 1) (25% - Y2&3)	Josh Cardwell	Create, maintain client access in Patient Portal
IT Systems Engineer (30% - Year 1) (25% - Y2&3)	Tony Arthur	Developer of the telemedicine aspect of TAC.
Evaluation Team Director	Dr. Girmay Berhie	Complete CSAT/GPRA Client Outcome Measures; Develop evaluation planning, strategies and improvements. Develop data collection instruments; Communicate findings.
Evaluation Team Coordinator	Michael Jones, RN	Assist with monitoring quality data collection, Data Analysis and Reporting.

- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Principal Investigator. The President and CEO of Prestera Center, Karen Yost, will serve as the project's Principal Investigator. She is well experienced at the most senior management level, including top clinical management. She is an expert in evidence-based approaches and she is a certified trainer. She has significant experience with EHR implementation for two different EHR systems, including building of the system modules. She is a native West Virginian from one of

the most rural southern counties, resides in one of the rural counties served by Prestera, and understands the culture and language.

Clinical Director. The Clinical Director is Lisa Kaplan who holds numerous licenses and certifications in behavioral health counseling. She has 25 years experience in the mental health and substance abuse treatment field and is responsible for all clinical services at Prestera Center. She also has experience in development and implementation of an EHR system.

Project Director. The Project Director is Brent Burgess who is the Director of IT Services at Prestera Center. Brent Burgess, possesses many computer system certifications and holds a master's degree in information technology. He has been with Prestera Center for the past 10 years and has been instrumental in implementing telemedicine technology in the organization's rural catchment area. As the TAC Project Director, Mr. Burgess' role will be to coordinate the scheduling, implementation, and management of time and resources of all staff and vendors involved in the TAC project. He will ensure project completion and success by constant involvement in the day to day processes set forth in this grant.

Qualifacts System Administrator. Kim Ellis is a long-time employee of Prestera and currently holds the position of Qualifacts System Administrator. She was a key person in the implementation of the EHR throughout Prestera Centers 8 counties and 53 sites. She is currently responsible for maintenance of the EHR system. Kim currently provides staff training and technical assistance on the use of Qualifacts. She is also the Center's liaison with Qualifacts representatives. Her role will be to develop and customize the client portal module in Qualifacts CareLogic to ensure that it meets all requirements and functionality. She will also work closely with the Software Engineer to develop an additional information based client portal which will compliment the Qualifacts CareLogic portal module. She will be responsible for the ongoing data collection and extraction as needed for the grant reporting.

Software Engineer. The Software Engineer, Josh Cardwell, also has several technical certifications and holds two Bachelor's Degrees. Josh Cardwell is responsible for the Prestera Center internet and employee intranet site and he helps manage the Qualifacts CareLogic electronic health record. His role in TAC will be to assist the Qualifacts Systems Administrator to write and customize necessary reports. He will also develop a supplemental client portal which will compliment the Qualifacts CareLogic client portal and allow for more customization, information, communication, and interaction than the Qualifacts CareLogic portal will allow.

Systems Engineer. Tony Arthur has been repairing computers and building software for the past 13 years. He has worked as Prestera Center's System Engineer since 2009 and is responsible for the repair and upkeep of the agency's computers and servers. His role in the TAC project will be to stage, configure, install, maintain, troubleshoot, and schedule the telemedicine equipment. His role will also be to work as a personal helpdesk to the telemedicine users and ensure constant connectivity to the LifeSize telemedicine system both internally and externally

Evaluation Team Director. Girmay Berhie, Ph.D., MSW, MS-IS. Dr. Berhie is a tenured Professor and Director of Health Informatics at Marshall University, Huntington, WV. He is also an author, consultant, and shoulders extensive research and teaching experience in several fields, to include, Global Health, Biostatistics, Epidemiology, Public Health Research, Program

Planning and Evaluation, Health Service Research, Hospital Information Systems, Health Informatics and Electronic Health Records (EHR). He most recently co-authored, The Multi-Dimensional Development Evaluation Model, Linus Publication, 2012.

Evaluation Team Coordinator. Michael A. Jones, RN, is currently a Registered Nurse (RN) from 2005 to present; with active license in West Virginia and Ohio. During tenure as RN, employment experience includes working as a psychiatric nurse in various settings. Experience at Saint Mary's Medical Center included training and usage of the hospital EHR system (Soarian). Presently, a graduate student in the Master of Science program in Health Informatics at Marshall University (MU), and Graduate Research Assistant in the Department of Health Informatics (HI) at MU. Duties include: Assisting in the design and implementation of research projects, data analysis, and office duties for the HI Department.

Section E: Data Collection and Performance Measurement

• Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project. Sheba International, Inc., recognizes that it is essential to conduct a Formative, Process and Summative (outcomes and impact) Evaluation approach to measure the effectiveness of this innovative initiative. The proposed evaluation system will be managed by Sheba International's Chief Executive, Girmay Berhie, Ph.D., who will generate timely and experienced formative, process, and summative data in order to monitor and assess all phases and the outcome of the project. The evaluation will be conducted in collaboration with the Prestera Team and it will be conducted in a participatory mode. It is important that everyone have a stake in the process and a commitment to follow through with the data collection and analyses pertaining to all aspects of the formative, process and summative evaluation, but also have a role in facilitating impetus for change.

The Sheba International evaluation team will conduct all phases of the evaluation process using a multi-dimensional method. Formative, process and summative evaluation framework will be utilized. Based upon the results of quarterly evaluations, this evaluator will provide feedback and critical recommendations for changes that may be warranted to maximize successful outcomes.

▪ **Formative Evaluation** will provide timely, useful, and actionable information about project planning via ongoing assessment of the implementation and progress measures so that Prestera Center can make programmatic adjustments as needed to enhance project success. Additionally, there will be a clear understanding among stakeholders of what needs to be done, when and how. This stage is crucial for the successful completion of the project.

▪ **Process Evaluation** During the Process Evaluation, the team will ensure the effectiveness, value, significance and replicability of results. Sheba international will monitor the data collection and performance improvement measures, and analyze the data for the purpose of reporting findings and conclusions in the form of monthly, quarterly, annual and final evaluation reports.

Summative Evaluation will also be developed for the impact study in order to carefully measure the outcomes. To this end, Sheba International will design and carry out an assessment

of the model's outcomes and impact. The Multi-Dimensional Method Design will capitalize on the strengths and minimize the weaknesses of various types of data collection and analysis techniques to ensure that various stakeholders' perspectives are sought and to allow for triangulation of data.

Sheba International is responsible for developing and disseminating to key staff, quarterly rapid response summaries of Evaluation Findings and associated implications to be factored into the Prestera Center's model revision. This strategy, coupled with a minimum of quarterly meetings between Prestera Center project staff and the evaluator(s), recorded and transcribed to enable monitoring of data-based program decision-making, will help ensure that evaluation data are used to support continuous program improvement.

Finally, Prestera Center will require that Sheba International prepare formal ongoing, annual and final evaluation reports that summarize evaluation activities and findings for ongoing program use. The Sheba International Evaluation Team is committed to maintaining the integrity and confidentiality of the data at all times.

Data Collection Procedures, Proposed Measures and Variables. Sheba International, Inc. will work with the Principal Investigator and key staff members of the TAC project in developing a participant data collection process that will be adopted by staff. Sheba evaluators will conduct, organize and analyze the data and documentation by two program phases:

1. Baseline and Inputs, including EHR & PHR of entering participant (patient) characteristics, context, and the resources available.
2. Program Interventions, Patient follow up at 6-months and Patient discharge (30 days after no contact with the TAC program).

The evaluation primarily relies upon Prestera Center documents, data and records, through their certified EHR system to manage clinical information, using the CSAT GPRA instrument.

1. PRESTERA documents, data and records for clients in the catchment area (8 counties):
 - a. Demographic data
 - b. Patient Data: Initial diagnosis and treatment - Daily treatment - After care - Recovery support and other treatment services
 - c. Functioning
 - d. Stability in Housing.
 - e. Employment & Education
 - f. Crime and Criminal Justice Status
 - g. Perception of care: Satisfaction level of the service
 - h. Social connectedness
 - i. Reassessment status
 - j. Clinical discharge status: Percentage of clients reporting change in abstinence at discharge
 - k. Service Received
 - l. Number of clients served

In addition to the data measures specific to the Prestera TAC project, and the data methods developed by the evaluation team (as described above), the grantee will gather information using

the CSAT-GPRA Client Outcome Measures for Discretionary Programs tool available from the SAMHSA.gov website. The grantee will report performance on: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. Data will be collected at: Baseline (the client's entry into the project), six-months post-baseline and at discharge. This data will be collected using SAMHSA's CSAT-GPRA instrument.

Prestera has a certified EHR system (*Qualifacts* CareLogic) to collect and manage clinical info – this will be automated to GPRA reporting, and will be submitted within seven days of collection via the Services Accountability Improvement System (CSAT's online data entry and reporting repository).

2. Sheba International Data Collection Instruments

- a. Conducted several interviews regarding challenges & opportunities
- b. Review of critical reports and meeting minutes to evaluate progress
- c. One the most important role of Sheba International is monitor the design and implementation of the portal (Telemedicine). Sheba will develop a check list to verify/monitor/track:
 - Specifications of the portal
 - Pre-implementation assessment: Test the applications and variables that should be included such as: Hits, sign in, Queries and Complaints, treatment compliance by appointments, communication with providers and management of medications.
 - Implementation assessment
 - Health status as evidenced by the number of hits made to the portal site.
 - Co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.
 - Treatment access through telemedicine system.
 - Treatment plans in Prestera Center's certified electronic healthcare system (EHR), CareLogic by *Qualifacts*

•Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced. This data collected by grantee will be used to demonstrate how SAMHSA grant programs are reducing disparities in access, service use and nationwide outcomes. How do we do this? Using Prestera Center's EHR. Secondly, the evaluation team will develop instruments to collect and report the following data:

- Number of persons in treatment who have access to and are using technology tools, e-apps, web-based programs and services.
- Number of persons in treatment trained on how to effectively use technology tools, e-apps, web-based programs and services.
- Number of expanded or enhanced technologies integrated into the provider infrastructure.

•Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment. Following the baseline measure, every 6 months the evaluation team will monitor the progress achieved, the barriers encountered and efforts to overcome them, in a performance assessment report. The report will include responses to outcome questions including:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

Responses to the process questions below will also be addressed:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

Section F: Electronic Health Record Technology

- **Identify the EHR system that you, or the primary provider of clinical services associated with the grant have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in Attachment 5 of your application.**
Prestera Center implemented a Certified EHR (CareLogic by Qualifacts) on July 1, 2010. (See CareLogic by Qualifacts vendor contract in Attachment 5). The EHR was implemented for all Prestera Center clients throughout the entire 8 county catchment area. This system has been beneficial in that it permits staff to securely work outside the corporate facilities. Patient charts are readily available at any Prestera Center site via CareLogic, thus eliminating the need to transport paper charts from site-to-site. The Qualifacts' CareLogic application has the advantage of being 'web-native' which means that users can access CareLogic via an encrypted connection through simple internet and web browser access. The system was specifically designed to easily transmit over the web to allow users to experience satisfactory response time without 'super-fast' internet connectivity. This is important for the rural counties served by Prestera, as there is inconsistent connectivity due to a lack of high speed internet in all locations of the counties. Additionally, the system does not require the use of expensive and slow terminal services, VPN or other software add-ons.

Qualifacts will be releasing offline capability, CareLogic Unplugged (formerly known as Offline Sync). Prestera will be included in the Beta Group to test this functionality in the near future. This new feature is intended for use by staff in the field without internet connectivity, Unplugged will allow workers to stay productive by scheduling and keeping activities and completing service documents. Once they have internet access again they can synchronize their work with the CareLogic system. A letter of support from Qualifacts is in Appendix 1.

Budget and Justification

A. Personnel:

FEDERAL REQUEST

Project Position	Name	Annual Salary	Level of Effort	Cost
1) Principal Investigator	Karen Yost, Prestera Center CEO	n/a	5%	\$0
2) Clinical Director	Lisa Kaplin Prestera Center CD	n/a	5%	\$0
3) Project Director	Brent Burgess, Prestera Center (PC) Director of IT	\$60,323.00	45%	\$27,145
4) Client Portal Development-Qualifacts	Kim Ellis, PC Qualifacts Admin.	\$40,969.00	30%	\$12,291
5) Client Portal Development-Systems	Josh Cardwell, PC Software Engineer	\$44,000.00	20%	\$8,800
6) Telemedicine Expansion	Tony Arthur, PC Systems Engineer	\$31,707.00	30%	\$9,512
TOTAL				\$57,748

JUSTIFICATION: Role and responsibilities of each position:

- 1) Principal Investigator (in-kind) oversees the administration of the project and is ultimately responsible for agency reporting both programmatically and financially.
- 2) Clinical Director (in-kind) is responsible for overseeing the clinical aspect of the program to assure that it is in compliance with good clinical practice and follows agency standards and guidelines.
- 3) Project Director (45%) will coordinate the scheduling, implementation, and management of time and resources of all staff and vendors involved in the project. Will ensure project completion and success by constant involvement in the day to day processes set forth in this grant.
- 4) Client Portal Development - Qualifacts Administrator. Role will be to develop and customize the client portal module in Qualifacts CareLogic to ensure that it meets all requirements and functionality. She will also work closely with the Software Engineer to develop an additional information based customer portal which will compliment the Qualifacts CareLogic portal module. She will also be responsible for the ongoing data collection and extraction as needed for the grant reporting.

5) Client Portal Development - Systems Engineer - Role will be to assist the Qualifacts Systems Administrator to write and customize necessary reports. He will also develop a supplemental customer portal which will compliment the Qualifacts CareLogic customer portal and allow for more customization, information, communication, and interaction than the Qualifacts CareLogic portal will allow.

6) Telemedicine Expansion - Role will be to stage, configure, install, maintain, troubleshoot, and schedule the telemedicine equipment. His role will also be to work as a personal helpdesk to the telemedicine users and ensure constant connectivity to the LifeSize telemedicine system both internally and externally.

FEDERAL REQUEST for PERSONNEL:

\$57,748

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.0%	57,758.00	\$4,042
Workers Comp	2.585	57,758.00	\$1,490
Health Insurance	7.0%	57,758.00	\$4,042
Pension	5%	57,758.00	\$2,887
Unemployment Insurance	1%	57,758.00	\$577
TOTAL			\$13,039

JUSTIFICATION: Fringe reflects current rate for Prestera Center for Mental Health Services.

FEDERAL REQUEST for FRINGE:

\$13,039

C. Travel.

Purpose of Travel	Location	Item	Rate	Cost
Grantee Meeting (2 people required)	DC Area	Airfare	\$466 roundtrip airfare x 2	\$932
		Hotel	\$223/night x 2 persons x 3 nights (based on DC rates)	\$1,338
		Per Diem	\$70/day x 4 days x 2 people	\$560

		Parking	\$7/day x 4 days	\$28
		Ground Transportation	\$70 - Airport to hotel round trip	\$140
Local Travel	8-county target area in WV	Travel to agency sites located in rural areas of the state	750 miles/month x 12 months @ \$0.55/mile	\$4,950
TOTAL				\$7948

JUSTIFICATION: Purpose of travel and how costs were determined.

- 1) Two staff (Project Director and one other) to attend mandatory grantee meeting in Washington DC.(\$2,992)
- 2) Local travel is needed to attend local meetings, site visits to set up telemedicine equipment and staff training events. Local travel is based on the organization's policies/procedures for Privately owned vehicle reimbursement rate.

FEDERAL REQUEST for TRAVEL:

\$7,948

D. Equipment.

Equipment is being purchased for the telemedicine expansion. This equipment is nonexpendable, personal property having a useful life of more than one year and at an acquisition cost of \$5,000 or more.

JUSTIFICATION: Please see detailed equipment listing and justification.

FEDERAL REQUEST for EQUIPMENT:

\$129,343

Year 1 hardware/software budget

	<u>Unit Cost</u>	<u>Quantity</u>	<u>Line Total</u>	<u>SubTotal</u>	<u>Total</u>
Lifesize Telemedicine Expansion					
Lifesize ClearSea (priced through CDW-G)					
ClearSea Server 26 port	\$31,231.16	1	\$31,231.16		
ClearSea Server Maint	\$4,390.59	1	\$4,390.59		
ClearSea Android Client	\$3,121.77	1	\$3,121.77		
ClearSea Android Client Maint	\$458.90	1	\$458.90		
ClearSea IOS Client	\$3,121.77	1	\$3,121.77		
ClearSea IOS Client Maint	\$458.99	1	\$458.99		
tax			\$2,994.82		
SubTotal:					\$45,778.00
Bandwidth Increase					
MetroEthernet T1 Circuits (priced through Lumos Networks)					
1143 Dunbar Ave Dunbar, Kanawha County (per year)				\$ 3,780.00	
376 Kenmore Drive Danville, Boone County (per year)				\$ 3,780.00	
180 Main St. Clay, Clay County (per year)				\$ 12,360.00	
3389 Winfield Rd. Winfield, Putnam County (per year)				\$ 3,780.00	
715 Main St. Pt. Pleasant, Mason County (per year)				\$ 3,780.00	
25 Lincoln Plaza, Branchland, Lincoln County (per year)				\$ 7,500.00	
146 Kenova Ave. Wayne County (per year)				\$ 9,180.00	
625 8th St. Huntington Cabell County (per year)				\$ 3,120.00	
SubTotal:					\$ 47,280.00
T1 Interface Cards (priced through CDW-G)					
HWIC-1DSU-T1-RF	\$451.86	8	\$3,614.88		
tax			\$253.04		
Shipping			\$100.00		
SubTotal:					\$3,967.92

IOS Endpoints for Telemedicine

Apple iPad (priced through Apple Store)

iPad w/ Retina Dsiplay WiFi 32GB	\$599.00	10	\$5,990.00
1meter USB Cable	\$19.00	10	\$190.00
12 watt USB Power Adapter	\$19.00	10	\$190.00
iPad Keyboard Cover	\$79.95	10	\$799.50
iPad Speakers	\$49.99	10	\$499.90
Miscellaneous Wiring	\$50.00	10	\$500.00
tax			\$536.86
Shipping			\$600.00

SubTotal:

\$9,306.26

iPad Telemedicine Carts (priced through Tapestry Telemed)

iPad Cart w/ case, lens, light,mount	\$1,499.00	10	\$ 14,990.00
tax			\$ 1,049.30
Shipping			\$ 600.00

SubTotal:

\$16,639.30

WiFi Access Points (priced through Tigerdirect)

D-Link DAP-2590	\$298.56	20	\$5,971.20
Shipping			\$400.00

SubTotal:

\$6,371.20

Total Year 1 Hardware and Software Cost:

\$129,342.68

EQUIPMENT JUSTIFICATION

The intention is to expand on our existing telemedicine equipment in order to overcome existing barriers and limitations. The equipment that we would like to expand upon is our LifeSize videoconferencing system. We currently have 8 of these units with one installed at each main county location. We have a dedicated MetroEthernet T1 circuit at each location that is shared for video, voice, and data. Due to the fact that there is limited bandwidth and only one system at each location, it only allows for a single site to site connection which is limited to only one concurrent connection at a time. Our goal is to double the bandwidth at these locations, put the Lifesize infrastructure in-place to allow for multiple concurrent connections, cross hardware platform compatibility, and to add additional iPad endpoints for telemedicine. Then to take it a step further we intend to provide the functionality that will allow our telemedicine clinicians the ability to perform real time documentation through Qualifacts Carelogic on the Apple iOS device via a Citrix application.

Year 1: The plan is to start by ordering and installing additional MetroEthernet T1 circuits at each county location (8 in total) which would bring their existing bandwidth from 1.5 Mbps to 3 Mbps. Then in order to enable multiple site connections and enable cross platform connectivity to iOS and Android devices we will purchase, configure, install and implement Lifesize ClearSea technology. Then at each location we would install dual band WiFi access point devices to accommodate wireless iOS endpoints. Once the infrastructure is configured and tested we would then purchase, configure, install and implement Apple iPad devices attached to mobile carts to act as telemedicine endpoints at 10 strategic locations, (one at each county site plus 1 additional in Kanawha and Cabell counties due to the number of consumers seen). At this time each site will be trained and acclimated to the new Apple iOS endpoints and be able to interoperate them with the existing Lifesize telemedicine system to increase available services.

Year2: The plan is to expand the remote telemedicine capabilities by adding in the ability to access our Qualifacts Carelogic system to perform real time documentation while seeing the clients through the Apple iOS via a Citrix XenDesktop application. We will purchase, configure, install and implement a Citrix XenDesktop server and storage device with customized clinical desktops and Qualifacts Carelogic access at our data center in Huntington. We will then purchase, configure, install and implement 10 additional mobile iOS endpoints with 4G LTE data capabilities to be distributed to determined clinicians. These clinicians will begin seeing clients remotely both externally and internally through Lifesize ClearSea and performing real time documentation via the Citrix XenDesktop application. In addition we will add the Lifesize UVC Transit Client to the firewall to allow for seamless remote firewall traversal connections from outside the Prestera network.

Year 3: The plan for the third year is to increase the Lifesize ClearSea capacity from 26 connection ports to 52 in order to accommodate additional telemedicine endpoints. We plan to purchase, configure, install and implement an additional 10 Apple iOS endpoints on mobile carts to be distributed to the county sites and 20 additional Apple iOS 4G LTE mobile endpoints to be distributed to mobile clinicians in order to expand into the community.

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

Item	Rate	Cost
General Office Supplies	\$50/month x 12 months	\$600
Printed materials	5000 copies x \$0.15 copy	\$750
TOTAL		\$1350

FEDERAL REQUEST for SUPPLIES:

\$1,350

F. Contract

Contract	Purpose	Amount
Sheba International	Evaluation contract	\$54,403
TOTAL		\$54,403

JUSTIFICATION:

Sheba International is a minority owned company which provides experienced evaluation services (Ph.D. level) with expertise in research and evaluation, ins knowledgeable about the population of focus and will report GPRA data on the SAIS website. (See detailed budget)

FEDERAL REQUEST for CONTRACTUAL:

\$ 54,403

G. Construction: (NOT ALLOWED)

\$ 0

H. Other:

FEDERAL REQUEST for OTHER:

\$0

TOTAL DIRECT CHARGES:

FEDERAL REQUEST: \$263,831

INDIRECT CHARGES: \$16,169

FEDERAL REQUEST: \$280,000

TOTAL:

FEDERAL REQUEST: \$839,994

BUDGET SUMMARY

Category	Year 1	Year 2	Year 3	TOTAL Project Costs
Personnel	\$57,748	\$46,298	\$47,266	\$151,312
Fringe	\$13,039	\$10,454	\$10,673	\$34,166
Travel	\$7,948	\$7,948	\$6,828	\$22,724
Equipment	\$129,343	\$147,419	\$147,466	\$424,228
Supplies	\$1,350	\$510	\$129	\$1,989
Contractual	\$54,403	\$54,403	\$54,403	\$163,209
Other	\$0	-0-	-0-	\$0
Total Direct Charges	\$263,831	\$267,032	\$266,765	\$797,628
Indirect Charges	\$16,169	\$12,963	\$13,234	\$42,366
Total Project Costs	\$280,000	\$279,995	\$279,999	\$839,994

Changes to the budget that differs from the reflected amounts reported in the 01 Budget Summary:

- 1) Personnel: As the project rolls out in Year 2, a different configuration of staffing will be needed. The same individuals will remain on the project at the same base salary; only the percent of their salary changed based on the projected percent of work they will be doing on this project.
- 2) Fringe: Fringe benefits are based on salaries and have been adjusted accordingly.
- 3) Local travel is anticipated to decrease during Year 3 as the remote sites going live will be during the earlier timeframe of the project.
- 4) Equipment varies from year to year based on the implementation plan for connecting Prestera Center's rural offices. Please see detailed equipment budget narrative which follows for Years 2 and 3.
- 5) Supplies are anticipated to reduce from year to year. Prestera Center will absorb the general office supplies in Years 2 and 3; printing costs are also expected to be reduced as a greater need for training and marketing materials will be needed to launch the project.

EVALUATION TEAM BUDGET

PERSONNEL

Position	Name	Annual Salary/Rate	Level of Effort	Cost		
Evaluation Team Director	Girmay Berhie, PhD	105,796.53	19.00%	\$20,101		
Evaluation Team Coordinator	Michael Jones, RN	55,000	35.00%	\$19,250		
GIS/Office Support	Ines Garcia, MSc	41,000	12.50%	\$5,125		
Consultant fee	TBN			\$3,300		
				\$47,776	47776	

FRINGE

Component	Rate	Wage	Cost		
FICA	7.65%	\$44,476	\$3,402		
Workers Comp	2.50%	\$44,476	\$1,112		
			\$4,514	4514	

TRAVEL	Location - Prestera & Satellite Sites	Mileage	Rate		
		2750 miles @ 0.55 cents/mile	\$1,513	1513	

Supplies	Printing, Paper, Back-up hard drive miscellaneous office	\$50	12	\$600	600
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TOTAL EVALUATION BUDGET 54403

Year 2 hardware/software budget

Lifesize Telemedicine Expansion

Lifesize UVC Transit Client (priced through CDW-G)				
UVC Transit Client	\$10,839.06	1	\$10,839.06	
UVC Transit Client Maint	\$3,713.99	1	\$3,713.99	
tax			\$1,018.71	
SubTotal:				\$15,571.76

Lifesize ClearSea (priced through CDW-G)				
ClearSea Server Maint	\$4,390.59	1	\$4,390.59	
ClearSea Android Client Maint	\$458.99	1	\$458.99	
ClearSea IOS Client Maint	\$458.99	1	\$458.99	
tax			\$371.60	
SubTotal:				\$5,680.17

Citrix Telemedicine Expansion

Citrix Remote Access (priced through Medical Practice Management Solutions)				
Citrix XenDesktop Platinum w/SA	\$205.24	58	\$11,903.92	
HP Proliant DL385p server	\$8,770.34	2	\$17,540.68	
HP 24x7x4 support	\$1,138.18	2	\$2,276.36	
D-Link DSN-6110 SAN Storage Device	\$8,505.00	1	\$8,505.00	
D-Link DSN-610 Secondary Controller	\$4,145.00	1	\$4,145.00	
Seagate 15k SAS 600GB hard drive	\$463.20	8	\$3,705.60	
Extended 9x5 NBD warranty for 6110	\$3,117.80	1	\$3,117.80	
Extended 9x5 NBD warranty for 610	\$1,832.60	1	\$1,832.60	
D-Link DGS-1500-28 Switch	\$475.58	1	\$475.58	
D-Link 9x5 NBD Switch replacement	\$103.34	1	\$103.34	
Extended 9x5 NBD warranty for Switch	\$284.97	1	\$284.97	
Citrix Branch Repeater Virtual Appliance	\$225.00	9	\$2,025.00	
Citrix Access Gateway Ent VPX	\$597.00	1	\$597.00	
MPMS Implementation and training	\$125.00	16	\$2,000.00	
tax			\$3,510.77	
Shipping			\$1,000.00	
SubTotal:				58512.85

IOS Endpoints for Telemedicine

Apple iPad (priced through Apple Store)

iPad w/ Retina Dsplay 4G 32GB	\$729.00	10	\$7,290.00
1meter USB Cable	\$19.00	10	\$190.00
12 watt USB Power Adapter	\$19.00	10	\$190.00
iPad Keyboard Cover	\$79.95	10	\$799.50
iPad Speakers	\$49.99	10	\$499.90
Miscellaneous Wiring	\$50.00	10	\$500.00
tax			\$627.86
Shipping			\$600.00
SubTotal:			\$10,697.26

4GLte Wireless Access for iPAD (priced through Verizon Wireless)

Monthly 4G access for 12 months	\$684.00	10	\$ 6,840.00
SubTotal:			\$6,840.00

WiFi Access Points (priced through Tigerdirect)

D-Link DAP-2590	\$298.56	9	\$2,687.04
Shipping			\$150.00
SubTotal:			\$2,837.04

Bandwidth Increase

MetroEthernet T1 Circuits (priced through Lumos Networks)

1143 Dunbar Ave Dunbar, Kanawha County (per year)	\$ 3,780.00
376 Kenmore Drive Danville, Boone County (per year)	\$ 3,780.00
180 Main St. Clay, Clay County (per year)	\$ 12,360.00
3389 Winfield Rd. Winfield, Putnam County (per year)	\$ 3,780.00
715 Main St. Pt. Pleasant, Mason County (per year)	\$ 3,780.00
25 Lincoln Plaza, Branchland, Lincoln County (per year)	\$ 7,500.00
146 Kenova Ave. Wayne County (per year)	\$ 9,180.00
625 8th St. Huntington Cabell County (per year)	\$ 3,120.00
SubTotal:	\$ 47,280.00

Total Year 2 Hardware and Software Cost:

\$147,419.08

Year 3 hardware/software budget

Lifesize Telemedicine Expansion

Lifesize ClearSea (priced through CDW-G)

ClearSea Server 26 additional ports	\$31,231.16	1	\$31,231.16
ClearSea Server Maint	\$4,390.59	1	\$4,390.59
ClearSea Android Client Maint	\$458.99	1	\$458.99
ClearSea IOS Client Maint	\$458.99	1	\$458.99
tax			\$2,557.78
SubTotal:			\$39,097.51

IOS Endpoints for Telemedicine

Apple iPad (priced through Apple Store)

iPad w/ Retna Dsplay 4G 32GB	\$729.00	20	\$14,580.00
iPad w/ Retna Display WiFi 32GB	\$599.00	10	\$5,990.00
1meter USB Cable	\$19.00	30	\$570.00
12 watt USB Power Adapter	\$19.00	30	\$570.00
iPad Keyboard Cover	\$79.95	30	\$2,398.50
iPad Speakers	\$49.99	30	\$1,499.70
Miscellaneous Wiring	\$50.00	30	\$1,500.00
tax			\$1,792.57
Shipping			\$600.00
SubTotal:			\$29,500.77

4GLte Wireless Access for iPAD (priced through Verizon Wireless)

Monthly 4G access for 12 months	\$684.00	20	\$ 13,680.00
SubTotal:			\$13,680.00

iPad Telemedicine Carts (priced through Tapestry Telemed)

iPad Cart w/ case, lens, light, mount	\$1,499.00	10	\$ 14,990.00
tax			\$ 1,049.30
Shipping			\$ 600.00
SubTotal:			\$16,639.30

WiFi Access Points (priced through Tigerdirect)				
D-Link DAP-2590	\$298.56	4	\$1,194.24	
Shipping			\$75.00	
SubTotal:				\$1,269.24
Bandwidth Increase				
MetroEthernet T1 Circuits (priced through Lumos Networks)				
1143 Dunbar Ave Dunbar, Kanawha County (per year)	\$ 3,780.00			
376 Kenmore Drive Danville, Boone County (per year)	\$ 3,780.00			
180 Main St. Clay, Clay County (per year)	\$ 12,360.00			
3389 Winfield Rd. Winfield, Putnam County (per year)	\$ 3,780.00			
715 Main St. Pt. Pleasant, Mason County (per year)	\$ 3,780.00			
25 Lincoln Plaza, Branchland, Lincoln County (per year)	\$ 7,500.00			
146 Kenova Ave. Wayne County (per year)	\$ 9,180.00			
625 8th St. Huntington Cabell County (per year)	\$ 3,120.00			
SubTotal:				\$ 47,280.00

Total Year 3 Hardware and Software Cost: \$147,466.83

Supporting Documentation

Section G: Literature Citations

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Salloum (2002). Salloum, I.M., Cornelius, J.R., Mezzich, J.E., et al. Impact of concurrent alcohol misuse on symptoms presentation of acute mania at initial evaluation. *Bipolar Disorders*. 2002;4:418-21.

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Supporting Documentation

Section H: Biographical Sketches and Job Descriptions

- TAC Principal Investigator
- TAC Project Director
- Qualifacts System Administrator
- Software Engineer
- IT Systems Engineer
- Evaluation Director

Karen B. Yost
96 Gay Lane
Prichard, WV 25555

Education:	Williamson High School, Williamson, WV University of Kentucky, Lexington, KY B.A., Sociology & Psychology Marshall University, Huntington, WV M.A., Counseling & Rehabilitation
Credentials:	Licensed Social Worker in West Virginia Licensed Professional Counselor in West Virginia, Approved Professional Clinical Supervisor National Certified Counselor Master Addictions Counselor Certified School Counselor in West Virginia, K-12 Certified Sex Offender Treatment Specialist Certified Domestic Violence Counselor, Level III American Red Cross Disaster Mental Health Services Volunteer
Experience:	<p>Prestera Center for Mental Health Services, Inc., Huntington, WV Position: President and Chief Executive Officer (July 2012 – present) Duties: Responsible for oversight of all aspects the organization, including strategic planning, fiscal, clinical, and operations.</p> <p>River Park Hospital, Huntington, WV Position: Director of Clinical Services (1999-2012) Position: Director of Child & Family Services (1997-1999) Duties: Administrative & clinical oversight of clinical services, including Medical Records, Performance Improvement and outcomes measurement, clinical programs and staff, admissions department, utilization management; physician recruitment; strategic planning; Hospital's Privacy Officer; physician liaison, program development (geriatric psychiatric program, diversion program for State Hospital overflow patients, adolescent sex offenders residential, residential dual diagnosis program, sub-acute unit, child & adolescent diagnostic service, child abuse reactive residential program); staff development; marketing; represent River Park Hospital and mental health in external committees and initiatives.</p> <p>Also served as Interim CEO for several months in 2009. During that time completed 2010 Strategic Plan; recruited new physicians.</p> <p>Marshall University, Huntington, WV Position: Adjunct Faculty Counseling Department (2004 to 2011) Duties: Teach variety of classes in Counseling Department, including Stress Management, Crisis Intervention, Internship Supervision, Sex Offender Professional Curriculum</p> <p>Shawnee Hills, Inc., Charleston, WV Position: Vice-President, Child and Family Services (1993-1997) Director, Barboursville School (1991-1993) Clinical Director, Barboursville School (1989-1991) Duties: Administrative and clinical oversight of child and family services; program development (Statewide system to access to children's services; system for preventing, returning, & tracking out-of-state youth that became State prototype); training and clinical supervision of staff. Additional duties: represent children's mental health in many state committees and task forces; strategic planning; Quality Assurance efforts; research and development activities; marketing; external training; on-call and crisis services; grant writing.</p> <p>Prestera Center for Mental Health Services, Inc., Huntington, WV Position: Clinical Director, Barboursville School (1987-1989)</p>

Duties: Developed, implemented, and coordinated all clinical services; provided clinical and administrative supervision of staff; coordinated and provided staff development; oversight of activities leading to Joint Commission Accreditation in 1989, on-call and crisis services.

Roanoke Memorial Hospital, Roanoke, VA

Position: Support Service Radiation Oncology Department (1975-1978)

Duties: Oversight of clerical operation of department; provided social services to patients and their families.

Logan-Mingo Area Mental Health, Inc., Williamson, WV

Position: Adjunctive Therapist (1973-1974)

Duties: Wrote and implemented Partial Hospitalization Program; individual and group therapy; crisis intervention services; community education services.

Trainer:

Provides specialized training on a variety of topics including:
Behavior Management; Leadership Effectiveness; Customer Service; Childhood Development; Total Quality Management; Psychiatric Emergencies; Managed Care; Strategic Planning; Crisis Intervention; Disaster Mental Health Counseling; Treating Traumatized Children; Working with Sex Offenders; Experiential Team Building; Assessment and Strategies for Working with Abused Children; Domestic Violence, Working with the Clients with Co-occurring Disorders, and other topics.

Committees:

Cabell-Wayne Family Resource Network; WV Behavioral Healthcare Providers Association (Chair, Children's Committee); WV Region II Summit (Co-chair); WV Office of Behavioral Health Children's Liaisons; WV Children's Managed Care Task Force; American Red Cross Disaster Committee; Co-Chair Court Appointed Special Advocates Task Force; WV DHHR Out-of-State Facilities Review and Clinical Review Teams; WV Office of Behavioral Health Children's Expert Panel (Chair); WV DHHR Balanced System of Care Committee; Region II Collaborative Steering Committee (Chair); Region II Summit KidsCare Project (Chair, Steering Committee, Assessment Committee); WV DHHR Children's Planning Work Group; Chair, Mountain State Family Alliance.

Honors:

Named to the National Distinguished Service Registry; Who's Who Among Human Services Professionals; Who's Who Among Female Executives; National Dean's List.; 2010 Prestera Center Award of Excellence; 2010 Universal Who's Who Among Business and Professional Achievers

Organizations:

National Board of Certified Counselors
WV Child Care Association

Additional Experience:

Significant grant writing experience.

Served on the WV DHHR/CPAC Out-of-State Facilities Review Team & Clinical Review Team that reviewed 365 WV youth in out-of-state facilities.

Chair, Office of Behavioral Health Services Children's Mental Health Expert Panel (now defunct).

Chair of Steering Team implementing a multi-million dollar Federal CMHS Child & Family System of Care grant, 1999-2006.

Member, WV Single Licensure Workgroup; Chair, Inpatient and Psychiatric Residential Treatment Facilities sub-committees.

Member of Complaint Investigation Committee of WV Board of Examiners in Counseling.

Chair, WV DHHR Evidence Based Practice Committees for Persons with Co-Occurring Disorders and Trauma

Chair, Training Team of the WV Legislative Commission on Residential Placement of Children and member of Out-of-State Service Development and Delivery Workgroup.

Brent A. Burgess
RR2 Box 48
Lesage, WV 25537
(304)-417-4614
Brent.Burgess@Prestera.org

CERTIFICATIONS

- ◆ CompTIA Network +
 - ◆ MCP – Microsoft Win2k Server
 - ◆ Dell Certified Professional
 - ◆ CompTIA A +
 - ◆ MCP – Microsoft Win2k Professional

EDUCATION

Masters of Information Systems Management (MISM)

Masters of Information Systems Management (MISM)
Keller Grad School of Mgmt. Online through Naperville IL Campus

Dec 2009. GPA: 4.0

- ◆ **Awards:** Deans List, Graduated Summa Cum Laude

Bachelor of Science (BS) in Technical Management

Bachelor of Science (BS) in Technical Management
DeVry University, Online through Naperville IL Campus

May 2008. GPA: 4.0

- ◆ **Awards:** Deans list. Graduated Summa Cum Laude

Associate in Occupational Studies (AOS) in Computer Technology

Olean Business Institute, Olean, NY

May 2001 GPA: 4.0

- ◆ **Awards:** Deans list, Highest Scholastic Average Achieved in a Degree Program, Outstanding Computer Technology Graduate, Graduated #1 in class

Smethport Area High School, Smethport, PA. College Prep. Diploma.

WORK EXPERIENCE

Director of IT Services- Prestera Center for Mental Health Services

Huntington, WV 2003 – Present

- ◆ Act as a visionary to help lead and direct Prestera Center into the 21st century with advances such as a completely paperless system, electronic forms, electronic medical records, VoIP, Intranet, Helpdesk ticketing systems and support systems, web applications, database and reporting tools, video conference, etc.
 - ◆ Lead a team of IT professionals to support and maintain a large mental health agency of 750+ employees spread over 50+ locations in 8 counties. Duties include but are not limited to budgeting, planning, SDLC, project management, programming, support and administration of a Cisco WAN network, IP telephony, staffing, supervision, pc support, server support and administration, and network security. Work in every facet of Prestera Center's Information technology and Information systems.

WORK EXPERIENCE (continued)

PC Analyst / ePO Administrator- Adelphia Communications Corporate Headquarters

Coudersport, PA 2001 – 2002

- ◆ PC Analyst: Worked as a Level 1, 2, and 3 support PC Analyst. Worked in the field and in a helpdesk environment. Provided support on every aspect of PC/Server software, hardware, and network related issues.
- ◆ ePO Administration: Worked as a Network Security/Anti-Virus Policy Administrator for a 15,000 node TCP/IP Domain Network. Was responsible for corporate network wide antivirus compliancy. Maintained every aspect of antivirus software updates and virus removal for all workstations and servers on the domain.
- ◆ Acquisitions: Traveled as part of a two man team to field call centers and other Adelphia offices for corporate network and e-mail cutovers. Also performed maintenance and administration on field workstations and servers.
- ◆ Project Management: Traveled to field offices to train other Administrators on network security and antivirus policy. Directed team in converting the corporate network to a Windows 2000 Active Directory platform with ePO and LanDesk integration. Designed and implemented a new Windows XP image rollout project.

Computer/Network Technician - B&E Custom Computers

Kane, PA 1999 – 2001

- ◆ Designed and installed custom computer systems and networks for small business and home users. OS installations of Windows 98, ME, NT, 2000 Server and Professional workstation, computer upgrades, computer repairs such as faulty software, equipment, and viruses, computer sales to professional businesses as well as the general public, network installation for home and professional uses, network maintenance on hardware and software, systems consulting, operating system repair for general problems and registries, HTML design for personal and professional needs, web site maintenance, customer training on new systems and software packages, and technical support in all areas.

Computer Technician- S&H Computers

Bradford, PA 1999 – 2000

- ◆ Responsible for computer builds and software installation for business and home users, OS installations of Windows 98, ME, NT, 2000 Server and Professional workstation, computer repairs for viruses and hardware malfunctions, network installation in a business and home environment, network maintenance in a professional setting, software repair such as business software and operating systems, and technical support in all areas.

Soldier, Private First Class- U.S. Army

Monterey, CA Honorable Discharge 1994

- ◆ Vietnamese Linguist
- ◆ Computerized Logistics

Kimberly J Ellis 740-451-0252

95 Private Drive, Chesapeake, OH 45619

Summary of Qualifications

Over 20 years of experience in administration, serving as an Administrative Assistant, Director of Administration Operations, and System Administrator for Prestera's EHR, Qualifacts – QSI.

Work History

Prestera Center for Mental Health Services, Inc. – 3375 US Rt. 60 East – Huntington, WV 25705 – 304-525-7851 -- November, 1990 – Present

Direct Supervisor: Brent Burgess, Director of IT

System Administrator – Qualifacts CareLogic – 2011 – Present

- Responsible for day to day maintenance: document deletions, document Unsigned, backing out claims, problem solving with staff.
- Maintaining Staff additions and terminations
- Building forms
- Mapping programs, organizations, forms, procedures
- Assist billing staff in write offs
- Report building

Director of Administrative Operations – 2005 – 2011

- Front Desk - Directly supervise all front desk staff and their operations for an 8 county area. This includes all scheduling for clinical staff, insuring fund sources and client demographics are accurate, as well as maintaining and updating all forms used for admission process. Implemented changes to streamline front desk process to include automated reminder calls, decreased paperwork, and more customer friendly processes regarding time spent and duplicative information collected in admissions process. Transportation – Started and operate a 5 county-wide transportation program for individuals with a WV Medical Card to assist with transportation to both Prestera Center medical appointments, as well as other medical health care appointments.
- Charity Care – Designed and implemented appropriate forms and auditing practices for \$2.4 million in Charity Care funding appropriated by the State of WV. Conduct audits quarterly to determine if charity care recipients have received back-dated medical cards and submit rebills to receive Medicaid payments. This has resulted in \$1.5 million additional WV Medicaid billing and decreased the charity care usage.
- Budgeting – prepare budgets for transportation and physician revenue annually and monitor monthly.
- Grant Writing – successfully submitted 3 HUD-811 grant applications to provide 20 independent living units for the seriously mentally ill. Successful in receiving two handicapped accessible vans from the Department of Transportation 5310 program.
- Prepare timesheets for all medical staff, administrative and transportation staff.

Executive Secretary – 1990 – 2005

Directly worked as the Executive Director's assistant. Responsible for all office correspondence, upkeep of files, scheduling, screening phone calls, scheduling meetings, taking minutes at Board of Directors and Executive Council meetings and maintaining all records of such. Directly assisted in all recruitment activities for prospective new physicians by scheduling and arranging visits, staff interviews, property/real estate tours, car rental, flight arrangements, etc.

Joshua Cardwell

(304) 719 3232

jlcardwell@gmail.com

15422 Hannan Trace Road

Crown City, Ohio 45623

Education

Bachelor of Science

2000-2004

University of Rio Grande, Rio
Grande, OH

- Major: **Computer
Science**
- Minor: **Mathematics**

Associate of Applied Science

1996-1998

University of Rio Grande, Rio Grande, OH

- Major: **Computer Networking & Repair**

Languages and Skills

- C# 4.0 / 3.0 / 2.0
- C++ / C
- SQL / T-SQL
- ASP.Net 4.0 / 3.5 / 2.0
- Entity Framework 5 / 4
- Active Directory
Administration and
Querying
- .Net Framework 4.0 /
3.5 / 2.0
- Visual Basic / VB .Net
- jQuery / JavaScript
- WCF Service
- WPF
- MS Visual Studio 2012 /
2010 / 2008 / 2005
- RDLC Reporting
- A+ Certified Technician
- XHTML / HTML5
- CSS
- Silverlight 5 / 4 / 3
- Relational Database
Design and
Administration
- MS SQL Server 2005 /
2000
- MS Office 2012 – 97

Work Experience

Prestera Center, Huntington / Charleston, West Virginia

2006 – Present

Software Engineer

- Designed and implemented numerous ASP.Net, web applications written in C#, to provide solutions that fulfilled various needs for the agency. A small sample of some of the web applications I have produced are as follows:
 - Agencies Intranet, and external site
 - Documentation check, which displayed errors to employees so appropriate action could be taken
 - Online mileage submission documentation
 - Online employment application
 - Various referral, and line of business forms, which would be stored, and reviewed via web applications by the staff who handled such respective forms.
- Many applications required the use several different technologies to be used, besides just the basic ASP.Net web application. Several technologies that I have had to use include:
 - WCF web services for asynchronous data retrieval and updates
 - jQuery and Microsoft Ajax Framework, including use of the Ajax Control Toolkit, to make service calls and dynamically update the page once data has been retrieved.
 - Silverlight which was used in conjunction with WCF services to provide a web based, and desktop based, online documentation viewer.
- Wrote several desktop applications to meet demands the agency needed to satisfy. The desktop applications where written in WPF / C#. Examples of some of the applications, and their respective use, are listed as follows:
 - An “emergency communicator” for the agency, which alerted others using the same application to an emergency somewhere inside the building.
 - Constructed a database interface for several departments for various projects, such as:
 - IT Department
 - Encrypted laptop/computer database
 - Internal communicator auditing system
 - Medical Records
 - Easily search-able viewer of older medical records from legacy databases
 - Mass import of scanned documents into a newer clinical, web based, database
- Created several C# service and command-line based applications which performed various forms of data manipulation, and uploading documents to other companies web services

Work Experience Continued**University of Rio Grande, Rio Grande, Ohio**

2000, 2004 – 2006

Adjunct Professor

Classes Taught:

- Introduction to Database
- PC Applications
- Microcomputer Hardware

Topics Covered:

- SQL syntax, usage, and writing of queries with varying complexity.
- Designing and implementation of entity-relational database models.
- Relational database theory and the normalization processes.
- Usage of the Microsoft Office Suite (Word, Excel, Access, and PowerPoint)
- Identification and troubleshooting of computer hardware.
- General computer technical support.

SFS Sales and King Kutter Equipment, Gallipolis, Ohio

1999 – 2006

Programmer, IT Administrator

- Wrote several applications which interface with databases to perform various data manipulation tasks , such as standard querying, data conversion, and upgrade of existing databases.
- Completed setup and administered Linux based servers to provide several network services, which included DNS, Email, DHCP, and IP Forwarding.
- Provided technical support for the company's computer systems; effectively resolving issues such as hardware peripherals, network problems, and software usage on varying Windows based clients.
- Constructed system scripts to perform backup operations.
- Administrated user accounts on both Linux and Windows based servers.
- Designed and created promotional web pages for various products.
- Consulted with senior staff to determine new technology needs.
- Solely responsible for purchasing and installation of various computer equipment.

Self / Cardak Inc., Crown City / Gallipolis, Ohio

1998 – 2000

Programmer

With end user needs specifications, designed and constructed a database application to write IEP (Individualized Education Programs) forms. Received commendations for the intuitive design and ease of use from many of the end users, ranging across the State of Ohio.

OCL Computer Solutions, Gallipolis, Ohio

1998 – 1999

Computer Technician, Programmer

- Performed computer support services for businesses, private home users, and local government offices.
- Wrote informative and promotional web pages.
- Provided contract repair work to honor warranties for varying companies.

References

Mr. Mike Beaver
University of Rio Grande
218 N. College Ave
Rio Grande, Ohio 45674
1-800-282-7201
mbeaver@rio.edu

Mr. Robert Hudak
Gallipolis City Schools
School Psychologist
61 State Street
Gallipolis, Ohio 45631
740-446-3211
rhudvich@yahoo.com

Mr. Brent Burgess
Prestera
3375 U.S. Route 60, East
Huntington, West Virginia
25705
304-525-7851 ext 1125
brent.burgess@prestera.org

Mr. Nasseef Abukamail
University of Rio Grande
218 N. College Ave
Rio Grande, Ohio 45674
1-800-282-7201
kamail@rio.edu

Tony Arthur
3254 County Rd 18
South Point, Oh 45680
(740)417-1604

Objective

Seeking a position as a system engineer, specializing in electronic and computer hardware.

Keywords

WinXP, Win7, Norton Ghost, Cisco Unity, Cisco Call Manager, Microsoft Office.

Employment History

System Engineer, 2009 – Present Prestera Center, Huntington, WV

Responsible for repair and upkeep of computers and Servers. Administration, installation, maintenance, and scheduling of all telemedicine equipment. Support all printers, scanners, and fax machines. Maintain IP based Phone system through Cisco call manager and Unity system. Support, installation and upkeep of security camera systems. Responsible for backups and care of backup media. Ordering and taking stock of all parts and software. Helpdesk support and on-call coverage.

Computer Tech, 2008-2009 Times Computers, Huntington, WV

Responsible for sales of computers and parts. Handle virus removal and software repair. Recovery of files and system backups. Custom built system to meet customer needs. Ordering and taking stock of all parts and software. Contract work for Nericore, Servright Doing computer and system warranty work on all major brand PCs.

Electronics Engineer, 2006 – 2007 Tyco Corp, Ashland, KY

Responsible for installing backup batteries in all Sprint cell towers across the US. Installing Backup batteries, copper ground posts and replacing wiring in sprint cabinets.

Lead Computer Tech 2000- 2005 Mission West Virginia, Huntington, WV

Overseeing of computer repair, builds and software installation for e-Impact program. Shipping of and receiving of all shipments. Inventory control of warehouse and main Office. Responsible for outline of the Build it, Keep it, Share it student program in West Virginia. Setup and maintained over 3000 computers across the state of West Virginia.

Education

Associate Degree, Computer Electronics Engineer, 2000N.I.T, ST Albans West Virginia.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Girmay Berhie, MSW, PhD, MSIS	POSITION TITLE - Professor / Director of Health Informatics - Chair & CEO of Sheba International, Inc.-A Consulting Firm		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
College of Information Technology and Engineering, Marshall University, Huntington, WV.	MSIS	2002	Information Systems
St. Louis University, St. Louis, Missouri.	PhD	1984	Public Policy Analysis & Administration with a concentration in Research Methodology
St. Louis University, St. Louis, Missouri.	MSW	1978	Social Work
Addis Ababa University, Ethiopia.	BSW	1976	Social Work
The John Hopkins University, School of Hygiene and Public Health: 17th Annual Graduate Summer Program in Epidemiology. Baltimore, Maryland	Certificate	July 1999	Regression Analysis in Public Health Research
The John Hopkins University, School of Hygiene and Public Health: 15th Annual Graduate Summer Program in Epidemiology. Baltimore, Maryland	Certificate	July 1998	Intermediate- Biostatistics
The John Hopkins University, School of Hygiene and Public Health: 15th Annual Graduate Summer Program in Epidemiology. Baltimore, Maryland	Certificate	July 1997	Biostatistics & Principles of Epidemiology
"The Institute for Professional Education Inc.: Instruction In Mathematical And Statistical Sciences"	Certificate	June 1997	Applied Multivariate Methods

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

A. Positions and Honors

Employment and Positions

2010--	Present Professor/Director of Health Informatics
2006--2010t	Professor/ Director, Marshall University, Dept. of Social Work, Sch. of Medicine, Huntington, WV
1992--2001	Director of the West Virginia Statistical Analysis Center (WV SAC) Marshall University, Research and Economic Development Center, Huntington, WV
1994-2006	Professor, Marshall University, Depts. of Social Work, Sch. of Medicine, Huntington, WV
1995-1991	Assistant Professor, Graduate Degree in Health Care Administration, KSU, SA

Selected Consultation and Professional Experiences

2012-2014 Beacon Project Independent Evaluator, Responsible for the evaluation of a three year Trade Adjustment Assistance Community College and Career Training (TAACCT) grant through the Department of Labor.

2010-2011	PI and Evaluator , Explore the tendency of pre- hypertension and diabetic among high-school students who attended the Health Science and Technology Academy (HSTA) during the week of July 11-16, 2010 at Marshall University.
2008-2009	Consultant and Evaluator , developed an evaluation tool for HUD Housing for HOPE VI Public Housing Revitalization Program.
2006-2007	Consultant and Evaluator , developed an evaluation tool for Bluefield College Minority Health Institute on the development of proposal entitled "Establishing Exploratory NCMHD Research Centers of Excellence (P20)" (not funded).
2004-2007:	Consultant and Evaluator , Project EXPORT Center of Excellence (R24). Funded by the National Center on Minority Health Disparities/National Institutes of Health (NIH)/NCMHD.
2000-Present	Webpage Developer , Sheba International, Inc. - A Minority Consulting Firm for Research & Evaluation.
2000-2002	Consultant and Evaluator , developed and implemented the Research and Evaluation Survey for the Truancy Diversion (TD) Program.
2000-2001	Consultant and Evaluator , developed and implemented the evaluation instrument and administered Research for the Public Housing Drug Elimination Program.
2004-2004	Consultant and Evaluator , developed and implemented the evaluation instrument and administered of Research for the West Virginia Children's Health Insurance Program (CHIP)

Honors and Membership

Member of the Health Informatics, 2010-Present

Member of the American Public Health Association, December 1994-Present.

Member of Health Service Research, 1994-Present.

B. Published Books

Berhie, G & Hailu, A (2012) "THE MULTI-DIMENTIONAL DEVELOPMENT EVALUATION MODEL: A CONCEPTUAL SCHEMA FOR EVALUATING SOCIAL PROGRAMS PROPOSED FOR THIRD WORLD COUNTRIES (Book) Linus Publication, Inc.

C. Selected peer-reviewed publications (in chronological order)

1. Berhie, G. (1991)."Emerging Issues in Health Planning in Saudi Arabia: The Influence of Organizational and Development of Health Care Systems." The Social Science & Medicine, and International Journal, England, pp. 815-824.
2. Berhie, G. (1997). "WV Criminal History Records: Data Quality Audit and User Needs Assessment." The West Virginia Criminal Justice Journal, pp.1-37.
3. Berhie, G. (1997). "A Multi-Dimensional Developmental Evaluation Model: The Need for a Conceptual Schema for Evaluating Social Programs Proposed for Third World Countries." Strategies for Promoting Pluralism in Education and the Workplace, Greenwood Publishing Group, Inc. Westport, CT. pp.1-15.
4. Berhie, G., & Hailu, A., & Watts, L. (2000). "The Impact of the Welfare Reform Act on Wayne County Families in West Virginia." The Journal of West Virginia Statistical Center, 7(3), pp.1-35.
5. Berhie, G. (2000). "Public Housing Drug Elimination Program Plan Evaluation." The West Virginia Criminal Justice Journal, pp.1-30.

C. Research Support

1. On-going research
2. The Development of West Virginia Health Innovation Center: The Center of Excellence in Health Informatics
3. PI-Elevated Blood Pressure and Elevated Blood Glucose Level Risk Factors among High School Students: Problems Associated with a Growing Prevalence of Obesity.
4. Mobile e-Health Interventions for Obesity.
5. A program to enhance sustainable self-management of health in congestive heart failure patients through e-Health.

BIOGRAPHICAL SKETCH

Name	Position Title
Michael A. Jones, RN, BS	Graduate Research Assistant

Education/Training (Begin with baccalaureate or other initial professional education).

Institution and Location	Degree or number of years completed	Year(s)	Field of Study
Bowling Green State University, Ohio	Bachelor of Science – Magna Cum Laude	1995	Psychology Major Science Minor
University of Alabama at Birmingham (UAB)	Two years in Doctoral Studies and Research	1996—1998	Behavioral Neuroscience
Ashland Community and Technical College	Associate Degree in Nursing (RN)	2005	Registered Nurse
Marshall University, Huntington, WV	MS Degree program (current student)	2012—present	Health Informatics

Positions and honors. List in chronological order, concluding with present position. Include honors.

- Research Assistant in Cognitive Neuroscience, Dept. of Cell Biology, UAB, 1997—1998.
- Statistics Instructor, Dept. of Psychology, UAB, 1997—1998.
- Psychology Instructor, Coconino Community College, Flagstaff, AZ, 1999.
- Community Support Program Manager, Firelands Counseling and Recovery Services, Sandusky, Ohio, 2000—2001.
- Life Skills Trainer, Implement Neurorehabilitation, Huntington, WV, 2002—2003.
- Psychiatric Registered Nurse, King's Daughters Medical Center, Ashland, KY, 2005.
- Registered Nurse Team Manager, Hospice of Huntington, Huntington, WV, 2005—2007.
- Medical/Surgical Registered Nurse, St. Mary's Medical Center, Huntington, WV, 2008—2009.

Honors: Undergraduate Research Assistantship (BGSU, 1993); Scottish Rite Scholarship (BGSU, 1994); Phi Beta Kappa Honor Society (BGSU, 1995); S. Richardson Hill Scholarship for Graduate Studies (UAB, 1996—1998).

Publications:

M.A. Jones and V.P. Bingman. **A Neural Network Analysis of Navigational Learning**

In Homing Pigeons. FORMA: *The Brain Views Issue*. KTK Scientific Publishers, Tokyo.

1996; 11(2): 103-114.

M.A. Jones, S.H. Carlson and J.M. Wyss. **Transgenic Mice that Underexpress Angiotensin Converting Enzyme Display Improved Spatial Learning and Memory.** Proceedings for the Society of Neuroscience: 1998 Annual Meeting. Los Angeles, CA.

Prestera Center for Mental Health Services Inc.

Job Description

Job Title: Director (Information Technology)
FLSA Status: Exempt
Reports To: Chief Operating Officer
Department: Administrative Services
Prepared Date: 01/08

This job description is intended to describe the general nature and level of work being performed by employees in this position. This is not intended to be an exhaustive list of all duties, responsibilities, and qualifications of employees assigned to this job

Summary

Coordinates, develops and provides oversight to all activities in the Information Technology Program by performing the following duties.

Essential Duties and Responsibilities

Consults with management to analyze agency needs with regards to all technological system needs for management information and functional operations, to determine scope and priorities of projects, and to discuss system capacity and equipment acquisitions. Oversees the activities of the Information Technology staff, determines schedule of operations and the prioritization and utilization of department staff. Develops, presents, implements and monitors plans for systems development and operations, hardware and software purchases, budget, and staffing. Provides oversight and assistance with administering all software applications within Prestera. Assists with managing the development, implementation, installation, and operation of information and functional systems for the organization. Serves as the Chief Information Officer by developing, implementing, and monitoring management information systems policies and controls to ensure data accuracy, security, and legal and regulatory compliance. Provides support to end users in the selection, procurement, usage, and maintenance of software programs and hardware. Identifies and schedules training opportunities for staff to maintain current in industry improvements and changes with hardware and software applications. Provides oversight and management of computer operation scheduling, backup, storage, and retrieval functions in secure formats. Reviews reports of computer and peripheral equipment production, malfunction, and maintenance to determine costs and impact, and address problems. Responsible for documenting any breaches of technology related compliance and development of plans of correction. Develops, schedules and implements annual IT Department plan based upon fiscal year format. Provides quarterly reports on budgetary compliance and status updates on schedule tasks based upon annual plan. Develops and maintains accurate inventory of hardware, software and licensing for Prestera. Develops, maintains, and tests disaster recovery plans. Maintains knowledge in the Information Technology trends. Performs other duties as assigned.

Supervisory Responsibilities

Supervises all Information Technology staff. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience

Bachelor's degree (B. A.) from four-year college or university; and one to two years related experience and/or training.

Language Skills

Ability to read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents. Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to effectively present information to top management, public groups, and/or boards of directors.

Mathematical Skills

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

Certifications and Licenses

Certification preferred but not required.

Qualifacts System Administrator

Background: The proper technical infrastructure to deploy the new system applications is very important when moving forward with new software implementations. In order to achieve successful implementations, a new staff position may be required to provide the necessary focus and abilities to: be the steward of the implementation phase, provide focus around learning and understanding the applications that are deployed, and become the “in house” application/analyst expert for the organization.

Position: This position will ideally have an understanding of Behavioral Healthcare practice or general health care. This position must have a strong interface and working relationship with senior management as well as program department heads, and could report to the IT Director. The position would serve as a central point for data conversion and implementation of the new software applications. Going forward this position would become the internal “expert” on these applications and their functionality and deployment. The purpose of this position is to ensure that all data, reporting and functionality of these systems are utilized to their fullest potential for the organization, and maintained in the simplest form possible.

Job Responsibilities:

1. Primary coordination point for organization to ensure that organizational changes are operationalized within the software applications.
2. Responsible for working with outside consult/resources to maintain the implementation plan according to the goals of the organization.
3. Receive all appropriate training necessary for using and fully understanding the functions and abilities of each of the applications to be deployed.
4. Become the “in house” expert resource for end user training and support of the applications.
5. Responsible for working with appropriate staff in each work area to identify data reporting and functionality required to perform their respective job duties.
6. Responsible for ensuring that all applications meet Federal, State, and Local reporting requirements.
7. Ensure that extraneous databases are kept to a minimum within the organization.
8. Receive appropriate training to ensure major data reporting systems are understood and applications can be implemented to meet Item #6. (Example Medicaid billing & State data requirements)
9. Provide trouble shooting and accuracy checks to ensure integrity of data systems, and to ensure they are functioning properly.
10. Ensure all “system maintenance” be kept up to date and functioning properly. Maintaining system data code tables, Coding information, Cross walks, etc.

Prestera Center for Mental Health Services Inc.

Job Description

Job Title: Systems Engineer
FLSA Status: Non-Exempt

Reports To: IT Director
Department: Administrative Services
Prepared Date: 01/08

This job description is intended to describe the general nature and level of work being performed by employees in this position. This is not intended to be an exhaustive list of all duties, responsibilities, and qualifications of employees assigned to this job

Summary

Provides systems support to agency and IT Department.

Essential Duties and Responsibilities

Responsible for network and systems design and implementation.
Design, plan, test, and implement new network segments and field office connectivity.
Repair, troubleshoot, and install network hardware and data cables.
Administer usernames and passwords for domain access, email, database, intranet, etc.
Create and administer network shares and permissions.
Administer, install, troubleshoot, and schedule telemedicine equipment.
Assist in administering and maintaining all domain and email servers.
Assist in the maintenance of web and application servers.
Administer and maintain all domain workstations.
Repair, troubleshoot, and install pc hardware, software, and configure systems.
Create and maintain backups and images.
Stage and install new servers and workstations.
Responsible for IP phone administration.
Administer and maintain the call managers and Unity server.
Create, move, delete, and modify phone extensions and voicemail.
Maintain and create call handlers and pickup groups for phone system.
Troubleshoot and repair phone connectivity problems.
Administer and maintain MIS database user access accounts.
Install and repair database client access terminals.
Create, delete, troubleshoot, and repair Host Support printers.
Maintain database/CMHC user connectivity and server backups.
Prepare conference calls, and presentations.
Teach basic computer skills at orientation.
Responsible for server maintenance.
Other duties as assigned.

Supervisory Responsibilities

None.

Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience

Associate's degree (A. A.) or equivalent from two-year college or technical school. Experience required.

Language Skills

Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Certifications and Licenses

Certification preferred but not required.

Prestera Center for Mental Health Services Inc.
Job Description

Job Title: Software Engineer
FLSA Status: Non-Exempt
Reports To: IT Director
Department: Administrative Services
Prepared Date: 01/08

This job description is intended to describe the general nature and level of work being performed by employees in this position. This is not intended to be an exhaustive list of all duties, responsibilities, and qualifications of employees assigned to this job

Summary

Provides programming support to IT department.

Essential Duties and Responsibilities

Aids in maintaining day-to-day operations in CMHC (IBM SCO(Unix) System)

Develop/support a relational database using SQL Server and CMHC

Write DTS packages to import data

Utilize the ODBC Dharama driver in CMHC to export data into SQL Server (requires setup in both CMHC and on the client machine)

Create views for reports

Analyzes data

General database maintenance

Develops and maintains reports using Crystal Reports 9 Professional or another current reporting system.

Develops and maintains existing reports

Convert existing reports from a CMHC format to a SQL format.

Learn and understand uScript to develop and maintain reports in CMHC

Assist in maintaining the Prestera website

Application development will also be required.

Possess and maintain knowledge in all .Net languages (including but not limited to Visual Basic, C#, J#, and/or C++)

Assist in the implementation of a “Paperless System.”

Supporting Documentation

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

Section I - Confidentiality and SAMHSA Participant Protection/Human Subjects

Supporting Documentation:

1. Protect Clients and Staff from Potential Risks

Confidentiality is a basic client right and critical to developing the trust needed for a therapeutic alliance that promotes recovery. The privacy and confidentiality of participant records maintained by Prestera Center for Mental Health Services, Inc. are protected by federal and state laws, including confidentiality for mental health and substance abuse clients and their records and HIPAA regulations. Generally, the program may not discuss any protected health information about any client with any other person or disclose any information on their involvement, participation or progress unless: 1) the participant consents in writing; 2) the disclosure is allowed by court order; 3) the disclosure is made to medical personnel in a medical emergency; and is limited to necessary information only; 4) a crime has been committed on the property or against a staff member and the disclosure is limited to relevant information only; or 5) suspected or confirmed child abuse and/or neglect and the disclosure is limited to relevant information only.

Violation of the federal law and regulations by any program is a punishable crime. Suspected violators will be investigated and may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a participant either at the program or against any person who works for the program or about any threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42CFR for federal regulations).

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

Verbal and written notification of potential risks and benefits associated with participation in any program at Prestera Center is provided to clients. Informed consent forms that specify potential risks of data collection activities will be obtained from participants prior to the collection of any data. This project, allowing clients to access their electronic health records through a portal, presents some psychological, social and legal risks. Any time a client reads information about themselves written by a professional counselor or medical provider, there is a risk of the client becoming confused by the information, having strong feelings as a reaction to what they have read, and/or experiencing different types and degrees of psychological distress as a result. Because of this risk, the amount of information and the type of information that the client will be able to see on their own will be limited and restricted to minimize the possibility of an adverse effect. In addition, a direct link through the portal will be established with providers so that the client may speak directly over a secure messenger or other connection to have their questions answered, or, provide them with clarifying information about the content of their record. Clients experiencing an adverse effect as a result of viewing their electronic health record will be followed by professional staff for a period of at least five consecutive days in order to ensure that

the adverse reaction has been resolved or has not escalated. Clients will also be offered the opportunity to come in to the office and meet with staff about the contents of their electronic health record within 5 work days of the request.

Risks of participating in the evaluation may include strong feelings emerging when discussing: the use of alcohol and drugs which may trigger “cravings” or strong feelings about using drugs or drinking; behavioral health symptoms including suicidal thoughts and suicide attempts; illegal activities; overall health and any known medical problems; and the status of relationships with family members and friends. Interviewers are well trained in potential risks and are prepared to ensure that the client receives interventions necessary to ameliorate or resolve a client's unintended reaction to the administration of survey instruments. If any client being interviewed shows increased anxiety during an interview, reports cravings or talks about suicide, the program evaluation staff will report this immediately to Clinical Director at Prestera Center, or if unavailable, will ensure the client accesses a toll-free 24/7 help hotline at Prestera Center for Mental Health Services, Inc. at 1-800-642-3434 or 877-399-7776, and will ensure the client talks with a staff member.

Ultimately, however, the potential adverse effects as a result of the project itself or any data collection activity will be minimal because 1) the program does not provide any additional services that aren't already available...but the program is enhancing the capability of interaction between clients and treatment 2) The program is using a certified EHR system Qualifacts CareLogic to collect data which is HIPAA compliant.

- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

This project will maintain the confidentiality of client data in accordance with the code of Federal Regulations, 42 CFR Part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records” and in compliance with the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320d – 1329d-8. The organization maintains strict policies and procedures related to client's personal health information (PHI). Strict limitations are placed upon the access to records and an emphasis placed on the maintenance of record security. The access portal for the clients to view their own electronic health record will include steps that verify the identity of the client as the person requesting access. An account in the portal will be established by each client seeking electronic access to their EHR that will verify and match the individual applying for access to the demographic information in the EHR. All staff at Prestera Center complete initial and annual employee competency-based training in client confidentiality procedures and sign written statements for their personnel files to ensure client confidentiality is maintained. This written statement outlines possible legal consequences of fines and prison time as a consequence for violating a client's right to confidentiality and termination of employment. Verified client confidentiality violations result in employee termination. In addition, the evaluators have well developed procedures for protecting confidentiality including use of secure computers, neutral stationary, referring to participating in a health and housing survey, use of locked files in transporting data interview from interviews, and separating any material identifying a client from substantive data. Any verified confidentiality violations involving any member of the evaluation team will be thoroughly investigated and appropriate

action will be taken, up to and including termination of employment and turning evidence over to a prosecuting attorney.

Full disclosure regarding the nature of the data collection or nature of employment are given to potential clients and staff. Potential clients and staff are informed that the nature of the programs and services offered at Prestera Center and data collection may, at some point, be a trigger related to substance use/abuse or psychological distress. Full disclosure of the GPRA evaluation process contains, but is not limited to, the following: questions about family, finances, drugs of abuse, alcohol, medical history and problems, living with addicted individuals; group topics and discussions; contraband that can be introduced onto the premises; signs of intoxication, including smells, behaviors, language.; Staff full disclosure includes working with addicted individuals, in recovery or actively using; group topics and discussions; contraband that can be introduced onto the premises; signs of intoxication, including smells, behaviors, language. In addition, each potential client is given verbal and written information regarding how their medical information may be used and disclosed through the Notice of Privacy Practices. Any client or staff who experiences strong emotions during the course of the collection of data or the course of employment are instructed to notify the President and CEO of Prestera Center and/or the Clinical Director and/or supervisor(s) on duty. All alleged violations of client confidentiality are thoroughly investigated and appropriate action is taken; written reports of investigations are maintained by the President and CEO of Prestera Center.

Participation in Prestera Center programs and services is always voluntary. Participation in the GPRA outcomes and evaluation project will also be completely voluntary. Participants are allowed to participate in Prestera Center programs and services without full and complete self-disclosure.

Any GPRA data collected for this program will be done in a private area to maintain client confidentiality. Names of clients will only be provided to the evaluation team if the client has signed an informed consent, allowing their GPRA interview information to be associated with them. Confidentiality will be maintained with all GPRA data entered onto the SAIS website; data will be reported back to Prestera Center as overall outcomes and will in no way identify specific individuals.

- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

In the rare event of complications or adverse effects, clinical staff members are on call 24-hours a day / 7 days a week through Prestera Center's crisis line in case of psychiatric emergencies and access is available to local hospitals and medical providers. Prestera Center staff and evaluation staff receive comprehensive training in psychiatric emergencies and accessing resources in an emergency. A client may prefer to be transported to a local emergency room and in that case, transportation will be provided, the Prestera Center staff or evaluation staff will wait with the individual at the emergency room to be cleared or admitted and then the client will be transported back to their destination. All adverse effects to participants are reported to Prestera Center's Risk Manager, the Clinical Director and the President and CEO for further disposition and appropriate action.

- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

When Prestera Center is not the right environment for treatment services for the client, or when the client requests another provider, they are referred to other local providers that include private practitioners, psychiatric hospitals, alternative medicine, other addictions treatment programs and providers and others. All clients are informed of alternative treatments to Prestera Center and for any specific medication that is recommended. National treatment hotlines, local support groups and/or online resources may also be utilized as alternatives to Prestera Center services. Clients are referred to local health care, family practice and other medical and dental providers when they are in need of those services. Prestera Center has a partnership with a local federally qualified health center (FQHC), Valley Health, to offer a medical clinic inside the behavioral health care clinic (“BRIGHT” clinic, a SAMHSA PBHCI project), so referrals to that specific medical provider are seamless.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

Prestera Center offers mental health and substance abuse treatment services for adults, children and families across an eight county region in West Virginia. The average client at Prestera Center suffers from a chronic mental health problem like Bipolar Disorder, is male, is 40-50 years old, is Caucasian, Appalachian, low income, unemployed and has a less-than-high-school education. All Prestera Center adult clients ages 18 and over with a diagnosis of substance abuse and/or Bipolar Disorder are candidates for this project. Prestera Center programs are open to all racial/ethnic populations within the targeted geographic area which is both rural and underserved. Diversity and cultural competency training is required for all Prestera Center staff and volunteers. Prestera Center offers specialized long-term (one year or longer) residential addictions treatment services to women with children and pregnant women in both Huntington and Charleston West Virginia. Addictions recovery treatment for women is also offered separately for outpatient and intensive outpatient adults because of the special issues women face including trauma exposure, domestic violence, detrimental relationships and parenting deficits. Children residing with their mothers in long-term residential addictions treatment also receive the special services of the Child Development Specialist who evaluates each child's developmental level and engages in activities that promote achievement of developmental milestones including infant massage and pre-school activities, or, provides after school services to school-age children that teach coping skills, prevention of substance abuse and safety skills.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

Pregnant women, women with children, the children themselves, people with severe and persistent uncontrolled mental disabilities, former prisoners, homeless people, people in institutions and other special types of participants are encouraged to participate in services from Prestera Center; however, services through this particular program will focus on adults ages 18 and over per grant requirements. People at particular risk of HIV/AIDS are encouraged to come in for services as soon as possible, the next business day, to start in services, including those with injection drug use histories, men who have sex with men, prisoners and other institutionalized individuals at risk. When people participate in treatment, they often care more about their health status and are therefore more likely to be tested for HIV, AIDS and Hepatitis C. Clients of Prestera Center are referred for free testing and pre-test/post-test counseling for Hepatitis C, HIV and AIDS testing at local county health departments that provide free and anonymous testing. By helping clients get tested and encouraging abstinence or safer sex practices, the spread of these diseases can be interrupted.

- Explain the reasons for including or excluding participants.

The grant precludes the participation of children. Adults residing in an eight county region of West Virginia who are experiencing mental health distress or addiction problems are encouraged to come in for an evaluation and treatment at Prestera Center. Prestera Center has a welcoming policy that encourages individuals to come in and make themselves at home in our programs and services. Minority Appalachians, non-English speaking or limited-English speaking families are also encouraged to come in. Prestera Center offers services to everyone without regard to race, religion, ethnic background, age, sexual orientation, physical disability, employment status, insurance coverage, ability to pay or any other non-clinical reason. Last year, Prestera Center served more than 21,000 adults, children and families in services.

- Explain how you will recruit and select participants. Identify who will select participants.

Marketing and advertising efforts are the responsibility of the Corporate Development Department at Prestera Center. Increasing awareness in the community about Prestera Center programs and services is an essential part of recruiting clients and is the responsibility of every employee. Recovery Coaches work in the community to help individuals access treatment services by providing transportation, improving motivation for treatment and providing encouragement, among other things. Clients selected for this project will be those with a diagnosis of substance dependence (except caffeine and nicotine) and/or those with a diagnosis of Bipolar Disorder. If the project is successful and the client portal is effective and useful in helping clients access their electronic health record, the population of focus may be expanded to all clients.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

Participation in any program or service at Prestera Center is strictly voluntary, even though some clients may come with court orders requiring them to complete a specific program. Court ordered individuals are invited to participate in treatment services in order to help them achieve their own goals of discharging their legal problems through compliance or completion with court ordered treatment services. A wide range of treatment services and opportunities are available for participation (from high to low visibility). Anyone receiving services at Prestera Center will not have to disclose their participation or recovery status. Written informed consent will be obtained for participation in the program and for providing data for GPRA intakes, 6-month follow-ups and discharge interviews. Client complaint resolution and grievance policies and procedures can be utilized by program participants to communicate perceived problem areas. These complaint and grievance policies are explained and communicated to clients through program handbooks provided to all clients at admission to a program or service. Court referred and court ordered individuals are accepted into the program and considered voluntary as they may leave the program at any time but they will be encouraged to stay and complete. If a court ordered participant leaves the property without authorization, a report is made back to the court officials that they are no longer present in the program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

Clients are not paid or compensated to participate in programs and services at Prestera Center. There are supported employment programs at Prestera Center that will pay clients for their work under the usual employment arrangement that applies to all staff. Otherwise, clients are not paid or compensated for their participation. A small token of no more than \$20 may be paid per participant for providing 6-month follow-up data. The evaluation team budget would cover this cost.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

Prestera Center does not discriminate against individuals based on the level of services they may request or require. Participation in the data collection process is strictly voluntary and clients will not be discriminated against, in any manner, should they choose not to participate in that portion of the process. Participants will be given an option to participate in the data collection component of the project. Participants may receive or continue to receive services from Prestera

Center even if or when they do not participate in or complete the data collection component of the project. This will be explained to clients when they sign up for access to the EHR portal and throughout their treatment at Prestera Center. Participants will sign a written informed consent form and will be given a copy. A local or toll-free telephone number will be provided so that clients can call the Evaluation Director if they have questions.

4. Data Collection

- Data collection sources, procedures, and settings.

a. From whom data will be collected. Data will be collected from Prestera Center patients who are substance abusers, have a substance use disorder or are experiencing bipolar disease.

b. Data collection procedures. Data will be collected via the CSAT/GPRA instrument; through Qualifacts CareLogic, Prestera Center's Certified Electronic Health Record; and through instruments developed by the evaluation team (and approved by Prestera Center) for the formative, process and outcome measures.

c. Where data are to be collected. Data will be collected from Prestera Center's sites throughout the 8 county catchment area that employ the technology described in this proposal. Data will be reported through Prestera Center's EHR, which is utilized throughout the organization.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

No specimens will be collected.

- Provide in Attachment 2, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

Please see data collection instruments and interview protocols located in Attachment 2.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

All project data will be collected by Prestera Center employees via the certified electronic health record CareLogic. All data will be de-identified and submitted to the evaluation team for analysis and reporting.

- Description of:

a. How data collection instruments will be used. Data collection instruments will be used in the normal routine of collecting client information upon intake into Prestera Center services by Prestera Center staff. Subsequent visit data will be recorded in the patient's electronic health record by the Prestera Center staff providing services. Any data provided to the evaluation team will be de-identified and securely submitted in order to assure confidentiality of records.

b. Where data will be stored. Data will be stored on Prestera Center's secure data servers. Any data provided to the evaluation team, although de-identified, will also be kept on secure, password protected computers with limited access.

c. Who will or will not have access to information. Prestera Center staff who are directly involved in patient care will have access to client information. The Evaluation Team will have access to de-identified patient data provided to them by Prestera Center.

d. How identity of participants will be kept private. The identity of participants will be kept private by Prestera Center through the de-identification of data sent to the evaluation team.

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

Clients participating in the TAC program will receive a description of the program, will be trained to use the program and will be asked to provide satisfaction data to determine if the program was appealing to them. Individuals will participate in the use of the Patient Portal and/or telemedicine services to avoid transportation barriers, overcome limited access to specialty treatment and to take a more active role in their treatment.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. (see next point)

Prestera Center employs culturally competent procedures to obtaining consent from special populations such as youth, elderly, people with limited reading skills, and people who do not use English as their first language. Consent forms will be read to those who cannot read or comprehend the forms. In the event that a patient does not use English as their first language, Prestera Center uses translators to assist.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective

participants questions to be sure they understand the forms? Will you give them copies of what they sign?

Per grant specifications, only adults ages 18 and over will participate in this program. Clients are asked questions to be sure that they understand the forms and the content of their consent. Clients receive copies of everything that they sign.

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, “Sample Consent Forms”, of your application. If needed, give English translations.

Consent forms are provided in Attachment 3.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

Consents will be obtained by Prestera Center for participation in services and the exchange or release of confidential information. No consents will be collected by the evaluation team since de-identified data will be provided to the evaluators from Prestera for data analysis.

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

If an individual does not want to sign a consent for participation in the project, but still wishes to participate, he/she will be encouraged to do so. No other consents will be used in the TAC project.

7. Risk/Benefit Discussion

- Discussion of why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

The project poses relatively no risk. The project assists underserved individuals living in rural and remote areas with accessing substance abuse treatment providers by eliminating transportation and financial barriers. The benefit of participating in the program far out-weighs the relatively low risk of involvement.

Attachments

Attachment 1:

- Experienced Mental Health / Substance Abuse Treatment Provider

Prestera Center for Mental Health Services, Inc.
3375 U.S. Route 60 East
P. O. Box 8069
Huntington, WV 25705

See Attached License and Accreditation

- Direct Service Providers Agreeing to Participate

Prestera Center is the direct service provider for the clients who will benefit from the Patient Portal enhancement and the telehealth expansion proposed for this project.

- Statement of Assurance

Signed Statement of Assurance follows

- Letters of Commitment / Support follow.

State of West Virginia Department of Health and Human Resources

Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Prestera Center for Mental Health Services
3375 U.S. Route 60, East, Huntington, WV 25705
511 Morris Street Office
511 Morris Street, Charleston, WV 25312
ACT Team West
630-632 8th Street, Huntington, WV 25701

Boone County Satellite Office

376 Kenmore Drive, Danville, WV 25053
Chandler Elementary School
1900 School Street, Charleston, WV 25312
Community Supportive Services
625 8th Street, Huntington, WV 25701

In Witness whereof, we have hereunto signed this

October 1, 2012 Day of 28th November 2012.

John M. ...
September 30, 2014
Date of Expiration



John M. ...
Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 7

**State of West Virginia
Department of Health and Human Resources
Behavioral Health License**

No. 16

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Location(s):

Executive Outreach
1026 - 9th Avenue, Apartment #1,
Huntington, WV 25701

Hopewell Place
3372 Teays Valley Road, Hurricane, WV 25526
Lincoln County Satellite Office
25 Lincoln Plaza, Branchland, WV 25506

Margarette R. Leach Center for Youth and Families
One Prestera Way, Huntington, WV 25705
Mason County Satellite Office
715 Main Street, Point Pleasant, WV 25550
Michael Avenue
911 Michael Avenue, Charleston WV 25312

In Witness whereof, we have hereunto signed this

October 1, 2012
Date of Issuance

28th Day of November, 2012.

J. Alan M.
September 30, 2014
Date of Expiration

J. Alan M.
Director, Office of Health Facility Licensure and Certification
Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 7

**State of West Virginia
Department of Health and Human Resources
Behavioral Health License**

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Location(s):

PARC East

1143 Dunbar Avenue, Dunbar, WV 25064

Putnam County Satellite Office

3389 Winfield Road, Suite 8, Winfield, WV 25213

Resource Center

1858 8th Avenue, Huntington, WV 25701

Tremont Village

407 1/2 Prospect Avenue, Apartment A,
South Charleston, WV 25303

Wayne County Day Treatment Center

330 Buffalo Creek Road, Wayne, WV 25535

Wayne County Satellite Office

145 Kenova Avenue, Wayne, WV 25570

In Witness whereof, we have hereunto signed this

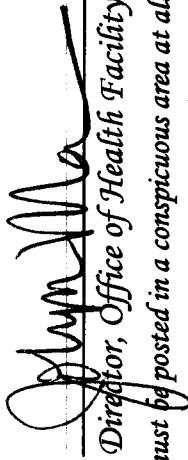
October 1, 2012
Date of Issuance

28th Day of November, 2012.

September 30, 2014
Date of Expiration

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A handwritten signature in black ink, appearing to read "John M. Mar".

Director, Office of Health Facility Licensure and Certification

**State of West Virginia
Department of Health and Human Resources
Behavioral Health License**

No. 16

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Location(s):

Clay County Satellite Office (15 Beds)
163 Main Street, Clay, WV 25043
Crisis Residential Unit East (8 Beds)
1001 Smith Street, Charleston, WV 25301
Crisis Residential Unit West (8 Beds)
3375 U.S. Route 60, East, Huntington, WV 25705

Harbor House (6 Beds)

1716 7th Avenue, Charleston, WV 25312
Laurelwood East (8 Beds)
2305 Dunbar Avenue, Dunbar, WV 25064
Laurelwood West (12 Beds)
432 6th Avenue, Huntington, WV 25701

In Witness whereof, we have hereunto signed this

October 1, 2012
Date of Issuance

28th Day of November, 2012.

September 30, 2014
Date of Expiration





Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 4 of 7



January 14, 2011

Genise L. Lalos, M.A., LSW, CCAC-S
Director, Addictions Services
Prestera Center for Mental Health Services, Inc.
1420 Washington Avenue
Huntington, WV 25704

Dear Ms. Lalos:

It is my pleasure to inform you that Prestera Center for Mental Health Services, Inc., has been accredited by CARF for a period of three years for the following programs:

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Crisis Stabilization: Integrated: AOD/MH (Adults)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

This accreditation will extend through August 2013. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of this award to your referral and funding sources, the media, and local and federal government officials will promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as suggestions and recommendations. A quality improvement plan demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect, our secure, dedicated website for accredited organizations and organizations seeking accreditation. E-mail notification was previously sent to your organization letting you know that these documents have been posted. Please submit this report to the attention of the customer service unit Administrative Coordinator.

Your Certificate of Accreditation is being sent under separate cover. Please note that you may use the enclosed form to order additional copies of the certificate.

CARF INTERNATIONAL

6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129

CARF-CCAC

1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009

CARF CANADA

10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Toll-free 877 434 5444 ■ Fax 780 426 7274

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from a Resource Specialist in your customer service unit by calling extension 7151.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your programs. We look forward to working with your organization in the future.

Sincerely,



Brian J. Boon, Ph.D.
President/CEO

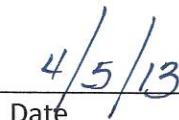
aw
Enclosures

Statement of Assurance

As the authorized representative of Prestera Center for Mental Health Services, Inc. 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. 2 (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 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.


Signature of Authorized Representative


Date

Ronald Farmer
5600 US Rt. 60, East
Huntington, WV 25705

April 4, 2013

Mrs. Karen Yost
Chief Executive Officer
3375 US Rt. 60, East
Huntington, WV 25705

Dear Mrs. Yost:

I wish to express my support and willingness to participate as a consumer for your grant proposal, entitled: "Substance Abuse and Mental Health Services Administration to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need". The use of technology, including web-based services, smart phones, and behavioral health electronic applications, will expand and/or enhance the ability of Prestera to communicate with people in treatment and to track and manage their health to ensure treatment and services are available where and when needed.

In my opinion this project has great potential to improve the mental health quality services provided by Prestera Center, increase people's involvement in their health care, and expand and/or enhance substance abuse treatment services for people in treatment in their immediate community. Transportation is a major problem for many people who need treatment, especially in the rural areas. It is hard for the elderly, veterans, persons with co-occurring disorders, and ethnic and racial minorities; and/or populations with financial constraints to get needed services, and stay in treatment.

As you are aware, I currently live in an SRO apartment at Pinecrest, and ride the local transit bus to the Veterans Hospital to have my medication checked, prescriptions refilled, and for Doctor visits that do not warrant a face-to-face visit. I welcome the opportunity to be involved in this grant as a consumer that will benefit from technology that not only is time saving but also money saving, which is very important to me living on a fixed income. I would also be willing to serve on an advisory committee.

I look forward to working with Prestera Center in this grant using technology to support recovery and efforts to promote wellness in West Virginia.

Please do not hesitate to contact me if you need further assistance.

Sincerely,

Ronald Farmer,
Consumer



qualifacts

April 8, 2013

Ms. Karen Yost
Executive Director
Prestera Center
3375 U.S. Route 60 East
Huntington, WV 25705

Dear Ms. Yost:

I am writing in support of the grant application of PRESTERA CENTER in response to RFA TI-13-008: Substance Abuse and Mental Health Services Administration to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need.

The purpose of the TCE-TAC Program is to expand and/or enhance the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved because of lack of access to treatment in their immediate community due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints. The use of technology, including web-based services, smart phones, and behavioral health electronic applications (e-apps), will expand and/or enhance the ability of providers to effectively communicate with persons in treatment and to track and manage their health to ensure treatment and services are available where and when needed.

The implementation of this proposal will drive Prestera health service toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient involvement in their health care. The functionality of interoperable electronic health record (EHR) systems, used with tools such as web-based services, messaging systems, smart phones, and e-apps, can connect providers with persons in treatment and link them to services and treatment that are not available through "brick-and-mortar" facilities. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. By using technology tools that have been adapted or designed to support substance abuse treatment, persons in treatment will have more frequent contact with providers. These technological tools will also complement existing or new EHR systems to create patient-centered treatment that also allows the provider to better monitor client progress and adjust treatment strategies, as necessary, to result in better health for persons in treatment and more efficient and effective use of resources. Consumer health information technology (HIT) applications also can be important in emergency situations to provide critical health information to medical staff.

This grant will expand Prestera health service capacity in West Virginia using health information technology to serve persons in treatment who are traditionally underserved in eight (8) counties, and it is an ideal approach to more efficiently address the needs of

hard to reach populations, including individuals living in rural areas and those with special needs such as the elderly, gay, lesbian, bi-sexual and transgender individuals, persons with co-occurring disorders, and ethnic and racial minorities.

Qualifacts Systems, Inc. (Qualifacts) will support Prestera Center to achieve the expected outcome(s) for the program, including:

- Sharing of effective treatment models and results among providers;
 - CareLogic has the capabilities to share information with other external providers through the CCD (Continuity of Care Document) which includes a current problem list, medications, allergies, and lab results.
 - Additionally, all members of the internal treatment team have access to each area of an individual's record for the purposes of providing consistent care across all areas of treatment.
- Increased engagement of persons in treatment in their health care;
 - As part of current & future functionality, the Patient Portal allows the individual to: view information in the electronic record, download & transmit information via CCD to other providers, create, send & receive secure messages directly to/from providers, and request amendments to the electronic record. Having access to the functionality will create more opportunities to engage individuals directly.
 - CareLogic includes appointment reminder and follow up appointment functionality to assist providers in keeping individuals actively engaged in treatment.
 - CareLogic is also releasing Unplugged functionality - which will allow providers to give a higher level of quality when delivering services to remote individuals. Some parts of the electronic record will be accessible without a data connection (wireless, wired, air card, etc.). With that access, providers will be able to better understand the clinical history and to better document the current status of the client. As a result, the information in the electronic record will be more complete thus supporting comprehensive treatment for the individual.
- Increased monitoring and tracking the health status of individuals; and
 - CareLogic has capability to report on specific data elements captured in the record as a means to track an individual's progress and status. Additionally, users have the capability to create specific outcomes measures in the EHR to track specific areas of an individual's health status.

- Improvement in recovery and resiliency rates.
- Finally, the core of CareLogic functionality is built to support the improvement in recovery & resiliency. The assessment, treatment planning, and on-going documentation are designed to provide a clear and comprehensive course of treatment for an individual. The ability for the system to assist providers in the identification of problems and strengths, along with the ability to create and measure objectives and interventions, ensures that clients are working towards recovery.

Qualifacts is the vendor for CareLogic, a cloud-based EHR. Prestera Center has used the Enterprise version of CareLogic since July 2010.

Qualifacts is looking forward to our work with Prestera Center in this grant using technology to support recovery and resiliency efforts and promote wellness in West Virginia.

Sincerely,



Joe Dickason
Product Manager
Qualifacts Systems, Inc.
200 2nd Ave South
Nashville, TN 37201
615-386-6755



Sheba International Inc.
6208 Richmond Drive,
Huntington, WV, 25705

April 1, 2013

Ms. Karen Yost
President & CEO
Prestera Center for Mental Health Services Inc.
3375 U.S. Route 60, East
Huntington, WV 25705

Dear Ms. Yost,

As Chair and Chief Executive Officer of Sheba International, Inc. we are elated and look forward to supporting, collaborating, and offering seasoned technical and evaluatory experience towards the success of Prestera Centers SAMSHA grant initiative. From my careful and analytical review on your proposal and project goals, it is apparent that (RFA TI-13-008) *Substance Abuse and Mental Health Services Administration to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need* is poised to generate successful outcomes for individuals that will be served in our Appalachian communities.

Sheba International, Inc., a minority owned firm, will bring great depth of research, evaluation, and consulting experience to this project.

Sheba International presents the professional experience of Dr. Girmay Berhie who is a tenured Professor and Director of Health Informatics Department at Marshall University, Huntington, WV that includes teaching courses in both Health Informatics and Public Health. His Ph.D. is in Public Policy and Administration with a concentration in Research Methodology and a Master's of Social Work from Saint Louis University. Additionally, Dr. Berhie has a Master's of Science in Information Systems from Marshall University and took several courses such as Biostatistics & Principles of Epidemiology, Intermediate Biostatistics, Regression Analysis in Public Health Research, and Applied Multivariate Methods courses from the John Hopkins University School of Hygiene and Public Health (Graduate Program in Epidemiology). Dr. Berhie also specializes and lectures in the following areas: Global Health, Biostatistics, SPSS, Epidemiology, Public Health Research, Program Planning and Evaluation, Health Service Research, Hospital Information Systems, Health Informatics and Electronic Health Records (EHR).

The purpose of the TCE-TAC Program is to expand and/or enhance the capacity of substance abuse treatment providers to serve persons in treatment who have been

underserved because of lack of access to treatment in their immediate community due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints. The use of technology, including web-based services, smart phones, and behavioral health electronic applications (e-apps), will expand and/or enhance the ability of providers to effectively communicate with persons in treatment and to track and manage their health to ensure treatment and services are available where and when needed. More specifically, Prestera Center will improve client treatment outcomes through the use of technology assisted care in the implementation of a secure, HIPAA compliant portal and improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to provide services and to support communication among providers and clients in treatment.

The implementation of this proposal will strengthen Prestera Center's capacity of health services toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient involvement in their health care continuum of services. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. By using technology tools that have been adapted or designed to support substance abuse treatment, persons in treatment will have more frequent contact with providers. These technological tools will also complement existing the certify EHR system (Qualifacts) to create patient-centered treatment that also allows Prestera Center to better monitor client progress and adjust treatment strategies, as necessary, to result in better health for persons in treatment and more efficient and effective use of resources. Consumer health information technology (HIT) applications also can be important in emergency situations to provide critical health information to medical staff.

This grant will expand Prestera Center health service capacity in West Virginia using health information technology to serve persons in treatment who are traditionally undeserved in eight (8) counties, and it is an ideal approach to more efficiently address the needs of hard to reach populations, including individuals living in rural areas and those with special needs.

SHEBA INTERNATIONAL, Inc. will support Prestera Center as an independent evaluator to achieve the following outcomes.

- Increase treatment access through an expanded telemedicine system
- Integrate the use of technology in client treatment, measured by tracking treatment plans in Prestera Center's certified electronic healthcare system (EHR), CareLogic by Qualifacts
- Share outcomes among all Prestera Center providers engaged in providing care to clients through use of Prestera's EHR
- Improve health outcomes of clients with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition
- Increase treatment compliance
- Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site

- Promote wellness by increasing the engagement of the clients in their treatment through their use of the TAC portal to access services, information and support. These will measured by the types of hits made to the portal site

Sheba International Inc.'s evaluation team will conduct all phases of the evaluation process using a multi-dimensional method, formative, process and summative evaluation framework. Based upon the results of quarterly evaluations, Sheba will provide feedback and critical recommendations for changes that may be warranted to maximize successful outcomes.

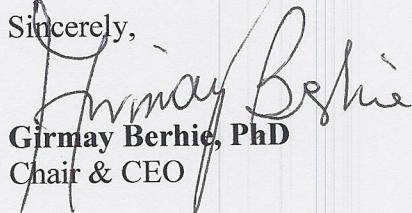
Sheba International, Inc. will work with the Principal Investigator and key staff members of Prestera Center to develop participant data collection process that will be utilized by participating staff and clinicians. In addition to the data measures specific to the Prestera TAC project and the data methods developed by the evaluation team, the grantee will gather information using the CSAT-GPRA Client Outcome Measures for Discretionary Programs tool available from the SAMHSA.gov website. The grantee will report performance on: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness.

Data will be collected at baseline, six months post-baseline and discharge.

This data will be collected using SAMHSA's CSAT-GPRA instrument.

Sheba International Inc. and the entire evaluator team are looking forward to working with Prestera Center for Mental Health Services, Inc. in this grant using Technology to support recovery, resiliency efforts and to promote wellness in West Virginia.

Sincerely,



Girmay Berhie

Girmay Berhie, PhD

Chair & CEO

Attachment 2:

Data Collection Instruments / Interview Protocols

Bipolar Disorder Symptoms & Functioning Monitoring Form

From the STABLE Resource Toolkit.

Identify symptoms during initial assessment and then update at each visit

Update: "✓" if still present & mark as "same (S)" – "better (B)" – "worse (W)"

If a symptom has two opposite
selections (xx OR xx); circle as
assessed at initial evaluation

Initial Assessment Date: _____ Date: _____ Date: _____ Date: _____

DEPRESSIVE SYMPTOMS Criteria for Major Depressive Episode >		APA Practice Guideline for the Treatment of Patients with Bipolar Disorder: Symptom List from Diagnostic Criteria for a Major Depressive Episode; <i>[Core Symptoms in BOLD] 5 or more symptoms for same 2-week period and at least one symptom is a Core symptom</i>				
Depressed mood (sad, empty; tearful; hopeless; most of day, nearly every day)						
Diminished interest/pleasure (all or almost all activities; most of day, nearly every day)						
Weight: loss & not dieting OR gain						
Appetite: decrease OR increase						
Sleeping; too much OR too little						
Psychomotor Agitation OR Psychomotor Retardation						
Fatigue; Loss of energy						
Feelings of worthlessness; excessive/inappropriate guilt						
Inability to think/concentrate; indecisiveness						
Recurrent thoughts of death; suicidal ideation						
MANIC/HYPOMANIC SYMPTOMS Criteria for Manic/Hypomanic Episode >		APA Practice Guideline for the Treatment of Patients with Bipolar Disorder: Symptom List from Diagnostic Criteria for a Manic or Hypomanic Episode; <i>[Core Symptoms in BOLD] Mania = For at least 1 week; a Core Symptom plus 3 or more symptoms (4 if core symptom is only irritable). Hypomania = For at least 4 days; a Core symptom plus 3 or more symptoms (4 if core symptom is only irritable)</i>				
Period of elevated or expansive mood						
Period of an irritable mood						
Inflated self-esteem or grandiosity						
Decreased need for sleep (< 3 hrs)						
More talkative than usual or pressure to keep talking						
Flight of ideas / Feels that thoughts are racing						
Distractibility (too easily drawn to unimportant / irrelevant items)						
Increase in goal-directed activities (socially; school; work; sexually) or psychomotor agitation						
Excessive involvement in pleasurable activities with high potential for painful consequences (financial; sexual; etc.)						
LEVEL-OF-FUNCTIONING		Document response; Consider use of Sheehan Disability Scale				
Work / School						
Social Life / Interpersonal						
Family Life / Home Responsibilities						

Note: DSM-IV-TR Criteria for a Mixed Bipolar Disorder Episode: The criteria are met for both a manic episode and for a major depressive episode (except for duration) nearly every day during at least a 1-week period.

The Mood Disorder Questionnaire (MDQ) - Overview

The Mood Disorder Questionnaire (MDQ) was developed by a team of psychiatrists, researchers and consumer advocates to address the need for timely and accurate evaluation of bipolar disorder.

Clinical Utility

- The MDQ is a brief self-report instrument that takes about 5 minutes to complete.
- This instrument is designed for *screening purposes only* and is not to be used as a diagnostic tool.
- A positive screen should be followed by a comprehensive evaluation.

Scoring

In order to screen positive for possible bipolar disorder, all three parts of the following criteria must be met:

- "YES" to 7 or more of the 13 items in Question 1 **AND**
- "Yes" to Question number 2 **AND**
- "Moderate Problem" or "Serious Problem" to Question 3

Psychometric Properties

The MDQ is best at screening for bipolar I (depression and mania) disorder and is not as sensitive to bipolar II (depression and hypomania) or bipolar not otherwise specified (NOS) disorder.

Population /type	Sensitivity & Specificity
Out-patient clinic serving primarily a mood disorder population ¹	Sensitivity 0.73 Specificity 0.90
General Population ²	Sensitivity 0.28 Specificity 0.97
37 Bipolar Disorder patients 36 Unipolar Depression patients ³	Overall Sensitivity 0.58 (BDI 0.58-BDII/NOS 0.30) Overall Specificity 0.67
Primary care patients receiving treatment for depression ⁴	Sensitivity 0.58 Specificity 0.93

1. Hirschfeld RMA. et, al. Development and validation of a screening instrument for bipolar spectrum disorder: The Mood Disorder Questionnaire, *Am J of Psychiatry*, 2000, 157:1873-1875.
2. Hirschfeld RMA. The mood disorder Questionnaire: A simple, patient-rated screening instrument for bi-polar disorder. *Journal of Clinical Psychiatry Primary Care Companion* 2002; 4: 9-11.
3. Miller CJ et al, Sensitivity and specificity of the Mood Disorder Questionnaire for detecting bipolar disorder. *J Affect Disorder* 2004. 81: 167-171.
4. Hirschfeld RMA, et al. Screening for bipolar disorder in patients treated for depression in a family medicine clinic. *JABFP* 2005, 18: 233-239.

Mood Disorder Questionnaire

Patient Name _____ Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...

YES NO

- | | | |
|---|--------------------------|-------------------------------------|
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were so irritable that you shouted at people or started fights or arguments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you felt much more self-confident than usual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you got much less sleep than usual and found that you didn't really miss it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were more talkative or spoke much faster than usual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...thoughts raced through your head or you couldn't slow your mind down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you had more energy than usual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were much more active or did many more things than usual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you were much more interested in sex than usual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ...spending money got you or your family in trouble? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

- No problems Minor problem Moderate problem Serious problem

CIDI-based Screening Scale for Bipolar Spectrum Disorders - Overview

Version 3.0 of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) was validated as being capable of generating conservative diagnoses of both threshold and sub-threshold bipolar disorder. The CIDI Version 3.0 is a fully structured lay-administered diagnostic interview. DSM-IV criteria are used to define mania, hypomania, and major depressive episode. The referenced article states that for the purposes of the paper, bipolar spectrum was defined as a lifetime history of BP-I, BP-II or sub-threshold bipolar disorder. The results reported suggest that the prevalence of DSM-IV bipolar spectrum disorder is at least 4.0%¹.

In this published study, CIDI-based Bipolar Disorder screening scales were also evaluated. Evaluation of the sensitivity and positive predictive value showed that the CIDI screening scales met the desired requirement of detecting a high proportion of true cases while minimizing the number of false positives.

Clinical Utility

This is a clinician administered screening tool:

- The CIDI-based screening scale is capable of identifying both threshold and sub-threshold bipolar disorder with good accuracy.
- The scale detected between 67-96% of true cases.
- This compares very favorably with the widely-used MDQ screening scale for bipolar disorder, which was found in one study to detect only 28% of true cases in a general population sample, although higher sensitivity (58-73) has been reported in 3 studies using the MDQ in out-patient populations with depression.

Scoring

Scoring information is provided on the following two pages.

Psychometric Properties

- The positive predictive value (PPV) indicates that the proportion of true cases among the screened positives varies across populations as a function of prevalence. PPV may be high in general medical samples and considerably higher in specialty mental health outpatient samples.
- Estimates of PPV have been generated for a number of important sub-populations (e.g. primary care users weighted by number of visits in the past year; low-income residents of urban areas, etc.) and are posted on the NCS web site (www.hcp.med.harvard.edu/ncs/bpdscreen); PPV for 3 populations are provided, for reference, on the second page of the Scoring document.

1. Kessler RC, et al; *Validity of the assessment of bipolar disorder in the WHO composite international diagnostic interview; Journal of Affective Disorders* 96 (2006) 259-269

CIDI 3.0 Bipolar Screening Scales Scoring

The complete set of 12 Questions takes approximately three minutes to complete.

The Scale has 12 Questions

Note: To "endorse" = Answer "yes", in a yes-no response

2 Stem Questions: Question 1 & 2

Respondents who fail to endorse either of these first two questions are skipped out of the remainder of the question series.

1 Criterion B Screening Question: Question 3

- Respondents who fail to endorse this question after endorsing one of the first two stem questions (above) are skipped out of the remainder of the question series.
- Respondents who do endorse this question are then administered the 9 additional symptom questions.

Note: In a general population sample, it can be expected that as many as 90% of the sample will skip out by the end of this third question.

9 Criterion B Symptom Questions

- Each of the 9 symptom questions are administered

Note: the first question in this group is asked only if the first Stem Question (above) is endorsed, if this scenario occurs, then only the 8 remaining symptom questions would be administered.

- Based on positive endorsement of the 9 (or 8) questions in this category, the proportion of screened positives that are true cases are indicated in the tables on the following page. Again, positive predictive values vary across populations as a function of prevalence.

However, the author has indicated that scores may be collapsed for reference purposes, if desired, as follows:

- | | |
|--------------------------------|---|
| • Very high risk (80% or more) | 9 questions with positive endorsement |
| • High risk (50-79%) | 7-8 questions with positive endorsement |
| • Moderate risk (25-49%) | 6 questions with positive endorsement |
| • Low risk (5-24%) | 5 questions with positive endorsement |
| • Very low risk (less than 5%) | 0-4 questions with positive endorsement |

Diagnoses based on the screening scales have excellent concordance with diagnoses based on the full WHO Composite International Diagnostic Interview (CIDI 3.0). CIDI Diagnoses, in turn, have excellent concordance with clinical diagnoses based on blinded SCID clinical appraisal interviews.

CIDI 3.0 Bipolar Screening Scales Scoring

The complete set of 12 Questions takes approximately three minutes to complete.

Positive Predictive Values in sub-populations for CIDI-based Screening Scales

Number of Questions Endorsed	For respondents who have seen a primary care physician at least 12 times in the year before the interview	For respondents who have seen a primary care physician at least once in the year before the interview	For respondents who have received specialty mental health treatment in the year before the interview.
0 Questions = Y	PPV = 0.0	PPV = 0.2	PPV = 0.0
1 Question = Y	PPV = 0.0	PPV = 0.2	PPV = 0.0
2 Questions = Y	PPV = 0.0	PPV = 0.2	PPV = 0.0
3 Questions = Y	PPV = 3.6	PPV = 3.0	PPV = 10.4
4 Questions = Y	PPV = 3.6	PPV = 3.0	PPV = 10.4
5 Questions = Y	PPV = 17.0	PPV = 20.8	PPV = 39.0
6 Questions = Y	PPV = 33.4	PPV = 37.2	PPV = 39.0
7 Questions = Y	PPV = 52.6	PPV = 50.2	PPV = 55.2
8 Questions = Y	PPV = 54.9	PPV = 53.7	PPV = 71.0
9 Questions = Y	PPV = 100.0	PPV = 84.3	PPV = 88.2
	AUC = .865	AUC = .854	AUC = .800

PPV = Positive Predictive Value: The proportion of screened positives that are true cases (of bipolar disorder for this scale)

AUC = Area Under the Receiver Operating Characteristic Curve; the area measures discrimination, that is, the ability of the test to correctly classify those with and without the condition. [0.90-1 = Excellent; 0.80-0.90 = Good; 0.70-0.80 = Fair; 0.60-0.70 = Poor]

Diagnoses based on the screening scales have excellent concordance with diagnoses based on the full WHO Composite International Diagnostic Interview (CIDI 3.0). CIDI Diagnoses, in turn, have excellent concordance with clinical diagnoses based on blinded SCID clinical appraisal interviews.

CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate.

Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
This first symptom question is asked only if the euphoria stem question (#1 above) is endorsed
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

The Suicide Behaviors Questionnaire-Revised (SBQ-R) - Overview

The SBQ-R has 4 items, each tapping a different dimension of suicidality:¹

- Item 1 taps into lifetime suicide ideation and/or suicide attempt.
- Item 2 assesses the frequency of suicidal ideation over the past twelve months.
- Item 3 assesses the threat of suicide attempt.
- Item 4 evaluates self-reported likelihood of suicidal behavior in the future.

Clinical Utility

Due to the wording of the four SBQ-R items, a broad range of information is obtained in a very brief administration. Responses can be used to identify at-risk individuals and specific risk behaviors.

Scoring

See scoring guideline on following page.

Psychometric Properties¹

	Cutoff score	Sensitivity	Specificity
Adult General Population	≥7	93%	95%
Adult Psychiatric Inpatients	≥8	80%	91%

1. Osman A, Bagge CL, Guitierrez PM, Konick LC, Kooper BA, Barrios FX., *The Suicidal Behaviors Questionnaire-Revised (SBQ-R): Validation with clinical and nonclinical samples*, Assessment, 2001, (5), 443-454.

SBQ-R - Scoring

Item 1: taps into *lifetime* suicide ideation and/or suicide attempts

Selected response 1	Non-Suicidal subgroup	1 point	
Selected response 2	Suicide Risk Ideation subgroup	2 points	
Selected response 3a or 3b	Suicide Plan subgroup	3 points	
Selected response 4a or 4b	Suicide Attempt subgroup	4 points	Total Points

Item 2: assesses the *frequency* of suicidal *ideation* over the past 12 months

Selected Response:	Never	1 point	
	Rarely (1 time)	2 points	
	Sometimes (2 times)	3 points	
	Often (3-4 times)	4 points	
	Very Often (5 or more times)	5 points	Total Points

Item 3: taps into the *threat* of suicide attempt

Selected response 1	1 point	
Selected response 2a or 2b	2 points	
Selected response 3a or 3b	3 points	Total Points

Item 4: evaluates self-reported likelihood of suicidal behavior in the future

Selected Response:	Never	0 points	
	No chance at all	1 point	
	Rather unlikely	2 points	
	Unlikely	3 points	
	Likely	4 points	
	Rather Likely	5 points	
	Very Likely	6 points	Total Points

Sum all the scores circled/checked by the respondents.

The total score should range from 3-18.

Total Score

AUC = Area Under the Receiver Operating Characteristic Curve; the area measures discrimination, that is, the ability of the test to correctly classify those with and without the risk. [.90-1.0 = Excellent; .80-.90 = Good; .70-.80 = Fair; .60-.70 = Poor]

	Sensitivity	Specificity	PPV	AUC
Item 1: a cutoff score of ≥ 2				
• Validation Reference: Adult Inpatient	0.80	0.97	.95	0.92
• Validation Reference: Undergraduate College	1.00	1.00	1.00	1.00
Total SBQ-R : a cutoff score of ≥ 7				
• Validation Reference: Undergraduate College	0.93	0.95	0.70	0.96
Total SBQ-R: a cutoff score of ≥ 8				
• Validation Reference: Adult Inpatient	0.80	0.91	0.87	0.89

SBQ-R Suicide Behaviors Questionnaire-Revised

Patient Name _____ Date of Visit _____

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check one only)

- 1. Never
- 2. It was just a brief passing thought
- 3a. I have had a plan at least once to kill myself but did not try to do it
- 3b. I have had a plan at least once to kill myself and really wanted to die
- 4a. I have attempted to kill myself, but did not want to die
- 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year? (check one only)

- 1. Never
- 2. Rarely (1 time)
- 3. Sometimes (2 times)
- 4. Often (3-4 times)
- 5. Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it? (check one only)

- 1. No
- 2a. Yes, at one time, but did not really want to die
- 2b. Yes, at one time, and really wanted to die
- 3a. Yes, more than once, but did not want to do it
- 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday? (check one only)

- | | |
|--|---|
| <input type="checkbox"/> 0. Never | <input type="checkbox"/> 4. Likely |
| <input type="checkbox"/> 1. No chance at all | <input type="checkbox"/> 5. Rather likely |
| <input type="checkbox"/> 2. Rather unlikely | <input type="checkbox"/> 6. Very likely |
| <input type="checkbox"/> 3. Unlikely | |

Attachment 3:

Sample Consent Forms

Session Information

Client:	test, stephanie (49921) 9/27/1967
Staff:	Cardwell, Joshua (002777)
Document Date:	3/13/2013
Client Program:	(Not Set)

Consumer Consent and Affirmation of Receipt of Legal Responsibilities and Notifications

May we contact you
regarding any future
appointments you might
have with us?

- Yes
 No

Consent for Treatment

I affirm that the services of Prestera Center have been explained to me and that my signature gives my consent for the staff of Prestera Center to provide evaluation and/or other services in accordance with my treatment plan, or to perform evaluations of me for other agencies.

I understand that my treatment plan, if not an evaluation or for Employee Assistance Program assessment and referral, will be developed by staff members directly involved with my treatment and that I will have an opportunity to participate in the treatment planning process.

I further understand that all information regarding my case will be held in confidence and will not be released to anyone without my written permission or in accordance with the laws governing mental health, medical records and substance abuse treatment.

This agreement will be valid for the duration of my treatment, unless revoked in writing or otherwise noted by me or my legal guardian.

Notice of Privacy Practices

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations.

Refusal: (Please Initial If Refused)

Confirmation of Receipt and Understanding

I have been offered Prestera's Consumer Guide which explains my Basic Client Rights and the Notice of Privacy Practices. I have read and understand the Consent for Treatment section above and am in Agreement with its contents. I have also fully reviewed and understand my obligations in the Agreement for Payment Section below.

Refusal of Consumer Guide: (Please Initial If Refused)

Consent for Release of Info. for Billing Purposes

I authorize Prestera Mental Health Services, Inc. ("Prestera"), and any clinician associated with Prestera, to release Protected Health Information, PHI, and/or records relating to my physical health, mental health, or substance abuse condition or treatment, including, but not limited to, an itemized statement of charges, to any third party insurance payers as may be required for billing and payment purposes.

I understand that I may revoke this consent at any time except to the extent that Prestera or any clinician associated with Prestera, has already taken action in reliance on it. If not previously revoked, this consent will terminate upon completion of the submission of any information or records to any third party insurance payer as may be required for billing and payment purposes. I further

Prestera Center, Inc - Consent and
Affirmation of Receipt/Notifications

I understand that refusal to give consent will not jeopardize my right to obtain treatment.

Assignment of Benefits

I hereby authorize my insurance carrier to pay directly to Prestera Center for Mental Health Services, Inc., or any clinician associated therewith, all benefits due me. I will pay all charges incurred or for all charges in excess of whatever sums may be paid by the insurance company.

By Signing my name, I agree to all of the terms, conditions and statements indicated.

(R: 07/01/05, 08/01/09, 03/17/2010)

Signatures

Electronic Signature:

Signature History

Action	Date	Staff
No records found		

PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.
3375 US ROUTE 60, EAST
PO BOX 8069
HUNTINGTON, WEST VIRGINIA 25705
(304) 525-7851 OR (800) 642-3434

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ is authorized to release information to:

(Who is releasing records?)

NAME AND ADDRESS: _____

(Who is receiving records?) _____

PHONE #: _____

About treatment rendered to: _____

(Consumer's name and address) _____

PHONE#: (optional) _____

Social Security Number

Treatment Dates

Date of Birth

(approximate month/year-month/year)

Requires the initials of the client or legal guardian/committee before information will be released.

____ Psychiatric/Psychological Information ____ Drug/Alcohol Information ____ AIDS/HIV Information

Reports to be released: (please check below what records are needed)

Initial Assessment (Intake) Psychosocial History Treatment Plan Medication Information
 Psychiatric Evaluation Psychiatric Re-Evaluation Psychological Report Laboratory Results
 Discharge/Transfer Summary Medical Service Notes Mental Status Statement/DFA-RT-15a
 Individual Therapy Notes Narrative Summary Other _____

Form of information to be released: Written Verbal

Records will be FAXED ONLY IN the event of MEDICAL/PSYCHIATRIC EMERGENCIES

Purpose of information to be

Released: _____

(Distinct purpose must be given, "to facilitate treatment" is not satisfactory)

My refusal to sign this authorization will NOT affect my ability to obtain treatment, payment, or enroll in a health plan. I understand that this authorization will expire 180 days (6 months) unless an earlier date or condition/event is specified here _____. However, I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that Prestera Center has already taken action in reliance on my authorization. (See back of authorization form).

Client Signature

Date

Witness Signature

Date

Signature of Parent/Legal Guardian/Legal Representative

Date

Note: If this authorization has been signed by a legal representative on behalf of an individual, his/her authority to act on behalf of the individual must be described here: _____

SEND RELEASE FOR MEDICAL RECORDS TO THE MEDICAL RECORDS DEPARTMENT

*(CONTINUED ON REVERSE)
Revised 09/07/2011*

DATE OF INFORMATION/RECORDS RELEASED (i.e. intake 1/97) _____

SIGNATURE OF PERSON RELEASING INFORMATION: _____

DATE OF INFORMATION/MEDICAL RECORDS RELEASED: _____

**TO RELEASE ELECTRONIC/WRITTEN INFORMATION, GO THROUGH
THE MEDICAL RECORDS DEPARTMENT.**

FEDERAL REGULATIONS (42 CFR, Part 2): The federal regulations prohibits the recipient of the information from making any further disclosures of the information, unless further disclosure is expressly permitted by the individuals' written authorization or as otherwise permitted by state and federal regulations.

SIGNATORY REVOCATION

I hereby **REVOKE** my permission to release information from my medical record to the Person or Organization noted on this form.

I hereby **REVOKE** my authorization for the request for information from the Person or Organization noted on this form.

SIGNATURE OF PATIENT/CLIENT/PERSON

DATE

RELATIONSHIP IF OTHER THAN PATIENT/CLIENT

DATE

SIGNATURE OF WITNESS

DATE

TITLE

Attachment 4:

Letter to the SSA



Helping everyday people with everyday problems...every day

CABELL COUNTY • MASON COUNTY • LINCOLN COUNTY • WAYNE COUNTY
KANAWHA COUNTY • BOONE COUNTY • CLAY COUNTY • PUTNAM COUNTY

April 9, 2013

UNIVERSITY HEIGHTS • 3375 U S RT 60 E
P O BOX 8069 • PHONE (304) 525-7851
HUNTINGTON, WEST VIRGINIA 25705
FAX (304) 525-1504
www.prestera.org

Ms. Kimberly A. Walsh
Deputy Commissioner
Division of Alcohol and Drug Abuse
Office of Behavioral Health Services
Bureau for Behavioral Health and Health Facilities
West Virginia Department of Health and Human Services
350 Capitol Street-Room 350
Charleston, West Virginia 25301-3702

Dear Ms Walsh,

We are pleased to enclose to you a copy of Standard Form 424 Face Page and a copy of the project abstract for Prestera Center's application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. This project is a collaboration between Prestera Center and Marshall University to expand and enhance services to consumers in the rural areas of our catchment area through the utilization of technology.

The application has been submitted to SAMHSA in response to their RFA# 13-008, (CFDA) No. 93.243 Targeted Capacity Expansion - Technology Assisted Care program.

According to the grant guidelines, any comments that you wish to make on the proposal may be sent not later than 60 days after the deadline date (April 10, 2013) for the receipt of applications. Please direct your comments to:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20850
ATTN: SSA – funding Announcement No. TI 13-001

We would also appreciate receiving a copy of the comments you submit to SAMHSA. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Karen Yost".

Karen Yost
Chief Executive Officer

Attachment 5:

Signed, Executed EHR Vendor Contract

qualifacts

Rachel Vincion

Vice President, Finance

Rachel.vincion@
qualifacts.com

www.qualifacts.com

June 14, 2012

Mr. Robert Hansen
Prestera Center for Mental Health Services, Inc.
3375 US Route 60 East
PO Box 8069
Huntington, WV 25705

Re: Contract Renewal

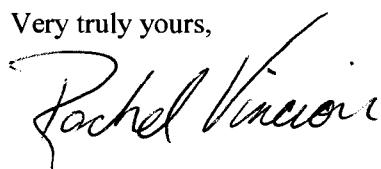
Nashville
200 2nd Avenue South
Nashville, Tn 37201

Direct: 615.493.5450
Fax: 615.386.1225

Dear Mr. Hansen:

Please find enclosed a fully executed contract. We are very pleased to continue to have Prestera Center for Mental Health Services, Inc. as part of the Qualifacts family!

Very truly yours,



Rachel Vincion
Vice President, Finance

qualifacts

CARELOGIC™ ENTERPRISE EDITION

SERVICE ORDER FORM

Customer Name:	Prestera Center for Mental Health Services, Inc.
Contact Name:	Robert Hansen, Executive Director
Effective Date:	6/1/2012

This Service Order Form is made as of the Effective Date set forth above between Qualifacts Systems, Inc. ("Qualifacts"), a Delaware corporation having its principal place of business at 200 2nd Avenue South, Nashville, Tennessee 37201, and the Customer identified above. This Service Order Form is made pursuant to, and is governed by the terms of, the Software License and Master Services Agreement between Qualifacts and Customer (the "Master Agreement").

1. General

- (a) **Defined Terms** – Defined terms used but not defined in this Service Order Form are as defined in the Master Agreement.
 - (b) **Go-Live** – "Go-Live" means the moment in time that the first production system (PROD) service is marked as kept.
2. **Software and Services** – Under this Service Order Form, Qualifacts shall provide the following products and services in order to develop a Master Configuration for Customer, and Customer shall pay the following fees to Qualifacts for such products and services on the payment dates set forth below. All charges will be billed monthly and are due when invoiced.

MONTHLY RECURRING CHARGES

Programs	Detail	Invoicing Starts	Terms	Qty.	Unit Cost	Total
CareLogic™ Enterprise Edition Software	Item 3	Upon Effective Date	Per Concurrent User*	200	\$86.25	\$17,250.00
BI-System Administrator for Ad Hoc Reports	Item 4	Upon production go-live	Per Named Administrator User	5	\$149.00	\$745.00
Emdeon EDI Service	Item 5	Upon production go-live	Per Transaction†	Actual	\$0.25	TBD
Emdeon e-Labs	Item 6	Upon production go-live	Per Named Prescriber	31 AM	\$25.00	
DrFirst e-Prescribing	Item 7	Upon production go-live	Per Named Prescriber	42	\$49.00	\$2,058.00
Wiley Treatment Planner Datasets	Item 8	Upon production go-live	Per Wiley Clinician User			
Document Library	Item 9	Upon exceeding 50GB limit	50 GB storage	1	\$0.00	\$0.00
Total Monthly Charges:						\$20,053.00

NON-RECURRING CHARGES

Service	Detail	Invoice Date	Fee
Implementation Services	Item 10	Upon Contract Signature, except as set forth in Section 15	N/A
EDI File Creation	Item 11	Upon Contract Signature	N/A
Wiley Treatments Planner Datasets Setup Fee	Item 7	Upon Contract Signature	N/A
Signature Pads	Item 12	Upon Contract Signature	N/A
Subtotal Non-Recurring Charges		Upon Contract Signature	
Professional Services	N/A	As Incurred	\$150.00/hour
Travel Expenses	N/A	As Incurred	Actual

* Paid regardless of the actual number of Users, up to the specified quantity. If this number is exceeded in a given month, then Customer will be invoiced for the actual peak number of Users for that month.

Qualifacts acknowledges that Customer has alleged that it has incurred direct damages resulting from CareLogic errors that occurred prior to 4/25/12. Both parties agree that in January 2013 Customer shall receive a one-time courtesy credit equal to one month of Monthly Recurring Charges, and that Qualifacts' agreement to issue that credit constitutes settlement in full and a complete release of any claims or damages that Customer may have related to those issues.

Qualifacts shall continue to a commercially reasonable effort to deliver Offline Synch, an enhancement which was part of the original agreement.

Invoiced for the actual number of EDI Transactions sent in the preceding month (See Detail in Section 5)

PRODUCT ENHANCEMENT CHARGES

Product Enhancements	Detail	Invoice Date	Total Cost
See Enhancement Exhibit for Details	Item 13	Upon Contract Signature	N/A
Total Product Enhancement Charges			\$0.00

3. **CareLogic™ Enterprise Edition Software Definitions** – Qualifacts' CareLogic Enterprise Edition Software is the web-based Behavioral Health enterprise management application, hosted and maintained by Qualifacts for the Customer. The Software consists of integrated Scheduling, Client Record, Clinical, Billing, User Management, and System Administration modules. The Software is also integrated with several third-party components, including Business Intelligence (see Item 4) and Emdeon EDI Interfaces (see Item 5).
- (a) **"Concurrent Users"** shall mean the maximum number of unique Named Users accessing the Software simultaneously in the preceding month.
 - (b) **"Named User"** shall mean a named individual to whom Customer has granted access to use the Software on Customer's behalf, regardless of whether or not the Named User actually accesses the Software in the month.
4. **Ad Hoc Report Builder** –The following components are available for report writing against a majority of the elements in the CareLogic database.
- (a) User Console – A web based tool that can be privileged to any user and provides the ability to build, save, and export basic reports. The tool also provides access to advanced reports that have been built and privileged using the Report Designer tool. Users cannot create reports using data from configurable forms via User Console.
 - (b) Report Designer – A desktop application that must be installed on the user's computer and provides the ability to build advanced reports including reports requiring parameters, advanced calculations, specific formatting, etc. Report Designer includes both drag and drop report building functionality and direct access via SQL. Users can create reports using data from configurable forms via Report Designer.
- It is the Customer's responsibility to set the appropriate privilege levels in CareLogic to ensure the tools describe above are only available CareLogic Users who have permission to see the data/information made visible by the tools.
5. **Emdeon EDI Service Definitions**
- (a) **"Payers"** shall mean those entities that receive Transactions submitted by Customer through the Services, as identified from time to time by Company.
 - (b) **"Emdeon Available Payers"** shall mean Payers which are included in the Emdeon Available Payer List (a document which is available online at the Emdeon Web Site [www.emdeon.com]) and can be accessed via the Emdeon network for the purpose of Electronic Data Interchange (EDI).
 - (c) **"Emdeon EDI Service"** includes the following services to Emdeon Available Payers: electronic claims submission and payment advice (837/835 Files), eligibility verification (270/271 files) and claims management services. These Emdeon EDI Services are available to the Customer and will be performed by Qualifacts from time to time for Customer through use of the Emdeon EDI Network.
 - (d) **"Transactions"** shall mean batch and real-time healthcare transactions submitted by Customer via the Emdeon EDI Service for transmission to a Payer, whether or not a Payer accepts or favorably adjudicates such transactions.
6. **Emdeon e-Labs** – Qualifacts provides e-Labs functionality to the Customer via Emdeon's e-Clinician R/X module. This functionality will allow the Customer's Physicians to electronically submit Lab Orders to and view Lab Results from third-party (external) laboratories through the e-Clinician R/X portal.
- (a) **Supported Entities** – The current list of laboratory recipients is available online at the Emdeon website (www.emdeon.com). Entities that do not participate in Emdeon's network are not supported.
7. **DrFirst ePrescribing Service**
- (a) **Defined Terms.** For this Section 14, the following terms have the following meanings:
 - i. "DrFirst" means DrFirst.com, Inc.
 - ii. "EP System" means DrFirst's online electronic prescription system.
 - iii. "GEP Services" means access to and use of the EP System and other online tools and related services.
 - (b) **Accuracy of Data from Vendors.** ONE OR MORE OF DRFIRST'S DATA VENDORS DO NOT WARRANT THE ACCURACY OF THE PRESCRIPTION DATA; HOWEVER, DRFIRST AND ITS PARTNERS ARE AWARE OF NO SPECIFIC INSTANCE OF INACCURATE DATA AND HAVE COMMITTED TO TAKE IMMEDIATE STEPS TO CORRECT ANY INACCURATE DATA AS SOON AS IT COMES TO THEIR ATTENTION.
 - (c) **License.** DrFirst will make the GEP Services available to Customer for use with Customer's medical patients only. Customer may access the GEP Services and EP System by using the software that Qualifacts or DrFirst may specifically identify as available for download or use ("PDA Software"). DrFirst also grants Customer a limited, non-exclusive, nontransferable license to access and make use of online features of GEP Services, and to download, install and operate any PDA Software for the purpose of accessing the EP System.

- (d) **Restrictions on Use.** The licenses granted to Customer to use the GEP System will remain in force only for so long as the Agreement remains in effect or until Customer's registration is cancelled or terminated. Customer may not resell or sublicense access to or use of the GEP Services or any of the rights granted herein to any third party. Customer may not use any PDA Software except in connection with the use of EP System as authorized by this Section 14. Customer agrees not to reproduce, duplicate, copy, sell, resell or exploit any part of EP System or PDA Software. Customer further agrees not to combine or integrate EP System and/or any PDA Software with software or technology not provided by Qualifacts or DrFirst, or modify, further develop or create any derivative product based on the foregoing. Customer may not decompile, disassemble, reverse engineer or otherwise attempt to obtain or access the source code from which any component of the GEP Services and/or PDA Software is compiled or interpreted, and nothing in this Section 14 may be construed to grant any right to obtain or use such source code. Customer agrees not to use EP System or PDA Software to: (a) violate any local, state, national or international law; (b) access any EP System subscription account other than your own; or (c) impersonate any person or entity, or otherwise misrepresent Customer's affiliation with a person or entity.
- (e) **Patient Consents.** Patient written consents must be secured and maintained in order to use the GEP Services. Customer agrees that it will secure written consent from all patients permitting and authorizing Customer to access such patients' Medication History and such consents will be kept on file at all times. Customer agrees that DrFirst or its authorized agents shall have the right to conduct one or more audits to ensure compliance with this obligation, provided that the cost of such audit shall be borne by DrFirst.
- (f) **No Warranties.** THE GEP SERVICES, THE EP SYSTEM, THE SITE, THE PDA SOFTWARE AND ALL INFORMATION, CONTENT, MATERIALS AND SERVICES RELATED TO THE FOREGOING ARE PROVIDED "AS IS." TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW, DRFIRST AND ITS AFFILIATES AND ALL THIRD PARTY VENDORS OF SOFTWARE, SERVICES OR HARDWARE ("THIRD PARTY VENDORS") DISCLAIM ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, NON-INFRINGEMENT, NON-INTERFERENCE, AND SYSTEM INTEGRATION. DRFIRST AND ITS AFFILIATES AND THIRD PARTY VENDORS DO NOT WARRANT THAT USE OF EP SYSTEM BY REGISTERED END USERS WILL BE UNINTERRUPTED OR ERROR-FREE. THE SUBMISSION OF ANY INFORMATION THROUGH THE GEP SERVICES AND/OR SITE AND THE DOWNLOAD, INSTALLATION AND USE OF PDA SOFTWARE IS DONE AT CUSTOMER'S OWN DISCRETION AND RISK AND CUSTOMER WILL BE SOLELY RESPONSIBLE FOR ANY DAMAGE TO ITS COMPUTER SYSTEM OR LOSS OF DATA THAT MAY RESULT FROM SUCH ACTIVITIES OR FROM RELIANCE UPON EP SYSTEM. DRFIRST IS NOT THE PROVIDER OF, AND MAKES NO WARRANTIES WITH RESPECT TO, ALL THIRD-PARTY SOFTWARE AND THIRD-PARTY OFFERINGS.
- (g) **Limitation of Liability.** USE OF THE GEP SERVICES, THE EP SYSTEM, THE SITE AND ANY PDA SOFTWARE IS AT CUSTOMER'S OWN RISK. IN NO EVENT SHALL DRFIRST, ITS AFFILIATES OR THIRD PARTY VENDORS BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES, OR FOR LOSS OF PROFITS OR DAMAGES ARISING DUE TO PHYSICAL INJURY, LOSS OF LIFE, OR BUSINESS INTERRUPTION OR FROM LOSS OR INACCURACY OF INFORMATION, TO THE EXTENT ANY OF THE FOREGOING ARISES IN CONNECTION WITH THESE TERMS OR CUSTOMER'S USE OR INABILITY TO USE EP SYSTEM, THE SITE AND/OR THE PDA SOFTWARE, WHETHER OR NOT SUCH DAMAGES WERE FORESEEABLE AND EVEN IF DRFIRST WAS ADVISED THAT SUCH DAMAGES WERE LIKELY OR POSSIBLE. IN NO EVENT WILL ANY OF DRFIRST'S THIRD PARTY VENDORS HAVE ANY LIABILITY TO CUSTOMER WHATSOEVER. YOU ACKNOWLEDGE THAT THIS LIMITATION OF LIABILITY IS AN ESSENTIAL TERM RELATING TO THE PROVISION OF THE GEP SERVICES AND THAT DRFIRST WOULD NOT PROVIDE THE GEP SERVICES WITHOUT THIS LIMITATION.
- (h) **Indemnification.** CUSTOMER AGREES TO INDEMNIFY, HOLD HARMLESS AND, AT DRFIRST'S OPTION, DEFEND DRFIRST (INCLUDING ITS AFFILIATES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, LICENSORS, SUPPLIERS AND ANY THIRD-PARTY INFORMATION VENDORS TO THE SITE OR GEP SERVICE) AND ANY THIRD PARTY VENDORS FROM AND AGAINST ALL LOSSES, EXPENSES, DAMAGES, COSTS AND LIABILITIES, INCLUDING REASONABLE ATTORNEYS' FEES, RESULTING FROM ANY VIOLATION OF THESE TERMS OR ANY ACTIVITY RELATED TO CUSTOMER'S ACCOUNT (INCLUDING ANY NEGIGENT OR WRONGFUL CONDUCT, AND INCLUDING CUSTOMER'S FAILURE TO ENSURE THAT ITS REGISTERED END USERS ARE LICENSED MEDICAL PROFESSIONALS WITH THE RIGHT TO PRESCRIBE MEDICINE) BY CUSTOMER OR ANY OTHER PERSON ACCESSING EP SYSTEM USING CUSTOMER'S ACCOUNT.
- (i) **Third Party Beneficiary.** It is expressly understood that DrFirst is an intended third party beneficiary of this Section 14 and that DrFirst may enforce these terms directly against Customer or any end users that threaten or impair (a) any intellectual property rights in the EP System, (b) the confidentiality of any privacy rights or personal data used in connection with the EP System; or (c) the confidentiality or proper use of any technical data relating to the EP System.
8. **Wiley Treatment Planner Datasets** – Qualifacts provides optional Treatment Planner Datasets as integrated functionality within CareLogic™ Enterprise through John Wiley & Sons, Inc. These Treatment Planner Datasets are copyright protected by Wiley and may not be sublicensed, resold, or otherwise transferred to a third party. Qualifacts is not responsible for the content provided in the Treatment Planner Datasets.
- (a) **"Wiley Clinician Users"** shall mean the maximum number of Wiley Users who develop treatment plans using the optional Wiley™ Treatment Planner Datasets. This Total Monthly Recurring Charge is paid regardless of the actual number of Wiley Users, up to the specified quantity.
9. **Document Library** – The Document Library module is an enhancement to CareLogic Enterprise that allows users to scan, store, search, and view ECR documents. These documents can then be added to the clinical record and appear in the service document lists along with the service documents entered using CareLogic. Customer shall receive 50GB of storage space at no charge to store documents in the Document Library
- (a) **Additional Storage Space** – Upon exceeding the 50GB of free space, the Customer shall be billed \$100 per month for each additional 50GB of storage space.

Note: Customer is responsible for provisioning the module so that only the properly authorized users have access. Customer is also responsible for management of the content within the scanned documents.

- 10. Implementation Services** – After the execution of this Agreement, Qualifacts and the Customer will schedule a Kickoff Meeting to develop a Project Plan which will set forth the requirements, process and timeline for the Customer's implementation of the Software.

The Project Plan will document the major items which are required for production-level use and which must be delivered within the prescribed number of days from the Effective Date of this Agreement. The Project Plan will detail Qualifacts and Customer specific responsibilities, milestones and timelines which must be met in order to achieve the go-live date established in the Project Plan. Any delay by Customer in accomplishing these items will likely result in a corresponding delay in the go-live date.

The following items are included in the base Implementation Services:

- (a) CareLogic™ Enterprise Edition Clinical and Billing Core Implementation as detailed in Item 3
- (b) General Ledger Export. The export file will be formatted for import into the Customer's G/L software, using the current account number structure. The export is a summary file for month-end closings, meaning that exactly one line will be exported for each affected account number.
- (c) Standard Data Conversion. Customer will provide data in Qualifacts' standard data conversion template (the Qualifacts File Conversion Upload) and includes the conversion of staff demographics and client demographics. Qualifacts will convert no legacy financial transactions or data.
- (d) Description of tasks included in this project: Included in the Implementation Services are the following:
 - i. System Configuration
 - ii. Project Management
 - iii. Train the Trainer
 - iv. Ad Hoc Report Builder Deployment
 - v. Data Conversion and Validation
 - vi. Go-Live Support
 - vii. Post Go-Live Support - up to 60 days after the first program/agency unit goes live. Post go-live support shall be provided jointly by the Qualifacts project and client support teams.

- 11. **EDI File Creation** - Qualifacts will create two (2) EDI interface pairs (837/835). All other claims will be printed from the system (HCFA-1500 or UB-40 forms).
- 12. **Signature Pads** – Signature pads for capturing client signatures may be purchased through Qualifacts at a discount off the Manufacturer's Retail Price. Only CareLogic supported signature pads may be ordered through Qualifacts at a minimum quantity of 10. Customer is responsible for setting up the signature pads and installing the necessary software that comes with the signature pad shipment.
- 13. **Product Enhancement Services** – The items in the attached Enhancement Exhibit will be developed and delivered by Qualifacts at the Customer's go-live date. Any additional features or changes to the following items which increase the complexity or effort required will constitute a change request, which will be detailed in a separate Statement of Work and which will be billed on an hourly basis at Qualifacts' current Professional Services rate. Any such changes will necessarily extend the project delivery timeline, but shall not affect any milestone- or date-based payments due to Qualifacts.
- 14. **Additional Fees** – Customer and Qualifacts acknowledge that as of the Effective Date of this Agreement, the fees for Implementation Services and Product Enhancements have been construed with information provided to Qualifacts by Customer ("Scoping Information") and that Customer and Qualifacts made a commercially reasonable effort to uncover all relevant Scoping Information in an accurate manner. Should Customer or Qualifacts find additional requirements that create the need for Product Enhancements or additional Implementation Services for the CareLogic Software that were not identified as part of the original Scoping Information, Qualifacts will provide Statement(s) of Work (as per Section 4 of the Master Agreement) to Customer for approval.

QUALIFACTS SYSTEMS, INC.

By: Deb

Print: Pattie Vincor

Title: VP Finance

CUSTOMER

By: Ribert H. Hansen

Print: Ribert H. Hansen

Title: CEO

qualifacts

SOFTWARE LICENSE AND MASTER SERVICES AGREEMENT

Customer Name:	Prestera Center for Mental Health Services, Inc.
Contact Name:	Robert Hansen
Address:	
Phone Number:	
Email Address:	
Effective Date:	6/1/2012

This Software License and Master Services Agreement (the "Agreement") is made as of the Effective Date set forth above between Qualifacts Systems, Inc. ("Qualifacts"), a Delaware corporation having its principal place of business at 200 2nd Ave S., Nashville, Tennessee 37201, and the Customer identified above.

1. Definitions

(a) Concurrent Users. "Concurrent Users" means the maximum number of Named Users accessing the CareLogic™ Software simultaneously at any point during the preceding month.

(b) Customer Data. "Customer Data" means any of Customer's information, documents, or electronic files that are provided to Qualifacts hereunder.

(c) Documentation. "Documentation" means any online or printed user manuals, functional specifications attached to this Master Agreement or Statements of Work that are provided to Customer by Qualifacts, and any derivative works of the foregoing.

(d) Error. "Error" means any reproducible material failure of the Software to function in accordance with its Documentation.

(e) Named User. "Named User" means a named individual to whom Customer has granted access to use the Software on Customer's behalf and who has agreed to the terms of Qualifacts' Named User License Agreement, regardless of whether or not the User actually accesses the Software in the month.

(f) P1 Error. "P1 Error" means an Error in the Software that causes all of Customer's Named Users at a location or facility to be unable to access or use any of the critical functions of the Software, and for which no workaround is available.

(g) P2 Error. "P2 Error" means an Error in the Software that causes either (i) some of Customer's Named Users to be unable to access or use any of the critical functions of the Software, or (ii) some, but not all, of the critical functions of the Software to be inaccessible or non-functional for all of Customer's Named Users at a location or facility, in either case where there is no workaround available.

(h) P3 Error. "P3 Error" means an Error in the Software that is not a P1 Error or a P2 Error.

(i) Product Enhancements. "Product Enhancements" means any new features, new modules, or other extensions or modifications of the Software requested by Customer and developed by Qualifacts pursuant to a Service Order Form, including but not limited to changes that are mandated by Federal or state regulatory changes or payor changes. "Product Enhancements" does not include new features, new modules, or extensions or modifications of the Software to the extent incorporated into a general Update.

(j) Service Order Form. "Service Order Form" means a document signed by authorized representatives of both parties and itemizing the Software and services purchased by Customer thereunder.

(k) Software. "Software" means those computer programs designated on one or more Service Orders Forms to be provided to Customer by Qualifacts hereunder, including any Product Enhancements and Updates relating thereto that may be provided hereunder or thereunder, and any derivative works of the foregoing.

(l) Support. "Support" means the ongoing services by Qualifacts to support the Software as defined in Section 3 below.

(m) Train the Trainer Training. "Train the Trainer Training" means the training program provided by Qualifacts to train Customer's personnel who will be responsible for training the Customer's system end users.

(n) Update. "Update" means any patch, bug fix, release, version, modification or successor to the Software.

2. License

(a) License. During the term and subject to the terms and conditions of this Agreement, Qualifacts hereby grants to Customer a non-exclusive, non-transferable, non-sublicensable right and license to access and use the Software in object code form for its internal business purposes only. The license in the preceding sentence is limited to the number of Named Users for which Customer has paid in accordance with the applicable Service Order Form, and to Customer's external auditors to the extent required to perform an audit of Customer or its facilities. All rights in and to the Software not expressly granted herein are reserved to Qualifacts.

(b) License and Use Restrictions. Customer shall not, directly, indirectly, alone, or with another party, (i) copy, disassemble, reverse engineer, or decompile the Software; (ii) modify, create derivative works based upon, or translate the Software; (iii) transfer or otherwise grant any rights in the Software in any form to any other party, nor shall Customer attempt to do any of the foregoing or cause or permit any third party to do or attempt to do any of the foregoing, except as expressly permitted hereunder.

(c) Customer Data. Customer owns all right, title and interest in the Customer Data. Customer hereby grants to Qualifacts, a non-exclusive, non-transferable, non-sublicensable right and license to use, copy, transmit, modify and display the Customer Data solely for purposes of Customer's use of the Software. Qualifacts shall not use the Customer Data except as necessary to perform its obligations hereunder.

(d) Named Users; Security. Customer is solely responsible for maintaining the security of all user names and passwords granted to it or its Named Users, for the security of its information systems used to access the Software, and for its users' compliance with the terms of this Agreement. If any of Customer's Customer System Administrators cease to be employed or engaged by Customer, Customer shall immediately notify Qualifacts. Qualifacts has the right at any time to terminate access to any user if Qualifacts reasonable believes that such termination is necessary to preserve the security, integrity, or accessibility of the Software or Qualifacts' network.

3. Support and Training

(a) Services Generally. Except as set forth herein, Qualifacts shall provide services and support as specified on the applicable Service Order Form. To the extent Qualifacts agrees to provide services not specified on a Service Order Form, Customer shall pay Qualifacts its then current services rate, plus expenses, for such services. Support does not include, and Qualifacts is not obligated to provide services for, (i) development of Custom Enhancements, or (ii) any Service Change (as defined in Section 4(b) below).

(b) Updates. Qualifacts shall deliver to Customer any Updates of the Software at no charge unless the Update includes third party components for which additional charges apply.

(c) Customer System Administrators. Customer shall at all times have two designated Customer System Administrators, who will be the

qualifacts

primary points-of-contact between Qualifacts and Customer for support issues. Customer System Administrators must also be Named Users. Customer may only change a Customer System Administrator upon written notice (which may be by email) to Qualifacts.

(d) Support Procedures. Customer shall route all Software-related support questions to a Customer System Administrator. If the Customer System Administrator is unable to resolve the issue, then the Customer System Administrator may contact Qualifacts for support. Qualifacts shall provide telephone help desk support to the Customer Support Administrators from 7:00 AM to 7:00 PM Central Time on each business day. The Customer Support Administrators may obtain after-hours support by calling the help desk and paging the on-call support personnel.

(e) Response Times. In the event of a P1 or P2 Error, Qualifacts shall provide a preliminary response to Customer within two hours of its awareness of the Error, and shall use its reasonable efforts to provide updates to Customer every two hours until the Error is resolved. In the event of a P3 Error, Qualifacts shall provide a preliminary response to Customer within one business day of its awareness of the P3 Error, and shall use its reasonable efforts to provide updates to Customer once every week until the P3 Error is resolved.

(f) Error Correction Times. Qualifacts shall use commercially reasonable efforts to correct all Errors. For P1 Errors, Qualifacts shall use its best efforts to correct the P1 Error or provide a reasonable workaround within 4 hours of its awareness of the P1 Error. For P2 Errors, Qualifacts shall use its best efforts to correct the P2 Error or provide a reasonable workaround within 2 business days of its awareness of the P2 Error. Customer shall provide such access, information, and support as Qualifacts may reasonably require in the process of resolving any Error.

(g) Support Exclusions. Qualifacts is not obligated to correct any Errors or provide any other support to the extent such Errors or need for support were created in whole or in part by:

(i) the acts, omissions, negligence or willful misconduct of Customer, including any unauthorized modifications of the Software or its operating environment;

(ii) any failure or defect of Customer's or a third party's equipment, software, facilities, third party applications, or internet connectivity (or other causes outside of Qualifacts' firewall);

(iii) Customer's use of the Software other than in accordance with the Software's documentation;

(iv) a Force Majeure Event; or

(v) Customer's use of any version of the Software more than 18 months after Qualifacts has released a successor version or sunset that Software.

(h) Support Fees. Qualifacts has the right to bill Customer at its standard services rates for any support issues excluded by Section 3(g) above.

(i) Hosting Service Levels. Qualifacts shall provide hosting for the Software. Provided that Customer is current with respect to all amounts owing to Qualifacts hereunder, Qualifacts shall comply with the following service level agreement with respect to the production environment:

(i) Qualifacts shall provide Customer with Software availability ("Uptime") of at least at 99% during any calendar month beginning the first full calendar month during which the Software is in live use by Customer (the "Live Date"), calculated on a monthly basis and subject to the exceptions below.

(ii) The Software is considered unavailable for any period of time (measured in minutes) ("Downtime") during which the Software is materially impaired such that Customer or its Named Users cannot access the Software on Qualifacts' servers. Downtime does not include periods of time during which the Software is unavailable as a result of (a) Scheduled Maintenance,

(b) the acts, omissions, negligence or willful misconduct of Customer, (c) any failure or defect of Customer's or a third party's equipment, software, facilities, third party applications, or internet connectivity (or other causes outside of Qualifacts' firewall), or (d) a Force Majeure Event.

(iii) "Scheduled Maintenance" means any planned maintenance by Qualifacts that might cause the Software to be unavailable to Customer or its End Users. Qualifacts shall not perform Scheduled Maintenance between the hours of 7:00 AM and 10:00 PM Central Time. Qualifacts shall make commercially reasonable efforts to notify Customer by e-mail at least 3 business days in advance of any Scheduled Maintenance.

(iv) For any calendar month in which Uptime is less than 99%, Qualifacts shall issue a credit (a "Service Level Credit") against Customer's next invoice in an amount determined according to the following percentages of monthly recurring charges for the affected Software (excluding any one-time fees that Customer is paying on a monthly amortized basis):

Uptime	Credit
At least 90% but less than 99%	5%
At least 80% but less than 90%	25%
Less than 80%	50%

(j) Limitation of Remedies. Correction of Errors as defined in this Agreement and the Service Level Credits as set forth above are Customer's sole remedies for any Errors in the Software or any failure by Qualifacts to meet the Uptime commitment set forth herein, except for the termination remedy set forth in Section 6(c) below. Service Level Credits for any month cannot exceed the amount of monthly recurring fees paid by Customer for that month.

(k) Training. Qualifacts shall provide training as specified on the applicable Service Order Form.

4. Implementation

(a) Project Plan. Upon execution of a Service Order Form for the Software, the parties shall create a plan (including a timetable) for the completion of the project (the "Project Plan"). Qualifacts and Customer shall develop and implement the Software in accordance with this Project Plan.

(b) Service Changes. Customer may request changes to a Service Order Form or Project Plan by delivering a written statement of the desired changes (a "Service Change Request"). Upon receipt of a Service Change Request, if Qualifacts is willing to consider implementing the changes, Qualifacts shall prepare a Service Change Form including any estimated impact of the requested change on costs and on the Project Plan. Once a Service Change Form has been executed by authorized representatives of both parties, then Qualifacts shall develop or implement the Software in accordance with the original Service Order Form as amended by the Service Change Form, and the executed Service Change Form will be deemed an amendment too, and a part of, the Service Order Form to which it relates. For further clarification, Qualifacts is not obligated to implement changes to a Service Order Form other than pursuant to a Service Change Form executed by authorized representatives of both parties.

(c) Adjustments for Customer Delays. If Customer fails to meet any of its obligations or deadlines pursuant to the Project Plan, all subsequent deadlines applicable to Qualifacts will be adjusted by a number of business days equal to the delay by Customer. In addition, Qualifacts has the right to charge Customer its expenses and reasonable overhead for Qualifacts employees or independent contractors assigned to the Customer project who cannot be reasonably reassigned during the period of the delay.

(d) Termination of Product Enhancement. Customer may terminate a Service Order Form item for Product Enhancement,

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provided that Customer pays Qualifacts for all work performed and expenses incurred by Qualifacts through the termination date.

(e) Product Enhancements.

(i) Customer may request Product Enhancements, and Customer shall pay for the development of any Product Enhancements that Qualifacts agrees to develop. Qualifacts is not obligated to develop any Product Enhancements except pursuant to a mutually-agreed upon Service Order Form specifying the Product Enhancements to be developed and any applicable pricing, if other than standard time and materials.

(ii) Upon execution of a Service Order Form specifying Product Enhancements, the parties shall adhere to the process set forth in this Section for designing, developing, implementing, and testing the Product Enhancements.

(iii) At no charge to Customer, Qualifacts shall modify the Software to implement any changes mandated by Federal regulatory changes that are applicable to all customers. To the extent that a Customer requires a modification to the Software to implement state or local regulatory changes or changes mandated by a payor or MCO, that modification will be treated as a Product Enhancement for all affected customers, and Qualifacts shall provide that Product Enhancement at its then current time and materials rates, with each affected Customer paying an equal portion of the total cost. Qualifacts shall provide Customer with a Service Order Form that identifies the total cost as well as its pro rata portion.

5. Financial Terms

(a) Fees. In return for the products, services and licenses provided by Qualifacts to Customer hereunder and pursuant to a Service Order Form, Customer shall pay to Qualifacts the fees in the amount and on the schedule set forth on the Service Order Form. Unless specified to the contrary on a Service Order Form, monthly recurring fees will commence upon commencement of Train the Trainer Training. All dollar amounts refer to U.S. dollars.

(b) Expenses. Customer shall reimburse Qualifacts for its reasonable and necessary expenses (including travel and travel-related expenses).

(c) Billing Practices. Qualifacts bills all time-based charges in quarter hour increments. For services provided on-site on Customer premises and require travel of more than 50 miles, Customer shall pay for a minimum of 8 hours for each such day of services, plus travel time.

(d) Payment Terms. Qualifacts shall invoice Customer monthly in advance for all recurring charges, which invoices will also include all non-recurring charges and expenses incurred since the previous invoice. Customer shall pay all Qualifacts invoices within 30 days of the invoice date. If Customer is delinquent in payment of any portion of an invoice that it has not disputed in good faith, Qualifacts may, in addition to other remedies it may have, including termination, suspend access to the Software to any or all of Customer's Named Users and/or provision of all services to Customer. Customer agrees to pay interest on delinquent amounts at the rate of one and one half percent (1½%) per month (or, if lower, the maximum amount permitted by law) that a payment is overdue.

(e) Taxes. Customer shall pay or shall reimburse Qualifacts for all sales taxes and other taxes, however characterized by the taxing authority, based upon the license fees or other charges under this Agreement or otherwise incurred on account of Customer's use of the Software, except for any taxes based upon Qualifacts' net income or gross receipts or for any franchise or excise taxes owed by Qualifacts. If Customer is a tax-exempt organization, then, upon Qualifacts' receipt of proof of such status, then Qualifacts shall not charge Customer for any taxes from which Customer is exempt.

(f) Product Innovation Increases. In order to support Qualifacts' ongoing research and development of the Software, after each year of

the Agreement Customer's Monthly Recurring Charges will automatically increase by \$2 per Named user or \$5 per Concurrent User, as applicable. This increase does not apply to any fees hereunder where Qualifacts has the express right to charge at its then current rates, in which case the fees will be Qualifacts then current rates.

6. Term and Termination

(a) Term. The term of this Agreement commences on the Effective Date hereof and will continue for an initial term of 3 years. Thereafter, this Agreement will automatically renew for an unlimited number of additional 3 year terms unless either party notifies the other party of its intention not to renew at least 90 days in advance of the expiration of the then current term.

(b) Termination for Cause. Either party can terminate this Agreement for cause upon written notice to the other party:

(i) if a party fails to pay the other party any delinquent amounts owed to the other party hereunder within 10 days of written notice by the other party specifying the amounts owed;

(ii) in the case of Qualifacts, immediately upon any breach by Customer of Section 2(b) above;

(iii) immediately upon any breach of any confidentiality obligations owed to such party by the other party;

(iv) if the other party has committed any other material breach of its obligations under this Agreement and has failed to cure such breach within 45 days of written notice by the non-breaching party specifying in reasonable detail the nature of the breach (or, if such breach is not reasonably curable within 45 days, has failed to begin and continue to work diligently and in good faith to cure such breach); or

(v) upon the institution of bankruptcy or state law insolvency proceedings against the other party, if such proceedings are not dismissed within 30 days of commencement.

(c) Termination for Repeated SLA Violations. If Qualifacts fails to achieve the Service Level Agreements specified in Section 3(i) above for any 3 consecutive months, or for any 6 months during any 12 consecutive month period, then Customer has the right to terminate this Agreement on 90 days prior written notice delivered at any time during the 60 day period immediately following the month in which the termination right first arises.

(d) Obligations Upon Termination. Upon termination of this Agreement:

(i) Qualifacts shall, within 30 days of termination, send Customer an electronic copy of its Customer Data in a structured file export;

(ii) Qualifacts shall immediately terminate access to the Software by Customer and its Named Users; and

(iii) Customer shall immediately pay Qualifacts any amounts payable or accrued but not yet payable to Qualifacts, including any deferred payments or payments originally to be made over time.

7. Confidentiality; Protected Health Information

(a) Disclosures of Protected Health Information. The parties shall comply with the terms and conditions of the Health Information Privacy Addendum attached hereto. It is understood that individual written consent or authorization is not ordinarily required under HIPAA to allow Qualifacts to use or disclose Protected Health Information needed to enable Qualifacts to perform services for Customer. However, if HIPAA or other applicable provisions of state or federal law require Customer or Qualifacts to obtain written consent or authorization from an individual to permit Qualifacts to use or disclose individually identifiable health information, Customer shall provide Qualifacts with a copy of the properly executed legal document permitting such use and disclosure.

(b) Definition of Confidential Information. "Confidential Information" means any and all tangible and intangible information

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INCIDENTAL, OR PUNITIVE DAMAGES (INCLUDING WITHOUT LIMITATION LOSS OF PROFITS AND THE COST OF COVER) EVEN IF QUALIFACTS HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

(c) Limitations of Remedies and Liability. EXCEPT FOR ANY CLAIMS SUBJECT TO INDEMNIFICATION HEREUNDER, CUSTOMER'S SOLE REMEDIES FOR ANY BREACH OF THIS AGREEMENT BY QUALIFACTS ARE CORRECTION OF ERRORS AS SET FORTH HEREIN AND THE REPROCESSING OF ANY DATA THAT IS INCORRECT AS A RESULT OF THE BREACH AND THE APPLICATION OF ANY SERVICE LEVEL CREDITS AS DESCRIBED IN THIS AGREEMENT. EXCEPT FOR SERVICE LEVEL CREDITS APPLIED AS DESCRIBED ELSEWHERE IN THIS AGREEMENT, QUALIFACTS' TOTAL LIABILITY TO CUSTOMER FOR ANY REASON AND UPON ANY CAUSE OF ACTION INCLUDING WITHOUT LIMITATION, BREACH OF CONTRACT, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATIONS, AND OTHER TORTS, IS LIMITED TO ALL FEES PAID TO QUALIFACTS BY THE CUSTOMER IN RESPECT OF USER LICENSES FOR THE SOFTWARE DURING THE SIX MONTHS IMMEDIATELY PRECEDING THE EVENTS GIVING RISE TO THE LIABILITY.

10. General

(a) Ownership of Intellectual Property. Qualifacts owns all right, title and interest in and to the Software and Documentation as well as all Qualifacts trademarks and intellectual property rights in connection therewith. To the extent that such rights do not automatically vest in Qualifacts as works made for hire, Customer hereby assigns any and all right, title and interest, including any intellectual property rights, it may have or acquire with respect to the Software and Documentation, and Customer agrees, at Qualifacts' expense, to take any and all actions reasonably requested by Qualifacts to secure such rights for Qualifacts. Customer shall not challenge Qualifacts' ownership of the Software or Documentation nor any part thereof.

(b) Promotional Materials. Either party may include statements, and may use the other party's name and logos, in its website, commercial advertisements and promotional materials for the sole purpose of indicating that Customer is a user of the Software.

(c) Non-Solicitation. Customer shall not, during and for 2 years after the termination or expiration of this Agreement, by either party and regardless of reason, hire or attempt to hire, directly or indirectly, any person who, during the previous twelve months, was an employee of Qualifacts. If Customer breaches this paragraph, Customer shall pay Qualifacts liquidated damages in the amount of six months of the employee's gross compensation. The preceding liquidated damages remedy is in addition to, and not in lieu of, any other remedy that Qualifacts may have in law or in equity.

(d) Force Majeure. "Force Majeure Event" means any act or event that (a) prevents a party (the "Nonperforming Party") from performing its obligations or satisfying a condition to the other party's (the "Performing Party") obligations under this Agreement, (b) is beyond the reasonable control of and not the fault of the Nonperforming Party, and (c) the Nonperforming Party has not, through commercially reasonable efforts, been able to avoid or overcome. "Force Majeure Event" does not include economic hardship, changes in market conditions, and insufficiency of funds. If a Force Majeure Event occurs, the Nonperforming Party is excused from the performance thereby prevented and from satisfying any conditions precedent to the other party's performance that cannot be satisfied, in each case to the extent limited or prevented by the Force Majeure Event. When the Nonperforming Party is able to resume its performance or satisfy the conditions precedent to the other party's obligations, the Nonperforming Party shall immediately resume performance under this Agreement. The

relief offered by this paragraph is the exclusive remedy available to the Performing Party with respect to a Force Majeure Event.

(e) Assignment. Customer shall not assign any of its rights under this Agreement, except with the prior written consent of Qualifacts. The preceding sentence applies to all assignments of rights, whether they are voluntary or involuntary, by merger, consolidation, dissolution, operation of law or any other manner. Any change of control transaction is deemed an assignment hereunder. Any purported assignment of rights in violation of this Section is void.

(f) Governing Law; Venue. The laws of the State of Tennessee (without giving effect to its conflict of laws principles) govern all matters arising out of or relating to this Agreement and the transactions it contemplates, including, without limitation, its interpretation, construction, performance, and enforcement. Except as set forth in Section 10(g) below, any claims or actions regarding or arising out of this Agreement must be brought exclusively in a court of competent jurisdiction sitting in Nashville, Tennessee, and each party to this Agreement submits to the jurisdiction of such courts for the purposes of all legal actions and proceedings arising out of or relating to this Agreement. Each party waives, to the fullest extent permitted by law, any objection that it may now or later have to (i) the laying of venue of any legal action or proceeding arising out of or relating to this Agreement brought in any state or federal court sitting in Nashville, Tennessee; and (ii) any claim that any action or proceeding brought in any such court has been brought in an inconvenient forum.

(g) Arbitration. Any controversy or claim arising out of or relating to this Agreement, or any breach thereof, must be resolved by confidential binding arbitration in Nashville, Tennessee in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Either party may, without inconsistency with this agreement to arbitrate, seek from a court any provisional remedy that may be necessary to protect trademarks, copyrights, or other rights or property pending the establishment of the arbitral tribunal or its determination of the merits of the controversy. The parties agree that the arbitrator has the power to award all costs of the arbitration, including reasonable attorneys' fees and expenses, to the prevailing party.

(h) Recovery of Litigation Costs. If any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any of the provisions of this Agreement, the unsuccessful party shall pay to the successful party its reasonable attorneys' fees and other costs incurred in that action or proceeding, in addition to any other relief to which the successful party may be entitled.

(i) Entire Agreement. This Agreement and any Service Order Forms hereunder constitute the final agreement between the parties. In the event of any conflicts between this Agreement and a Service Order Form, the order of precedence is the order set forth in this sentence, except to the extent that the conflicting document expressly states its intention to override a specific provision of the controlling document. It is the complete and exclusive expression of the parties' agreement on the matters contained in this Agreement. All prior and contemporaneous negotiations and agreements between the parties on the matters contained in this Agreement are expressly merged into and superseded by this Agreement. The provisions of this Agreement cannot be explained, supplemented or qualified through evidence of trade usage or a prior course of dealings. In entering into this Agreement, neither party has relied upon any statement, representation, warranty or agreement of any other party except for those expressly contained in this Agreement. There are no conditions precedent to the effectiveness of this Agreement, other than any that are expressly stated in this Agreement.

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(j) Amendments. The parties can amend this Agreement only by a written agreement of the parties that identifies itself as an amendment to this Agreement.

(k) Survival of Certain Provisions. Each party hereto covenants and agrees that the provisions in Sections 1, 2(b), 9, and 10 in addition to any other provision that, by its terms, is intended to survive the expiration or termination of this Agreement, shall survive the expiration or termination of this Agreement.

(l) No Federal Claims. Both parties agree that the Software is proprietary operating/vendor software as that term is used in of 45 CFR 95.617(c) and is not subject to any state or federal claims or rights.

(m) Authorized Representatives. The individual signing on behalf of each party below represents and warrants to the other party that such individual is authorized to enter into this contract on behalf of, and to bind, the party for which he or she is signing.

QUALIFACTS SYSTEMS, INC.

By: Robert A Hansen

Print: Robert A Hansen

Title: Ceo

CUSTOMER

By: John

Print: Preston Vinken

Title: JP Finance

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HEALTH INFORMATION PRIVACY ADDENDUM

This Addendum is made as of the date of the Agreement (the "Agreement") to which it is attached, by and between Customer and Qualifacts (both as defined in the Agreement). Customer is referred to in this Addendum as ("Covered Entity") and Qualifacts is referred to in this Addendum as ("Business Associate").

RECITALS:

A. To enable Business Associate to carry out its obligations under the Agreement, Business Associate may create or receive from or on behalf of Covered Entity Individually Identifiable Health Information, as such term is defined in 45 C.F.R. Parts 160 and 164, Subparts A, C and E (the "Privacy and Security Rules").

B. The Privacy and Security Rules obligate Covered Entity to enter into a contract with Business Associate to ensure that Business Associate appropriately safeguards such information.

NOW, THEREFORE, for and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

I. DEFINITIONS

1.1 "Individual" shall have the same meaning as the term "individual" in the Privacy and Security Rules and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

1.2 "Protected Health Information" shall have the same meaning as the term "protected health information" in the Privacy and Security Rules, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

1.3 Capitalized terms used in this Addendum and not otherwise defined herein shall have that meaning given to them in the Privacy and Security Rules and in Section 13401(a) of Health Information Technology for Economic and Clinical Health Act (Title XIII of the American Recovery and Reinvestment Act of 2009), and any amendments or implementing regulations ("HITECH").

II. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

2.1 Confidentiality. Business Associate agrees to use and disclose Protected Health Information only as permitted or required by this Addendum or as Required By Law.

2.2 Safeguards. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Addendum.

2.3 Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Addendum applicable to Business Associate.

2.4 Reporting. Business Associate agrees to promptly report to Covered Entity any use or disclosure of the Protected Health Information in violation of the requirements of this Addendum applicable to Business Associate of which it becomes aware. Business Associate shall promptly report to Covered Entity a breach of Unsecured Protected Health Information, in accordance with 45 C.F.R. §§ 164.400-414.

2.5 Agents and Subcontractors. Business Associate agrees to ensure that any agent, including without limitation any subcontractor, to whom it provides Protected Health Information, agrees to the same restrictions

and conditions that apply through this Agreement to Business Associate with respect to such information.

2.6 Access and Amendment. Business Associate agrees to provide access, at the request of Covered Entity, at Covered Entity's expense, and in the time and manner reasonably designated by Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity in order to meet the requirements under 45 C.F.R. § 164.524. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity, and in the time and manner reasonably designated by Covered Entity.

2.7 Books and Records. Business Associate agrees to make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information available to the Secretary, in a time and manner reasonably designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy and Security Rules. If the Secretary requests such access, Business Associate shall promptly notify Covered Entity and provide Covered Entity with a copy of such request. Business Associate shall consult and cooperate with Covered Entity concerning the proper response to such request, and shall, to the extent permitted by applicable law, at Covered Entity's expense, provide Covered Entity with a copy of each book, document and record made available to the Secretary or shall identify each such book, document, and record and grant Covered Entity access thereto for review and copying. Notwithstanding the foregoing, nothing in this section shall be deemed to require Business Associate to waive the attorney-client, accountant-client, or other legal privilege, and nothing in this section shall impose upon Covered Entity any obligation to review Business Associate's practices, books or records.

2.8 Accounting. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528. Business Associate agrees to provide to Covered Entity, at Covered Entity's expense and in a time and manner reasonably designated by Covered Entity, information collected in accordance with this section to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

2.9 Uses and Disclosures Required By Law. Except to the extent prohibited by law, Business Associate shall immediately notify Covered Entity if it receives a request for disclosure of Protected Health Information with which Business Associate believes it is Required By Law to comply and disclosure pursuant to which would not otherwise be permitted by this Addendum. Business Associate shall provide Covered Entity with a copy of such request, shall consult and cooperate with Covered Entity concerning the proper response to such request, and shall provide, at Covered Entity's expense, Covered Entity with a copy of any information disclosed pursuant to such request.

2.10 Electronic Protected Health Information. To the extent that Business Associate creates, receives, maintains or transmits electronic Protected Health Information on behalf of Covered Entity, Business Associate shall: (i) comply with 45 C.F.R. §§ 164.308, 310, 312, and 316 in the same manner as such sections apply to Covered Entity, pursuant to Section 13401(a) of HITECH, and otherwise implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic Protected Health Information; (ii) ensure that any agent to whom Business Associate provides electronic Protected Health Information agrees to implement reasonable and appropriate safeguards

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to protect it; and (iii) report to Covered Entity any Security Incident of which Business Associate becomes aware. For purposes of this Addendum, a "Security Incident" shall not include a request-response utility used to determine whether a specific Internet Protocol [IP] address, or host, exists or is accessible (i.e., a "ping").

2.11 Standard Transactions. To the extent that, under the Agreement, Business Associate conducts on behalf of Covered Entity all or part of a Transaction (as defined in 45 C.F.R. Parts 160 and 162 (the "Electronic Transactions Rule")), Business Associate shall comply with, and shall cause any of its agents or subcontractors to comply with, the Electronic Transactions Rule.

III. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY BUSINESS ASSOCIATE

3.1 Use or Disclosure to Provide Services Under the Agreement.

Except as otherwise limited in this Addendum, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the applicable Agreement. All uses and disclosures of, and requests by Business Associate, for Protected Health Information are subject to the minimum necessary rule (and the exceptions thereto) of the Privacy and Security Rules and shall be limited to the information contained in a limited data set, to the extent practical, unless additional information is needed to accomplish the intended purpose, or as otherwise permitted in accordance with Section 13405(b) of HITECH.

3.2 Use or Disclosure for Business Associate's Management and Administration. Except as otherwise limited in this Addendum, Business Associate may use Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate. Except as otherwise limited in this Addendum, Business Associate may disclose Protected Health Information for the proper management and administration of Business Associate, provided that such disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3.3 Use or Disclosure to Provide Data Aggregation Services. Except as otherwise limited in this Addendum, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

3.4 Violations of Law. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1). To the extent permitted by law, Business Associate shall promptly notify Covered Entity in the event that Business Associate makes such a report.

IV. RESPONSIBILITIES OF COVERED ENTITY

4.1 Notice of Privacy Practices. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

4.2 Change or Revocation of Permission. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

4.3 Restrictions on Use or Disclosure. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction

may affect Business Associate's use or disclosure of Protected Health Information.

4.4 Permissible Requests. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under this Addendum.

V. TERM AND TERMINATION

5.1 Term. The Term of this Addendum shall be effective as of the effective date of the Agreement, and shall expire when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in Section 5.3 of this Addendum.

5.2 Termination. Upon either party's knowledge of a material breach by the other party, the party may either: (i) Provide an opportunity for the other party to cure the breach or end the violation and terminate, without penalty, this Addendum and the Agreement if the other party does not cure the breach or end the violation within the time specified by the party; (ii) Immediately terminate, without penalty, this Addendum and the Agreement if the other party has breached a material term of this Addendum and cure is not possible; or (iii) If neither termination nor cure of a material breach by Business Associate are feasible, Covered Entity may report the violation to the Secretary.

5.3 Return or Destruction of Protected Health Information Upon Termination. Except as provided below, upon termination for any reason of this Addendum, Business Associate shall return or destroy all Protected Health Information. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information. In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of this Addendum to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

VI. MODIFICATIONS TO COMPLY WITH STANDARDS

In the event that additional standards are promulgated under the Administrative Simplification Section of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or under HITECH, or any existing standards are amended, including without limitation the Privacy and Security Rules, the parties agree to enter into a mutually acceptable amendment to this Addendum to enable Covered Entity to satisfy its obligations under such additional or amended standard(s).

VII. MISCELLANEOUS

7.1 Regulatory References. A reference in this Addendum to a section in the Privacy and Security Rules or any other standard promulgated under the Administrative Simplification Section of HIPAA means the section as in effect or as amended.

7.2 Survival. The respective rights and obligations of Business Associate under Section 5.3 and Section 7.3 of this Addendum shall survive the termination of this Addendum. The respective rights and obligations of Business Associate under Section 2.8 of this Addendum shall survive the termination or expiration of this Addendum for six (6) years from the date of the last disclosure of Protected Health Information by Business Associate for which Covered Entity is required to account under 45 C.F.R. § 164.528.

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7.3 Injunctive Relief. Business Associate understands and acknowledges that any use or disclosure of Protected Health Information in violation of this Addendum will cause Covered Entity irreparable harm, the amount of which may be difficult to ascertain, and therefore agrees that Covered Entity shall have the right to apply to a court of competent jurisdiction for specific performance and/or an order restraining and enjoining any such further use, disclosure or breach and for such other relief as Covered Entity shall deem appropriate. Such right of Covered Entity is to be in addition to the remedies otherwise available to Covered Entity at law or in equity. Business Associate expressly waives the defense that a remedy in damages will be adequate and further waives any requirement in an action for specific performance or injunction for the posting of a bond by Covered Entity.

7.4 Amendment. This Addendum may be amended only by written agreement between the parties.

7.5 Interpretation. The headings of sections in this Addendum are for reference only and shall not affect the meaning of this Addendum. Any ambiguity in this Addendum shall be resolved to permit Covered Entity to comply with the Privacy and Security Rules. In the event that a provision of this Addendum conflicts with a provision of the Agreement,

the provision of this Addendum shall control, except to the extent that the Agreement places additional restrictions on Business Associate's use and disclosure of Protected Health Information. Otherwise, this Addendum shall be construed under, and in accordance with, the terms of the Agreement. This Addendum shall be interpreted by and construed in accordance with the laws of the State of Tennessee.

7.6 No Third Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors and assigns of the parties any rights, remedies, obligations, or liabilities whatsoever.

Internal Revenue Service
District Director

Date: July 17 1997

Prestera Center For Mental Health
Services Inc
PO Box 8069
Huntington, WV 25705

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

D. A. Downing

Telephone Number:

513-241-5199

Fax Number

513-684-5936

Federal Identification Number:
55-0492369

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in November 1969 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(a)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Prestera Center for Mental Health Services Inc
55-0492369

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard
District Director

Internal Revenue Service

Date: October 18, 2005

PRESTERA FOUNDATION FOR
BEHAVIORAL HEALTH SERVICES INC
PO BOX 8069
HUNTINGTON WV 25705

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Richard E. Owens 31-07974
Customer Service Representative

Toll Free Telephone Number:
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:
62-1317504

Dear Sir or Madam:

This is in response to your request of October 18, 2005, regarding your organization's tax-exempt status.

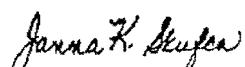
In March 1988 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <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	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Prestera Center for Mental Health Services, Inc. * Street 1: 3375 U.S. Route 60 East Street 2: * City: Huntington State: WV: West Virginia Zip: 25705 Congressional District, if known:		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: does not apply		
7. * Federal Program Name/Description: Substance Abuse and Mental Health Services_Projects of Regional and National Significance CFDA Number, if applicable: 93.243		
8. Federal Action Number, if known: _____		
9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Registrant: Prefix: _____ * First Name: _____ does not apply Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix: _____ * First Name: _____ does not apply Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
11. 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: SALLIE LAZARO * Name: Prefix: _____ * First Name: Karen Middle Name: _____ * Last Name: Yost Suffix: _____		
Title: CEO Telephone No.: 304-525-7851 x 1134 Date: 04/10/2013		
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.

1. Proper Signature and Date on the SF 424 (FACE PAGE) Included NOT Applicable
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)

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.

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? NOT Applicable
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: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP / Postal Code: ZIP / Postal Code4:
 E-mail Address:
 Telephone Number: Fax Number:

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

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP / Postal Code: ZIP / Postal Code4:
 E-mail Address:
 Telephone Number: Fax Number:

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

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

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

Previously Filed with: (Agency)

on (Date)

INVENTIONS

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

EXECUTIVE ORDER 12372

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

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

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

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

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

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

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

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

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

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

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

Debarment and Suspension – Title 2 CFR part 376.

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

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

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	Prestera Center for Mental Health Services, Inc.
Applicant's DUNS Name:	1038065350000
Federal Program:	Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need
CFDA Number:	93.243

1. Has the applicant ever received a grant or contract from the Federal government?
 Yes No
2. Is the applicant a faith-based organization?
 Yes No
3. Is the applicant a secular organization?
 Yes No
4. Does the applicant have 501(c)(3) status?
 Yes No
5. Is the applicant a local affiliate of a national organization?
 Yes No
6. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or fewer 15-50
 4-5 51-100
 6-14 over 100
7. What is the size of the applicant's annual budget? (Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.