

TI11-02

Application #: 1 H/s TI023827-01

Bus Off: Harvey, Shannon

Council: 08/2011

Receipt Date: 06/16/2011

**Application for Federal Assistance SF-424**

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/>	
* 3. Date Received:	4. Applicant Identifier:		
06/16/2011	<input type="text"/>		
5a. Federal Entity Identifier:	5b. Federal Award Identifier:		
<input type="text"/>	<input type="text"/>		
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: River Edge Behavioral Health Center			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2109562		* c. Organizational DUNS: 9265383720000	
<b>d. Address:</b>			
* Street1: Street2:	175 Emery Highway		
* City: County/Parish:	Macon		
* State: Province:	GA: Georgia		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	31217-3692		
<b>e. Organizational Unit:</b>			
Department Name:	Division Name:		
<input type="text"/>	<input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	* First Name:	Kathleen	
Middle Name:	<input type="text"/>		
* Last Name:	Varda		
Suffix:	<input type="text"/>		
Title:	Director of Policy and Development		
Organizational Affiliation:			
<input type="text"/>		<input type="text"/>	
* Telephone Number:	478-803-7743	Fax Number:	478-752-1040
* Email:	kvarda@river-edge.org		

**Application for Federal Assistance SF-424****\* 9. Type of Applicant 1: Select Applicant Type:**

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Public Nonprofit

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

Substance Abuse &amp; Mental Health Services Adminis.

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

93.243

CFDA Title:

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

**\* 12. Funding Opportunity Number:**

TI-11-002

\* Title:

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

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\* 15. Descriptive Title of Applicant's Project:**

I-Care Network (Integrating Care Network), a collaborative project to enhance and expand access to care for adults who have substance abuse disorders and who have traditionally been under served.

Attach supporting documents as specified in agency instructions.

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# BUDGET INFORMATION - Non-Construction Programs

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

## SECTION A - BUDGET SUMMARY

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

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River Edge Behavioral Health Center & Gwinnett, Rockdale, Newton  
Community Services Boards  
I-Care Network

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## Abstract

River Edge Behavioral Health Center (River Edge) in partnership with Gwinnett, Rockdale and Newton Community Services Board (GRN) with the support of the Georgia Department of Behavioral Health and Developmental Disabilities have developed the I-Care Network which utilizes innovative technology to expand and enhance the ability of these providers to effectively communicate with individuals in substance abuse treatment and community partners, and to create access for the individuals served to track and manage their own wellness and recovery. This network will improve integrated, coordinated, person-centered service delivery through web-based and electronic applications. This project will also increase service access, improve processes, remove barriers to care and provide needed education to increase awareness and improve self-management for more than 4,000 underserved individuals with substance abuse disorders who live across 10+ Georgia Counties in Central and Northeast Georgia.

The target population is underserved adults, 18 and over, who have a substance abuse disorders and who may have one of the following additional needs that increase their vulnerability and decrease their access to high quality care: (1) co-occurring mental health disorders, (2) experiences of trauma, (3) co-morbid health conditions (i.e., cardiometabolic illnesses, HIV/AIDS), and (4) interface with the criminal justice system. In addition to the 4,000 served, due to the expansion of service delivery into rural and underserved areas through new software and products such as telemedicine, an additional 400 individuals will be served per year (1,200 individuals over 3 years).

The purpose of the I-Care Network is to advance service delivery and adapt to changes in the behavioral healthcare environment through leveraging modern technological evolution that enhances the content, access, and social service support to clients. This will be accomplished through the following goals: *Goal 1: To enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders. Goal 2: To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners. Goal 3: To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.* The defined measures of technology outcomes in treatment is clients finally having their “own electronic destiny in their hands”. Recovery is possible!

## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

\* a. Applicant GA-008

b. Program/Project GA-008

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

### 17. Proposed Project:

\* a. Start Date: 10/01/2011

\* b. End Date: 09/30/2014

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

* a. Federal	<span style="border: 1px solid black; padding: 2px;">839,999.00</span>
* b. Applicant	<span style="border: 1px solid black; padding: 2px;">0.00</span>
* c. State	<span style="border: 1px solid black; padding: 2px;">0.00</span>
* d. Local	<span style="border: 1px solid black; padding: 2px;">0.00</span>
* e. Other	<span style="border: 1px solid black; padding: 2px;">0.00</span>
* f. Program Income	<span style="border: 1px solid black; padding: 2px;">0.00</span>
* g. TOTAL	<span style="border: 1px solid black; padding: 2px;">839,999.00</span>

### \* 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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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:	<span style="border: 1px solid black; padding: 2px;"> </span>	* First Name:	<span style="border: 1px solid black; padding: 2px;">Shannon</span>
Middle Name:	<span style="border: 1px solid black; padding: 2px;"> </span>		
* Last Name:	<span style="border: 1px solid black; padding: 2px;">Harvey</span>		
Suffix:	<span style="border: 1px solid black; padding: 2px;"> </span>		
* Title:	<span style="border: 1px solid black; padding: 2px;">Chief Executive Officer</span>		
* Telephone Number:	<span style="border: 1px solid black; padding: 2px;">478-803-7648</span>	Fax Number:	<span style="border: 1px solid black; padding: 2px;"> </span>
* Email:	<span style="border: 1px solid black; padding: 2px;">sharvey@river-edge.org</span>		
* Signature of Authorized Representative:	<span style="border: 1px solid black; padding: 2px;">Kathleen Varda</span>	* Date Signed:	<span style="border: 1px solid black; padding: 2px;">06/16/2011</span>

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel	\$ 295,716.00	\$	\$	\$	\$ 295,716.00
b. Fringe Benefits	118,168.00				118,168.00
c. Travel	43,698.00				43,698.00
d. Equipment	23,700.00				23,700.00
e. Supplies	4,820.00				4,820.00
f. Contractual	225,577.00				225,577.00
g. Construction	0.00				
h. Other	128,320.00				128,320.00
i. Total Direct Charges (sum of 6a-6h)	839,999.00				\$ 839,999.00
j. Indirect Charges	0.00				\$
k. TOTALS (sum of 6i and 6j)	\$ 839,999.00	\$	\$	\$	\$ 839,999.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	93.243 SAMHSA TCE- Health IT (Collaborative Partners Leveraged Infrastructure Funding)	\$ 219,338.00	\$	\$	\$ 219,338.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 219,338.00	\$	\$	\$ 219,338.00
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. N/A	\$ 280,000.00	\$ 279,999.00	\$ 280,000.00	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 280,000.00	\$ 279,999.00	\$ 280,000.00	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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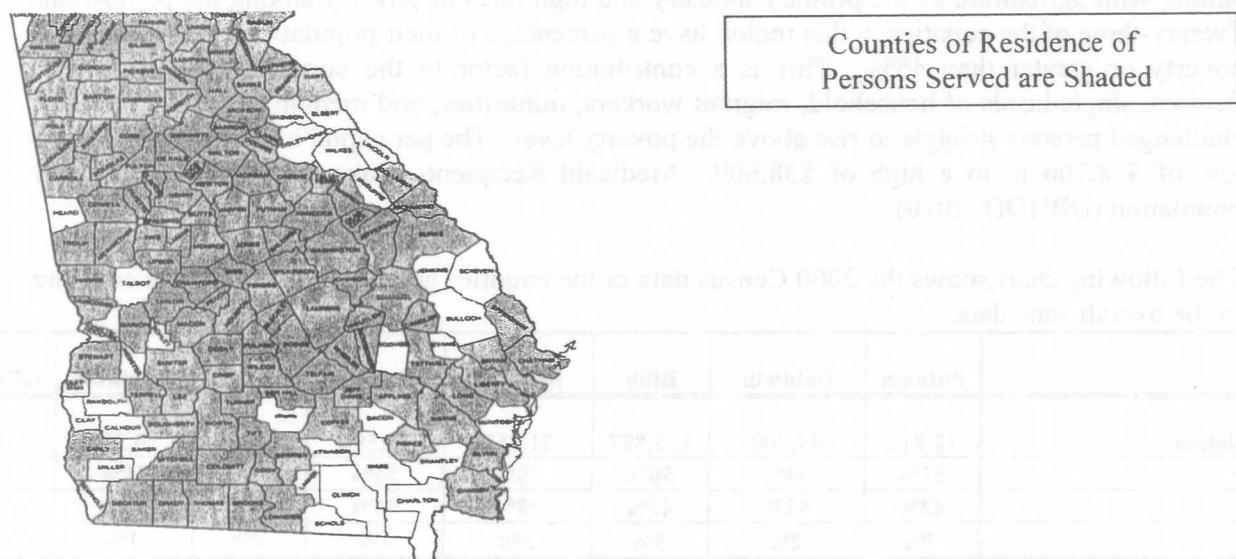
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## Section A: Statement of Need

River Edge Behavioral Health Center (River Edge) in partnership with Gwinnett, Rockdale and Newton Community Services Board (GRN) have developed the I-Care Network which utilizes innovative technology to expand and enhance the ability of these providers to effectively communicate with individuals in substance abuse treatment and community partners, and to create access for the individuals served to track and manage their own wellness and recovery. This network will improve integrated, coordinated, person-centered service delivery through web-based and electronic applications. This project will increase service access, improve processes and service delivery, remove barriers to care and provide needed education to increase awareness and improve self-management for more than 4,000 underserved individuals with substance abuse disorders who live across 10+ Georgia Counties in Central and Northeast Georgia.

**Population of Focus** The target population is underserved adults, 18 and over, who have a substance abuse disorder and who may have one of the following additional needs that increase their vulnerability and decrease their access to high quality care: (1) co-occurring mental health disorders, (2) experiences of trauma, (3) co-morbid chronic health conditions (i.e., cardiometabolic illnesses and HIV/AIDs), and (4) interfaced with the criminal justice system.

River Edge and GRN provide services to over 4,000 individuals who have a primary diagnosis of substance abuse each year. As you can see below, although these 2 organizations are contracted to provide services for only 10 Georgia Counties in Central and Northeast Georgia, individuals from 127 of the 159 Georgia counties have voted with their feet to receive services from these providers.



Staff have experience treating clients who have used 26 different substances, the most common substances used are alcohol (44%), marijuana (15%), meth, and cocaine. Over 34% of the population served uses a combination of substances. The majority of the population served are between the ages of 18 and 50 (90%), male (65%), and either African American or

Caucasian. River Edge serves more African Americans than GRN, 48% versus 25%. And GRN has seen a steady increase of individuals from Asian and Hispanic decent over the past few years. Furthermore, over 70% of these individuals have a co-occurring mental health disorder or chronic health condition. This increases to 90% if an individual is currently incarcerated or receiving treatment through the Drug Treatment Court programs. In both service areas, staff have found an increase need for trauma-informed care with this population as many of the persons served report that trauma has contributed to their substance use.

### **Service Area River Edge**

River Edge has served the Central Georgia region for over 50 years by providing treatment and supportive services for individuals with mental illness, addictive disease and developmental disabilities. River Edge serves children, youth and adults in a seven county catchment area in central Georgia which includes Bibb, Jones, Monroe, Twiggs, Baldwin, Putnam and Wilkinson Counties. However, River Edge serves as a catchment to the 30 county suburban/rural service areas of Georgia's largest bed hospital and Level 1 Trauma Center. This is largely due to the City of Macon being the largest city in Central Georgia with access to transportation and an array of service providers. Within the 30 county area, an analysis of the population data from the United States Census Bureau 2009 County Population Estimates indicates an overall average of 13.5% in the 0-8 age range, 12.7% in the 9-17 range, 63.6% in the 18-64 range, and 10.1% in the 65 and older range. The population is made up of 49.2.1% Males and 50.8% Females. Caucasians represent 65.4.4%, African Americans 30%, and the Hispanic or Latino population represents 8% of the total population (DBHDD, 2010). This jurisdiction is extremely diverse geographically. There are large metropolitan areas, with significant economic development, institutions of higher learning and a growing population base. On the other hand, the majority of the Region is rural in nature, with agriculture as the primary industry and high rates of poverty among the population. Twenty-three of the counties in this region have a percentage of their populations below 200% of poverty or greater than 45%. This is a contributing factor to the current economic status. Seniors, single heads of household, migrant workers, minorities, and mentally and/or physically challenged persons struggle to rise above the poverty level. The per capita income ranges from a low of \$18,706 in to a high of \$38,609. Medicaid Recipients make up 22.5% of the total population (DBHDD, 2010).

The following chart shows the 2000 Census data of the counties and how these numbers compare to the overall state data:

Population	Putnam	Baldwin	Bibb	Monroe	Twiggs	Jones	Wilkinson	GEORGIA
Total Population	18,812	44,700	153,887	21,757	10,590	23,639	10,220	9,829,211
White	51%	54%	50%	70%	55%	75%	58%	67%
Black	42%	43%	47%	28%	44%	23%	41%	30%
Other	7%	2%	3%	2%	1%	2%	1%	3%
Socioeconomic Status	Putnam	Baldwin	Bibb	Monroe	Twiggs	Jones	Wilkinson	GEORGIA
Individuals Below Poverty (Rate)	14%	17%	19%	10%	20%	10%	18%	10%
Income	Putnam	Baldwin	Bibb	Monroe	Twiggs	Jones	Wilkinson	GEORGIA
Median Household Income	\$36,956	\$35,159	\$34,532	\$44,195	\$31,608	\$43,301	\$32,723	\$50,834

<b>Age</b>	<b>Putnam</b>	<b>Baldwin</b>	<b>Bibb</b>	<b>Monroe</b>	<b>Twiggs</b>	<b>Jones</b>	<b>Wilkinson</b>	<b>GEORGIA</b>
Median Age	40	34	35	36	35	36	36	33
Ages <18	4,326	9,721	40,880	5,713	2,859	6,383	2,759	26%
Ages 18-64	11,663	30,263	93,387	13,793	6,460	14,893	6,029	64%
Ages >64	2,821	4,716	19,620	2,251	1,271	2,364	1,430	10%
<b>Labor Force</b>	<b>Putnam</b>	<b>Baldwin</b>	<b>Bibb</b>	<b>Monroe</b>	<b>Twiggs</b>	<b>Jones</b>	<b>Wilkinson</b>	<b>GEORGIA</b>
Civilian Labor Force (DOL, Jan. 2010)	9,609*	20,702	74,238	13,618	4,688	14,308	4,517*	4,823,110
Unemployment Rate (DOL, Jan. 2010)	6%*	16%	11%	10%	9.3%	8%	5%*	10.60%

\* Most current information is from 2008.

### Service Need for Central Georgia

The chart below shows the estimated need for services by disability category and how the 30 county service area performed relative to FY09 service data. It indicates that this region is exceeding the state average considerably in services to the Adult MH, C&A Mental Health, and DD populations. Services to the Adult AD population are slightly above the State average, and services to the Adolescent AD population are slightly below the State Average.

<b>Disability</b>	<b>Total Population</b>	<b>Estimated # Needing Services</b>	<b>Number Served</b>	<b>Percent of Need Met In Area</b>	<b>State Average</b>
<b>Adult BH</b>	891,923	46,163	20,396	42.3%	27%
<b>C&amp;A BH (ages 9-17)</b>	154,457	12,355	3,641	29.5%	26.8%
<b>DD</b>	1,201,023	13,810	2,614	18.9%	18.9%
<b>Adult AD</b>	891,923	106,816	5,879	5.8%	3.43%
<b>Adolescent AD (12-17)</b>	104,486	5,603	175	3.10%	3.64%

(BH = Behavioral Health, C&A = Child & Adolescent, DD = Developmental Disabilities, AD = Addictive Diseases, DD population equals the total population of Central Georgia (adults and children))

**Service Area GRN** GRN has been providing services in Gwinnett, Rockdale and Newton Counties since 1976. As a sister organization to River Edge, GRN also provides treatment and supportive services for children, youth and adults with mental illness, addictive disease and developmental disabilities. Although Gwinnett County is considered part of the Atlanta metropolitan area; traditionally, most residents of this area and the 2 additional counties have been underserved especially those individuals with multiple significant needs. Since 2000, this area has seen a huge population growth; in fact, in 2009, there was an estimated population of 992,680. In fact, in Gwinnett County alone, they make up only 18% of the metro Atlanta population but have experienced over 26% of the growth. If the rate of growth remains the same over the next 10 years, the population in this area will be over 1.25 million. The demographics of the population has changed over the past decade as well, in 2000 Caucasians made up a majority of the population (68.2%), this has decreased to 49% in 2009. In addition, the African American population has increased from 14% to 25%, the Hispanic population has increased from 10% to 16%, and the Asian population has increased from 6% to 8%. The majority of the population is over the age of 18, 518,122. Despite many attempts to develop public transportation in this region, none has been successful. This has led to many individuals who need services unable to access them.

## Nature of Problem

**Substance Abuse and Co-Occurring Mental Health Disorders and Co-Morbid Health Conditions** One in four Americans has a family member who is struggling with an addiction leading to substance abuse ranking among the top 10 health problems in the United States. In 2007, Over 494,000 or 6.5% of Georgians needed but did not receive treatment for alcohol use, and another 212,000 or 2.8% of Georgians needed but did not receive treatment for illicit drugs. In the 2006, N-SSATS survey, Georgia showed a one-day total of 17,848 clients in treatment, the majority of whom (14,963 or 84%) were in outpatient addiction treatment. It has been found that state governments bear the financial burden of the consequences of drug and alcohol, with a national average of 13% of state budgets being spent on the problems not the treatment related to substance abuse. As stated earlier, 70% of individuals served by public community partners have a co-occurring mental health disorder.

The medical needs for those who have substance abuse and/or co-occurring serious and persistent mental illness is reflected in the number of deaths that occur 25 years earlier than the general population and the fact that two thirds of premature deaths are due to preventable and treatable medical conditions such as cardiovascular, pulmonary, and infectious diseases. In turn, mental health and substance abuse problems often go undetected, untreated, or undertreated in medical settings (Surgeon General's Report, 2007). Less than half of those with serious behavioral health problems seek medical services because of accessibility, affordability, fears, lack of self-awareness, or previous negative experiences. Many of the diseases associated with behavioral health problems are caused by behaviors that can be modified to improve the overall well-being and life expectancy of the clients. In fact, the National Association of State Mental Health Program Directors (NASMHPD) found that 3 out of every 5 persons with co-occurring disorders die due to a preventable health condition (Mauer, 2009). Smoking, poor diet, and inactivity are a few examples of these modifiable behaviors (Morden, Mistler, Weeks, & Bartels, 2009). Up to 75% of these clients smoke and less than 25% of the general population engage in this behavior. Individuals with behavioral health conditions tend to be more sedentary and engage in poor eating habits (Gold, & Kilbourne, 2008). Effective management of behavioral health and other medical conditions through an integrated model of treatment will influence individuals to engage in wellness and lifestyle changes. This will, in turn, decrease morbidity and mortality and ensure health and well-being for the person with serious mental illness (National Alliance on Mental Illness, 2007; Vandiver, 2007). **It is important to note that individuals receiving addiction treatment spend \$363 less a month on regular medical care than untreated individuals. Additionally, after completing treatment, employment increases 19% and the number of clients who receive public assistance decreases 11%. Further emphasizing that recovery is possible and cost effective!**

**Trauma** This project will also specifically focus on trauma and trauma-informed care. Trauma is a prevalent problem that leads to high costs emotionally and fiscally. One sample of individuals attending outpatient clinics indicated that 64% had a lifetime history of physical and/or sexual abuse (Surrey et al, 1990). Among clients seen in a range of settings, half had been sexually abused and 16% had been physically assaulted as children (Mueser et al, 1998). In a sample of clients on an inpatient unit, 53% had a lifetime history of abuse (Carmen et al, 1984). Out of 93 clients seen in emergency room, approximately half had been physically and/or sexually abused as children, 42% had been abused by a partner in adulthood, and 37% had experienced an

attempted or completed rape (Briere et al, 1997). An estimated 7.8 percent of Americans will experience trauma at some point in their lives, with women (10.4%) twice as likely as men (5%) to develop Post-Traumatic Stress Disorder (PTSD). About 3.6 percent of U.S. adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. (National Center for PTSD, 2003).

**Criminal Justice** The majority of people in prison and jail have a substance abuse disorder (Bureau of Justice Statistics (Washington, DC: 1999). The Office of National Drug Control Policy (2000) reports that illicit drug users are 16 times more likely than nonusers to have been arrested for larceny or theft; more than 14 times more likely to be arrested for such offenses as driving under the influence, drunkenness, or liquor law violations; and more than 9 times more likely to be arrested on an assault charge. In addition, this survey found an estimated 17% of State prisoners and 10% of Federal prisoners reported committing their offense to get money to buy drugs. Furthermore, 75% of incarcerated individuals who have a mental illness also have a co-occurring substance abuse disorder (Bureau of Justice Statistics, 2006; Sears, 2008; CJ/MH Consensus Project, 2002; New Freedom Commission, 2004; Robert Wood Johnson Foundation, 2008). In fact, 63% of state prisoners who have a mental illness had used drugs prior to their arrest compared to 49% of those who did not have a mental illness (Bureau of Justice Statistics, 2006). In 2005, 60.1% of those who were arrested in the past year vs. 13.6% of those who were not arrested were more likely to report using illicit drugs (National Survey of Drug Use and Health, 2005).

**Use of Technology to Improve Service Delivery** The behavioral healthcare industry requires a remote form of client treatment that will ensure all patients that need care to be seen by a doctor either in person or leveraging modern technology to accomplish the task. Creating remote behavioral medical treatment requires the Information Technology Department (ITD) to create a robust but secured telemedicine technology that connects client with doctor regardless of distance between the two (Christensen & Raynor, 2003). Modern technology also gives clients in treatment the ability to follow their treatment progress online via smart phones or secured Intranet sites. The concept of technology based wellness outcome in the healthcare industry is new, but has great potential of becoming the acceptable norm of treatment because of the benefits of ensuring patients, even those in remote parts of the United States, are seen by a doctor (Hu, P., Chau, P., Olivia, R., Sheng, L., Tam, K., 2010). The application of technology in the behavioral healthcare industry also enhances physical security of the healthcare giver (Cooper & Edgett, 2008) thereby eliminating the fear of physical injury to the healthcare provider. Telemedicine, Smoke signal notification, and client Intranet sites are a function of Information Technology (IT) development and the continued improvement of internet communication and security. Effective use of technology, top management involvement in the process, and grants contribute to and enhance the development of outcome based client access to technology. (Rogers, Ghauri, & Pawar, 2005). Other contributing factors include system development process, and project management process (Rogers et al., 2005). Rogers et al. defined measures of technology outcomes in treatment is clients finally having their "own electronic destiny in their hands". The SAMHSA Health IT grant will make this possible for the clients served by the new enhancements to take their own recovery in their hands.

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

---

### **Purpose, Goals and Objectives**

**The purpose of the I-Care Network is to advance service delivery and adapt to changes in the behavioral healthcare environment through leveraging modern technological evolution that enhances the content, access, and social service support to clients.**

- ✓ **Goal 1:** To enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders.
- ✓ **Goal 2:** To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners.
- ✓ **Goal 3:** To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.

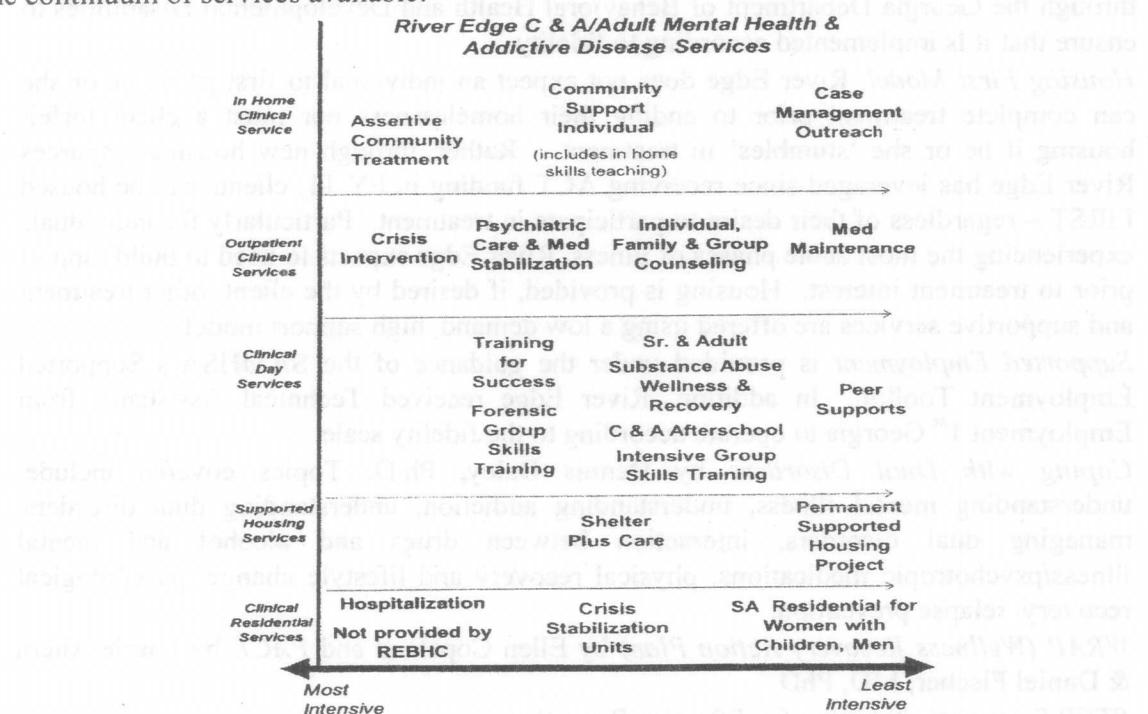
### **Program Objectives**

1. 100% of individuals currently enrolled in substance abuse treatment and services will have access to enhanced services (over 4,000 served annually).
2. Expand services to an additional 10% of clients (400) through the implementation of web-based services.
3. Clients will begin to receive enhanced services by the beginning of the 4<sup>th</sup> month. Enhancements to current technology will be made throughout the funding award, a total of 4 major technological improvements.
4. 100% of relevant staff will receive computer-based training of systems related to health care technologies and information resources.
5. Develop and implement a marketing campaign to raise awareness in the community of available services and resources by the end of the 3<sup>rd</sup> month.
6. 100% of substance abuse treatment staff will receive ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.
7. 100% of participants will receive be screened for trauma and will be referred to appropriate trauma-informed care if needed.
8. 100% of participants will receive equitable, culturally competent and evidence-based treatment and recovery supportive services.
9. 95% of individuals will have a positive perception of care.
10. 75% of clients who complete their substance abuse treatment will report abstinence from drug and alcohol abuse one year after completion of the program.
11. 85% of participants receiving care will report an increase in social connectedness and support.
12. 75% of participants receiving care services will show a decrease in recidivism and criminal activity.
13. 95% of participants receiving wrap-around care services will have a decrease in the rate of readmission to inpatient facilities and retention in community based treatment.
14. 80% of participants will report better continuity of their primary and behavioral health care.
15. Provide linkage to recovery supportive services including Supportive Housing and Supported Employment for 100% of eligible participants receiving supportive services.

16. 70% of participants receiving medication management will demonstrate 80% or better adherence to the regimen.
17. 100% of participants who graduate from the program will receive a discharge and relapse prevention plan.
18. 75% of participants will report improved mental and physical wellness (This includes increased knowledge of symptom management, coping skills for stress, knowledge of nutrition, communication skills, wellness, and risk factors of HIV/STD; decreased verbal and physical aggression; and, improved self-esteem).
19. A Medicaid Eligibility Specialist will work with 100% of participants to obtain reimbursement for behavioral health services.
20. Annual stakeholder meetings will be held to report on the progress of the program.
21. 100% of clients will be given an annual consumer satisfaction survey.
22. Steering Committee will develop and implement a sustainability plan prior to the end of year 3.

### Evidence-Based Services/Practices

River Edge has been providing evidence-based and culturally component care to over 15,000 children, youth and adults with behavioral health conditions every year. Table 1 below outlines the continuum of services available:



Both River Edge and GRN offer evidence-based, innovative and trauma-informed substance abuse, mental health, and wellness treatment and supportive services across populations and service locations. The following EBPs will specifically be used for the targeted population being served.

### **EBPs Currently Being Offered:**

- *Matrix Model* is an intensive outpatient treatment approach for stimulant abuse and dependence and consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. The goal is for consumers to receive information and assistance in structuring a substance free lifestyle and support to achieve and maintain abstinence from alcohol and drugs. Consumers will also attend 12 Step/Mutual-Help Group meetings.
- *Substance Abuse Wellness and Recovery Model* (SAWR) is an outpatient intensive outpatient program where individuals with substance abuse disorders engage in group skills training 3 hours per day, 5 days a week, for 8 to 10 weeks, with adjunctive gender-specific and trauma-focused group therapy. All participants are subjected to random drug screens. Once the first phase of treatment has been completed, the individual enters in to aftercare for 6 weeks.
- *Supportive Housing* is operated under the guidance of SAMHSA's Permanent Supportive Housing toolkit.
- *Assertive Community Treatment* is an outreach-oriented, service delivery model for people with severe and persistent mental illnesses who have not been in successful in traditional outpatient treatment. River Edge receives Technical Assistance funded through the Georgia Department of Behavioral Health and Developmental Disabilities to ensure that it is implemented according to fidelity.
- *Housing First Model*, River Edge does not expect an individual to first prove he or she can complete treatment prior to ending their homelessness nor must a client forfeit housing if he or she 'stumbles' in treatment. Rather, through new housing resources River Edge has leveraged since receiving ACT funding in FY 11, clients can be housed FIRST – regardless of their desire to participate in treatment. Particularly for individuals experiencing the most acute phases of illness, River Edge expects to need to build rapport prior to treatment interest. Housing is provided, if desired by the client, other treatment and supportive services are offered using a low demand, high support model.
- *Supported Employment* is provided under the guidance of the SAMHSA's Supported Employment Toolkit. In addition, River Edge received Technical Assistance from Employment 1<sup>st</sup> Georgia to operate according to the fidelity scale.
- *Coping with Dual Disorders* by Dennis Daley, Ph.D. Topics covered include: understanding mental illness, understanding addiction, understanding dual disorders, managing dual disorders, interaction between drugs and alcohol and mental illness/psychotropic medications, physical recovery and lifestyle change, psychological recovery, relapse prevention.
- *WRAP (Wellness Recovery Action Plan)* by Ellen Copeland and *PACE* by Laurie Ahern & Daniel Fischer, MD, PhD
- *STEP Systematic Training for Effective Parenting*
- *DHS Anger Management for Substance Abuse and Mental Health Clients Cognitive Behavioral Curriculum*
- *On the Level Dialectical Behavior Therapy: Skills for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation & Distress Tolerance* by Matthew McKay, Ph.D. & Jeffrey Brantley, MD
- *Dialectical Behavior Therapy Skills for Bi-polar Disorder* Sheri Van Dijk, MSW

- *I Can Do It!* by Marion B. Latzko as well as *Social Skills and Life Skills Activities for Secondary Students with Special Needs* by Jossey-Bass. To address the needs of individuals needing to learn daily life skills in a lab based way
- *Harm Reduction* by G. Alan Marlatt Harm reduction views people as responsible for their own choices. They are helped "where they are" and moved from there in small manageable steps to increasing levels of improved self-care, health, safety, and well-being.
- *Trauma Recovery and Empowerment Model (TREM), M-TREM (for males), and Seeking Safety*. The *Trauma Recovery and Empowerment Model (TREM) and M-TREM (for males)* is group therapy model that focuses on individuals, both females and males who have a history of being exposed to sexual and physical abuse. This is a 24 to 29 session group that includes skills training, psycho-education, coping skills, and social support (Trauma Recovery and Empowerment Model, 2006). This model addresses mental health symptoms especially with post-traumatic stress, depression and substance abuse which are derivatives of these types of abuse. Studies have shown that TREM and M-TREM has been successful in reducing substance abuse, and psychological and trauma symptoms in young adults and adult (Trauma Recovery and Empowerment Model, 2006). *Seeking Safety* is a therapy model that is present-focused to help individuals attain safety from trauma and substance abuse (Seeking Safety, 2008). This program addresses the following key areas in its curriculum: safety in relationships (inclusive of thinking, behavior, and emotions); integrated treatment of co-occurring disorders; and, self-care (SAMHSA's National Registry of Evidence-Based Programs and Practices, 2008). This model was chosen because it has been shown to reduce PTSD symptoms. *Seeking Safety* was chosen because this model provides avenues to address co-occurring mental health and substance abuse issues, managing emotions, and fostering successful relationships.
- *Critical Time Intervention* is a time limited case management model to prevent homelessness and other adverse outcomes for persons following discharged from hospitals, shelters, and prisons. This program was recommended by the current SAMHSA's Services in Supportive Housing Project Officer to strengthen clients' long-term ties to services, family and friends. It begins with intensive support to engage the client before he or she moves into housing in the community.

Additional evidence-based early intervention practices and other treatment services will be identified during the first 6 months of funding. The training and implementation of the listed EBPs will be enhanced through the development of web-based Elearning tools. All of these tools have been chosen based on their effectiveness with the population being served and to address the National Outcome Measures that will be discussed in Section E: Performance Assessment and Data. Many of these tools have rigorously evaluated and our listed on the National Registry of Evidence-Based Programs and Practices.

**Modifications or Adaptations to Proposed Practices** All EBPs curriculum will be reviewed on an ongoing basis by the Clinical Director. If any modifications or adaptations need to be made, the Clinical Director will create an action plan and work with treatment staff to incorporate the changes into their service delivery. Fidelity studies will be administered by the evaluation team for ongoing feedback on changes that need to be made.

**Why We Chose These Practices?** These services/practices are proposed because: 1) River Edge expects, based on literature review and experience, that substance abuse the lives of the individual and further exacerbated by other needs. These combination decreases success in their recovery and stability in the community. River Edge and GRN use various EBPs in order to meet all of the needs of persons served and also allow the individual have choice in the type of treatment they receive. 2) The described practices have been espoused by SAMHSA and other research-based sources as proven practices for successful treatment outcomes, especially those who this grant is targeted for who also have compounding life issues of poverty, literacy challenges or other psychosocial vulnerabilities.

**Addressing Cultural Competency** Additional evidence-proven practices utilized by the partners in delivery of treatment services include culturally competent techniques and approaches to care. The SAMHSA *Evidence-Based Practice Illness Management and Recovery Toolkit* states, “cultural competence is about adapting care to meet the needs of clients from diverse cultures.” All of the strategies used are based on these published guidelines. Services are designed to meet the needs of the individual and are adapted to the individual’s cultural values and norms as well as issues of age, race/ethnicity, culture, language, sexual orientation, disability, literacy, and sex. The client driven service culture and the on-going education of staff serve to inform and sensitize them to issues of diversity and individualized therapy (8 hours required for each staff member). To ensure that the needs of the individual and their families who are from a variety of backgrounds are being addressed, meetings will be held during the planning months of grant funding. The third-party evaluator will attend these meetings in the community and present the results to the partners and program staff. The evaluator will also document how the results and action steps of these meetings are incorporated into actual modifications. Please see Section E: Performance Assessment and Data for a more comprehensive discussion of the evaluation.

River Edge and the other partnering provider organizations have a rich history of providing an array of comprehensive services to individuals with serious mental illness and their families. Services and treatment planning are based on individual need. As previously described, core service areas are ethnically diverse with an African American population that exceeds the state and national averages and approximately 4% is Hispanic or Latino. Thus English and Spanish are the predominant languages spoken. Partnering stakeholders use interpreters for individuals and their family members whose primary language is not English. These services may also be used for individuals who have a variety of physical disabilities that may impede traditional modalities of communication. Written material that is disseminated is designed to be read by individuals who have basic reading levels. If an individual’s literacy level impedes their ability to understand these materials, the materials will be explained or read to them as appropriate. Programs are also developed and modified to be appropriate to the needs of specific cultures, races/ethnicities, and sexes. Furthermore, individuals from the target population are involved in program planning, implementation, and evaluation. Please see Section D: Staff and Organizational Experience for a further discussion on cultural competency and the expectations of staff. In order to provide services funded through this grant partnering organizations will need to provide their policies on cultural competency.

**Logic Model** A logic model is included on the following page to illustrate the grant activities.

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
<p><b>People</b></p> <ul style="list-style-type: none"> <li>▪ Established and successful Substance Abuse Treatment Services.</li> <li>▪ Support from State Director.</li> <li>▪ Well qualified IT Staff.</li> <li>▪ Established and committed partnerships.</li> <li>▪ A credentialed staff.</li> <li>▪ Licensed assessors.</li> <li>▪ Evaluation being provided by Georgia College and State University.</li> </ul> <p><b>Funds</b></p> <ul style="list-style-type: none"> <li>▪ Treatment services billable through Medicaid, Managed Care, and Medicare.</li> <li>▪ Treatment providers are recipients of grant and aid.</li> <li>▪ Negotiated rates for labs and pharmaceuticals.</li> <li>▪ Patient Assistance Program.</li> </ul> <p><b>Other Resources</b></p> <ul style="list-style-type: none"> <li>▪ Community referral network in place.</li> <li>▪ Existing electronic health record.</li> <li>▪ Linkage to 177 new permanent supportive housing units.</li> <li>▪ Have a variety of treatment and support services which operate during non-traditional hours and incorporate the family (i.e., late evenings, weekends, and flexible day time services).</li> <li>▪ Adult Crisis Stabilization Unit.</li> <li>▪ Dual Diagnosis Gender Specific Residential Facilities.</li> <li>▪ State Crisis Helpline.</li> <li>▪ Highly skilled grants and resource staff</li> </ul>	<p><b>Outreach</b></p> <ul style="list-style-type: none"> <li>Hiring well qualified project Staff.</li> <li>Marketing and Outreach Campaign</li> <li>Bi-Weekly Steering Committee Meetings</li> <li>Client Web Portal and Smoke Signal SW</li> <li>Ongoing Web Based Trainings on Evidence-Based Practices</li> <li>Linkage to supportive services and primary healthcare</li> </ul> <p><b>Intake/Assessment</b></p> <ul style="list-style-type: none"> <li>Interagency Agreement on Referral Process and Service Linkage</li> <li>Interoperability of EHRs between BH and PC</li> <li>Evidence-based Assessments for Behavioral Health Conditions</li> <li>Trauma Screening and Assessment Tool</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>Individualized Treatment Planning (involving clients and families)</li> <li>Trauma Informed Care</li> <li>Evidence-based treatment and recovery support services</li> <li>Service Linkage to Primary and Specialty Care</li> <li>Early Intervention Evidence-Based Practices</li> <li>Community Support Staff</li> <li>Wellness Programs</li> <li>Group Counseling and Skills Training</li> <li>Individual and Family Therapy</li> </ul> <p><b>Special Training/Education</b></p> <ul style="list-style-type: none"> <li>Crisis Intervention Training</li> <li>Cultural Competency Training</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>Supportive Services (Psychotropic medication, transportation, housing, supported employment/education, GED)</li> <li>Pharmacy Services and Medication Management</li> <li>Medicaid Eligibility Specialist</li> <li>Discharge and Relapse Prevention Planning</li> <li>Adult Crisis Stabilization</li> <li>Substance Abuse Services and Recovery Residence</li> <li>HIV Rapid Testing</li> </ul> <p><b>Program Support</b></p> <ul style="list-style-type: none"> <li>Outreach to Medicaid and Social Security partners</li> <li>Sustainability and expansion plan</li> </ul>	<ol style="list-style-type: none"> <li>1. 100% of individuals currently enrolled in substance abuse treatment and services will have access to enhanced services (over 4,000 served annually).</li> <li>2. Expand services to an additional 10% of clients (400) through the implementation of web-based services.</li> <li>3. Clients will begin to receive enhanced services by the beginning of the 4th month. Enhancements to current technology will be made throughout the funding award, a total of 4 major technological improvements.</li> <li>4. 100% of relevant staff will receive computer-based training of systems related to health care technologies and information resources.</li> <li>5. Develop and implement a marketing campaign to raise awareness in the community of available services and resources by the end of the 3rd month.</li> <li>6. 100% of substance abuse treatment staff will receive ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.</li> <li>7. 100% of participants will receive be screened for trauma and will be referred to appropriate trauma-informed care if needed.</li> <li>8. 100% of participants will receive equitable, culturally competent and evidence-based treatment and recovery supportive services.</li> <li>9. 95% of individuals will have a positive perception of care.</li> <li>10. 75% of clients who complete their substance abuse treatment will report abstinence from drug and alcohol abuse one year after completion of the program.</li> <li>11. 85% of participants receiving care will report an increase in social connectedness and support.</li> <li>12. 75% of participants receiving care services will show a decrease in recidivism and criminal activity.</li> <li>13. 95% of participants receiving wrap-around care services will have a decrease in the rate of readmission to inpatient facilities and retention in community based treatment.</li> <li>14. 80% of participants will report better continuity of their primary and behavioral health care.</li> <li>15. Provide linkage to recovery supportive services including Supportive Housing and Supported Employment for 100% of eligible participants receiving supportive services.</li> <li>16. 70% of participants receiving medication management will demonstrate 80% or better adherence to the regimen.</li> <li>17. 100% of participants who graduate from the program will receive a discharge and relapse prevention plan.</li> <li>18. 75% of participants will report improved mental and physical wellness (This includes increased knowledge of symptom management, coping skills for stress, knowledge of nutrition, communication skills, wellness, and risk factors of HIV/STD; decreased verbal and physical aggression; and, improved self-esteem).</li> <li>19. A Medicaid Eligibility Specialist will work with 100% of participants to obtain reimbursement for behavioral health services.</li> <li>20. Annual stakeholder meetings will be held to report on the progress of the program.</li> <li>21. 100% of clients will be given an annual consumer satisfaction survey.</li> <li>22. Steering Committee will develop and implement a sustainability plan prior to the end of year 3.</li> </ol>	<ul style="list-style-type: none"> <li>• Reduced morbidity</li> <li>• Improved linkage to and motivation for appropriate services</li> <li>• Improved linkage and coordination between primary, specialty, and behavioral health care</li> <li>• Improved physical health and wellness</li> <li>• Improved coordination with existing community providers</li> <li>• Increased identification of co-occurring disorders</li> <li>• Reduction in psychological symptoms</li> <li>• Increased utilization of evidence-based models</li> <li>• Increased service capacity</li> <li>• Increased job stability</li> <li>• Increased identification and treatment of trauma related symptoms</li> <li>• Improved interpersonal relationships (e.g. family, friends, etc)</li> <li>• Increased reports of satisfaction with treatment program</li> <li>• Increased client driven treatment planning</li> <li>• Improved medication adherence</li> <li>• Improved social connectedness</li> <li>• Improved coping and life skills</li> <li>• Improved housing stability</li> <li>• Decreased hospital admissions</li> <li>• Decreased criminal activity</li> <li>• Reduction in substance abuse</li> <li>• Improved retention in treatment</li> </ul>

## **Section C: Proposed Implementation Plan**

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**The purpose of the I-Care Network is to advance service delivery and adapt to changes in the behavioral healthcare environment through leveraging modern technological evolution that enhances the content, access, and social service support to clients.**

River Edge Behavioral Health Center (River Edge) and their partner Gwinnett, Rockdale and Newton Community Services Board will enhance their current Evidence-Based Practices and expand their capacity to serve underserved population by implementing technological advancements to their current Health Information Technology.

**Experience and Current Capacity Using Health Information Technology** River Edge currently uses and GRN is in the process of implementing an enterprise wide web-based Electronic Health Record called CareLogic Enterprise through contract with Qualifacts Software, Inc. CareLogic contractually meets the U.S. Department of Health and Human Services standards health record certification requirements outlined in the American Recovery and Reinvestment Act (ARRA) of 2009 and all applicable Meaningful Use, Interoperability and CCHT requirements for Behavioral Health and Human Services. Through the use of EHR, the entire process of client care is documented electronically from the date of first call until the completion of and discharge from treatment. All medical and clinical information is documented and stored in a total electronic format in HIPAA compliant CareLogic. The major success of being electronic is that all of the sites are electronic and there is no paper record. Persons served are seen quicker, more efficiently and their care is more effectively coordinated and documented.

### ***River Edge Current Health Information Technology***

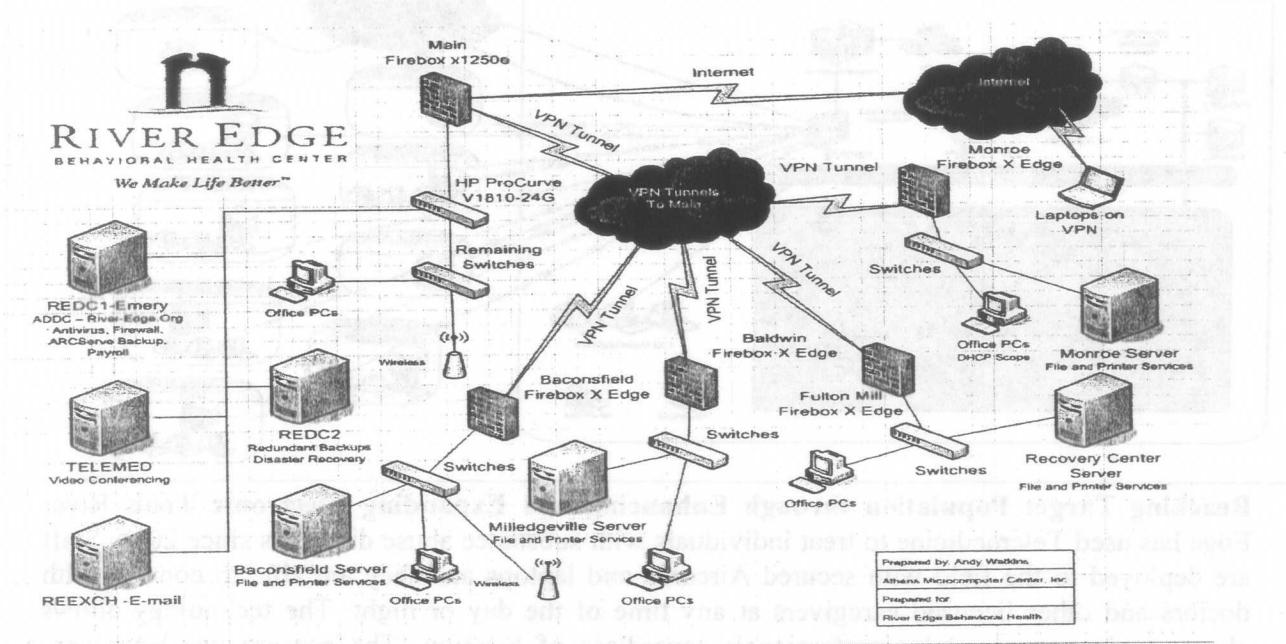
**Hardware** The River Edge technology is made up of 6 domain controllers, 6 file servers, 1 exchange server, 1 Applications server, 1 Unix server running legacy HER system, 1 Telemedicine server, 1 SQL server and 1 Voice Over Internet Protocol (VOIP) server. Each server is a HP ProLiant DL380 G7 rack mounted server. Overall River Edge has 8 remote sites all of which are connected to the Local Area Network (LAN) via a minimum T1 data line. Each location is secured via a Multiprotocol Label Switching (MPLS) overlaid on WatchGaurd firewalls for secured connection.

**Software** The domain controllers run Windows Server 2008 R2 Enterprise. The domain servers support and have up 500 concurrent client access licenses. The telemedicine server runs Windows Server 2008 R2 Enterprise. The telemedicine system supports up to 120 concurrent users. The Application server runs Windows Server 2008 R2 Enterprise and houses MS SQL, Geneva Payroll system, Sophos anti-virus enterprise, Voice Over Internet Protocol (VOIP) application, etc. The Microsoft Exchange server runs Windows Server 2008 R2 Enterprise. The Exchange server support and has up 500 concurrent client access licenses.

River Edge has a robust website [www.river-edge.org](http://www.river-edge.org) that is accessible to anybody with an internet connection. The site is available 24 hours a day and 7 days a week. The site has vivid colors with inviting menu items that are very friendly to navigate. Information about River Edge can be obtained from this site. In addition to the public website, River Edge has an internet set that is accessible only to River Edge employees. The intranet gives River Edge staff access to

Human Resources (HR) information. Staff are able to access their pay stubs, W2 as well as policies and procedures.

Figure 1 below details River Edge information technology infrastructure and network connectivity.

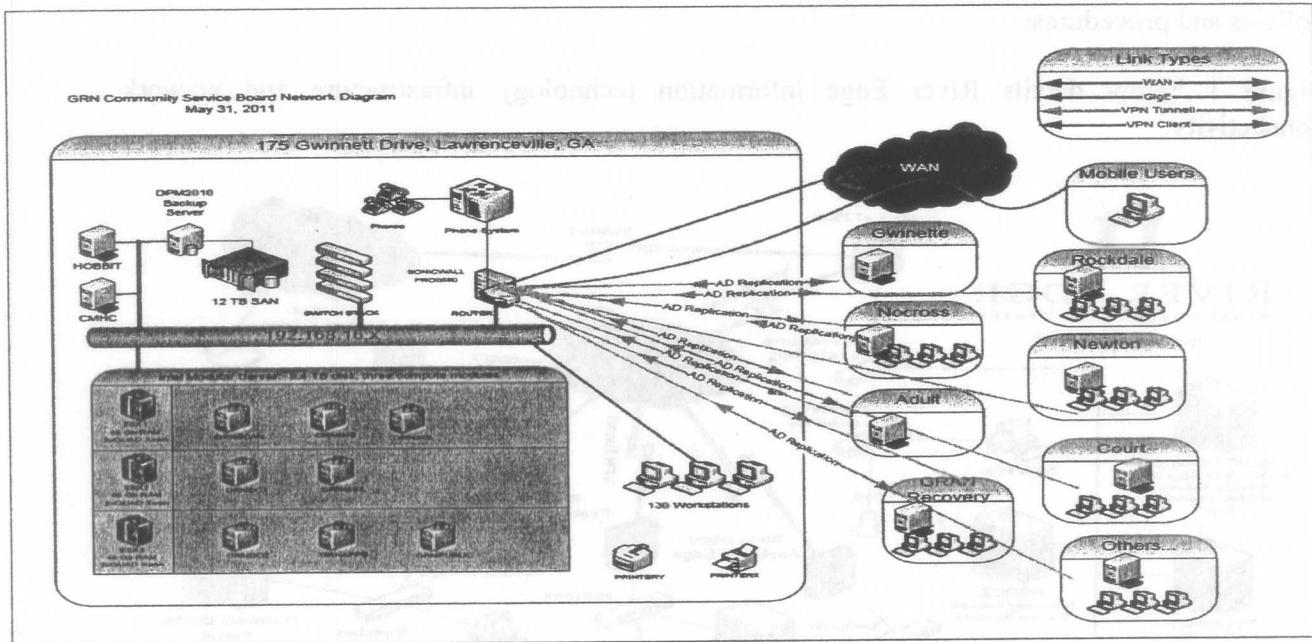


### GRN Current Health Information Technology

**Hardware** The GRN Information Technology is made up of 6 domain controllers, 6 file servers, 1 exchange server, 1 Applications server, 1 Unix server running legacy EHR system, and 1 SQL server. Each server is a HP ProLiant DL380 G7 rack mounted server. Overall GRN has 11 remote sites all of which are connected to the Local Area Network (LAN) via a minimum T1 data line that transmits at 1.5MB/s. Each location is secured via a Sonicwall firewalls for secured connection. The total capacity of all the servers is 12 terabytes.

**Software** The domain controllers run Windows Server 2008 R2 Enterprise. The domain servers support and have up 500 concurrent client access licenses. The Application server runs Windows Server 2008 R2 Enterprise and houses MS SQL. The Microsoft Exchange server runs Windows Server 2008 R2 Enterprise. The Exchange server support and has up 500 concurrent client access licenses. All desktop PCs run Microsoft Office 2007 or Microsoft Office 2010 suite that comprises of: MS-Word, MS-Excel, MS-Access and MS-PowerPoint.

Figure 2 below details GRN information technology infrastructure and network connectivity.



**Reaching Target Population through Enhancing and Expanding Electronic Tools** River Edge has used Telemedicine to treat individuals with substance abuse disorders since 2010. Staff are deployed to the field with secured Aircards and laptops and they are able to connect with doctors and other licensed caregivers at any time of the day or night. The technology allows clients to be examined by professionals regardless of location. The process has been very successful and increased the number of clients seen by licensed professional by 10%. This technology will be expanded to all GRN sites. In addition, the implementation of the Ultimate Smoke Signal Software will be used to provide reminders to clients of upcoming appointments and to monitor their wellness and recovery outcomes.

**EHR Meets the Requirements of the Office of the National Coordinator** River Edge and GRN use CareLogic by Qualifacts for their EHR. CareLogic is a Complete EHR that is 2011/2012 compliant and has been certified by an ONC-ATCB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. CareLogic meets (Qualifacts Systems, 2011): 170.302(a) Drug-drug, drug-allergy interaction checks; 170.302(b) Drug-formulary checks; 170.302(c) Maintain up-to-date problem list; 170.302(d) Maintain active medication list; 170.302(e) Maintain active medication allergy list; 170.302(f) Record and chart vital signs; 170.302(g) Smoking status; 170.302(h) Incorporate laboratory test results; 170.302(i) Generate patient lists; 170.302(j) Medication reconciliation; 170.302(k) Submission to immunization registries; 170.302(l) Public health surveillance; 170.302(m) Patient-specific education resources; 170.302(n) Automated measure calculation; 170.302(o) Access control; 170.302(p) Emergency access; 170.302(q) Automatic log-off ; 170.302(r) Audit log; 170.302(s) Integrity; 170.302(t) Authentication; 170.302(u) General encryption; 170.302(v) Encryption when exchanging electronic health information; 170.302(w) Optional: Accounting of disclosures; 170.304(a) Computerized provider order entry; 170.304(b) Electronic prescribing; 170.304(c) Record demographics; 170.304(d) Patient reminders; 170.304(e) Clinical decision support; 170.304(f) Electronic copy of health information; 170.304(g) Timely access; 170.304(h)

Clinical summaries; 170.304(i) Exchange clinical information and patient summary record ; and 170.304(j) Calculate and submit clinical quality measures.

### **Addressing Factors in Expansion and Enhancement of HIT**

**Organizational Factors** The proposed expansion will enhance the capabilities of the staff at both River Edge and GRN because the telecommunication line into the servers will be expanded thereby increasing the throughput in video and audio quality for telemedicine and mobile device communication. The increased server capacity will ensure that applications run faster and efficiently. There will be no need for process redesign as the staff are already using an Electron Health Record to enhance their day-to-day activities. The expansion will just speed up the process.

**Training and Competence Factors** Staff are given period training through orientation (newly hired) or weekly group meetings. These trainings are hands on or PowerPoint presentations. Additionally the IT department is staffed with helpdesk personnel who help staff in need via telephone support or one-on-one site visits. Staff are also trained through vendor webinar or classroom trainings at vendor sites if new versions of software are released. Sites will also use the “train the trainer” model; these trainers then become subject matter experts on specific software in their departments.

**Relationship Factors** The clients will be able to follow their progress through individual progress assessments set up on the client portal of the existing web site. Clients with internet access at home will be able to access the portal to follow their progress or they can use the computer lab set up on the premises to follow their wellness and recovery progress. Through the computer lab, they will also be able to chat, blog or tweet with fellow patients across the country about their experiences. Finally, this set up will also enhance their computer skills for re-entry into the work force.

**Technical Factors** Current IT staff in both agencies have adequate training and knowledge to handle the operations of the new system. Additionally, a Computer Based Training Designer will be hired to develop new courses that are either instructor led or eLearning to support both clients and staff in using the new technological systems.

**Financial Factors** The hardware upgrades, maintenance software, IT staff and training will be maintained through regular IT budget stated in the capital and operating expenses. In addition, IT staff will continue to seek appropriate telecommunications and network hardware discounts under FCC rulings (E-rate) that provide funding to replace network hardware, guaranteeing Internet connectivity and online resources for staff and clients.

### **Implementation of the Health Information Technology**

**Project Oversight** A Steering Committee has been established to provide oversight of the grant project. This committee will include the Chief Information Officer, the Clinical Directors of River Edge and GRN, project staff, community partners from healthcare and justice, and a person who is in recovery. The insights, perspectives, and expertise of each of these members are invaluable in improving the care for the targeted population. The meetings of the committee will provide the necessary time and input to revise policies and procedures so that each system can more easily outreach and identify clients, make critical referrals, reduce waiting times, service redundancy, and fragmentation. This committee will also be responsible for assessing the current financing for behavioral health services, identifying opportunities for the maximization or reallocation of resources, and developing and implementing an action plan for the removal of

any barriers. The Steering Committee is charged for ensuring that any changes being made will be financial viable and modifications for change have the greatest impact of the needs of the clients. Finally, they will review the existing networks and desktop security to ensure the integrity of the infrastructure.

**Training** Integrating technology into traditional behavioral health care service requires that all levels of staff be properly trained and have adequate documentation to assist clientele at the point of need. Training programs in all types of electronic tools and resources is critical in maintaining an informed and competent staff, for today's technology and for future developments as well. To ensure the fidelity of all service delivery, the Computer Based Training Designer will develop training programs in the use of specific applications. This will be accomplished through identifying and evaluating the use of different types of training, such as one-on-one "just in time" training, formal group training conducted by IT staff, and formal group or individual training provided by outside agencies. In addition, core competency training program for incoming new staff in the use of specific applications, which will be integrated as part of the overall orientation and training program at each site. The Steering Committee will evaluate a list of core competencies for various staff levels and test on these competencies before and after training sessions to gauge the increase in skill sets. Training will be modified as needed to reach the goal of an integrated service delivery system.

**Client Web site and Computer Lab** The clients will be able to follow their progress through individual progress assessments set up on the client portal on both the River Edge and GRN Web site. Clients will have personal usernames and passwords to access the restricted webpage where they can track their progress through easy to understand and color coded dashboards. Clients with internet access at home will be able to access the portal to follow their progress or they can use the computer lab set up on the premises. Through the computer lab, they will also be able to chat or tweet with fellow clients across the country about their experience and progress. This set up will also enhance their computer skills for re-entry into the work force.

**Ultimate Smoke Signal Software** River Edge and GRN will implement Ultimate Smoke Signal software that delivers personalized verbal, text and email-messages that will help clients improve their treatment outcome leveraging modern technology. Smoke Signal implementation will be in three phases. Phase one will involve acquiring and installing the software on the server and deploying to the Voice Over Internet Protocol domain server. Phase two will involve identifying clients who would benefit from the technology and entering their information into the Smoke Signal database. Phase three will be the rollout of targeted messages to the identified clients and deploying targeted message to their voice mailboxes and text screens.

**Telemedicine** River Edge currently has Telemedicine that is set up and can be readily used at all of the outpatient sites and in Emergency Rooms of the local area hospitals. Since implementing Telemedicine in 2010, River Edge has seen an increase of 10% in clients served in the most rural areas of the county. Through the grant program, this technology will be expanded to GRN. Telemedicine allows doctors, nurses and licensed clinicians to remotely consult regarding or providing diagnoses and intervention services to clients through secured teleconferencing. With internet connection, clients can now be diagnosed by one of the doctors from practically anywhere using a laptop and a webcam. Telemedicine implementation will be in three phases.

Phase one will involve purchasing laptops, and cameras. Phase two will include installing telemedicine software, and training doctors and other caregivers on how to use telemedicine. Phase 3 will be using the equipment to diagnose clients in the field using telemedicine technology.

**Interoperability with Primary Care** In years 2 and 3 of the grant, River Edge and GRN's electronic health record vendor, CareLogic, will partner with the software vendor of the Federally Qualified Health Centers to interface the 2 systems with a 2-way street for information to flow between the systems. The interoperability between the EHRs will improve the continuity of care between primary and behavioral health care. The staff will use the new software to create an integrated record that will allow for provide better coordinated care and improve communication between the traditionally fragmented systems. In addition, through the new web portal, clients will be able to access their health plan more readily to track and monitor their treatment. The real-time data will be used to reduce morbidity and mortality from co-morbid cardiometabolic illnesses.

**Addressing System Continuity Issues** The Steering Committee will review the technology plan annually to ascertain whether or not goals, strategies, and action steps are being addressed appropriately and that the evolving needs of the target population are being met. The use of the technology services, user satisfaction, the number of clients served, and surveys as appropriate will judge the overall success of the program. The technology plan will be revised as needed to meet the technology vision. In addition, the project staff will implement and maintain a disaster avoidance and preparedness plan towards providing for essential services in case of an emergency, including networks and systems recovery strategies. Finally, a maintenance plan will be developed for timely maintenance of existing equipment and software as needed to support the technology programs.

**Screen, Assessing and Tracking Persons in Treatment** The following are assessments that are required by the State of Georgia's Department of Behavioral Health and Developmental Disabilities and for River Edge to maintain accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF), (1) Multi-Purpose Information Client Profile (MICP), (2) Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services; (3) The Substance Abuse and Mental Health Services Administration's Treatment Improvement Protocol, TIP #42, and (4) ASAM. These screening and assessments measure an individual's ability to perform self-care, self-maintenance, and physical and social activities. Additionally these measures will help program staff determine where the individual is at and will utilize this information in developing their plan of care. These are effective tools that determine the strengths and service needs.

Licensed clinicians will complete these assessments and will communicate their findings with the Psychiatrists. A client receives a formal diagnosis within 30 days of entering services. Each site has an admissions office that accepts walk-ins and referrals from community partners. Additionally, through the use of telemedicine, individuals in rural areas who would not access the outpatient sites due to barriers in transportation will be able to interface with clinicians and psychiatrists. Psychiatrists are available through telemedicine 24 hours/day. Through the new

client web portal, clients will have access to review their health plan that has been created in collaboration with them and uses the data from the following tools.

**Leveraging Messaging Systems, Personal Health Records, and Home-Based Monitoring Tools to Improve Health Outcomes** Through the implementation of the Ultimate Smoke Signal Software reminders of upcoming appointments will be sent to clients and will also although them to monitor their wellness and recovery outcomes. Clients will also be able to follow their progress in achieving their recovery and wellness outcomes through individual health records set up on the client portal on the organizations' Web site. Clients will have personal usernames and passwords to access the restricted webpage where they can track their progress through easy to understand and color coded dashboards. Clients with internet access at home will be able to access the portal to follow their progress or they can use the computer lab set up at onsite.

**Obtaining and Tracking Consent** All clients who receive services through River Edge and GRN sign a consent form that is scanned into their Electronic Health Record. A staff member reads over the consent form and gives each client an opportunity to ask questions and have their concerns addressed. With the use of telemedicine, the staff member who is with the client will obtain their consent prior to the use of the technology. Clients have the right to refuse the use of technology in their treatment and staff will work with them to make appropriate accommodations.

The Timeline and Management Plan is included on the following page.

Activities/ Milestones	Responsible Party	Months (1-12)												Y	Y
		1	2	3	4	5	6	7	8	9	10	11	12	2	3
<b>Planning</b>															
Strategic, Evaluation and Procedural Planning															
Steering Committee (SC) will be notified of the award and will report at least bi-weekly during the Phase In Plan. Will include at least 1 person from both agencies in SA and IT. (Move to monthly at service delivery)	Project Director (PD)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SC will review content of the RFA and Application and consensus on the project goals, objectives, and strategies to implementing the project.	Steering Committee (SC)/PD	x													
SC will develop and implement an action plan for communication policies, processes and procedures among partners.	SC/PD		x												
SC will develop and implement an action plan for training needs related to target population, identifying technology opportunities for SA clients, among participating partners and community members.	SC/PD		x												
SC will draft and finalize an updated Service Implementation Plan prior to month 3 and will update it annually.	SC/PD			x									x	x	x
Evaluator will meet with SC to develop evaluation plan to begin execution by September 1. Initial baseline data will be collected during Phase In Plan.	SC/PD/ Evaluator	x	x	x	x		x	x	x	x		x		x	
A final MOU will be drafted and signed that spells out roles of partners.	PD	x											x	x	
<b>Staffing</b>															
All new project staff will be hired, oriented and trained by the end of month 3.	PD	x	x												
Project Staff will receive training on evidence-based curriculum (ongoing through the life of grant- as needed basis).	PD/Project Staff/Clinical Director		x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Training</b>															
Partner Training Lunch N Learns (1x per month during planning; ongoing through the life of the grant on a quarterly basis).	SC/PD	x	x	x			x		x			x	x	x	x
Partners and Project Staff will receive training on Telemedicine, Smoke Signal, and Web Based Training	SC/PD		x										x	x	x
Develop training programs in the use of specific applications. Identify and evaluate the use of different types of training, such as one-on-one "just in time" training, formal group training conducted by IT staff, and formal group or individual training provided by outside agencies.	SC/PD		x	x	x	x	x	x	x	x	x	x	x	x	x
Develop core competency training program for incoming new staff in the use of specific applications, as part of the overall orientation and	Project Staff			x	x	x	x	x	x	x	x	x	x	x	x

Activities/ Milestones	Responsible Party	Months (1-12)												Y	Y
		1	2	3	4	5	6	7	8	9	10	11	12	2	3
training program.															
Provide ongoing training opportunities for IT staff.	PD			x	x	x	x	x	x	x	x	x	x	x	x
<b>Infrastructure &amp; Service Delivery Development and Implementation</b>															
Create one-stop website that will include community resources and to provide accurate information for SA clients on wellness information, etc.	River Edge Marketing Department/ Project Staff			x	x	x	x	x							
Project staff will reach out to other community partners for their participation in the project (ongoing).	Project Staff			x	x	x	x	x	x	x	x	x	x	x	x
Purchase Smoke Signal Software and extra Telemedicine laptops and cameras -	River Edge IT/Purchasing Department/PD			x	x										
Purchase and implement Telemedicine system for GRN	PD/ GRN Purchasing			x	x	x	x	x	x	x	x	x	x	x	x
Purchase Computer Lab Equipment and Furniture for RE SA clients	PD/ River Edge Purchasing	x	x	x											
Purchase Computer Lab Equipment and Furniture for GRN SA clients	PD/ GRN Purchasing	x	x	x											
Launch Smoke Signal for Smartphone notifications - RE	PD/Project Staff		x												
Launch Smoke Signal for Smartphone notifications - GRN	PD/Project Staff				x										
Quarterly & Annual review and adjustment of processes per evaluation of outcomes and benchmarks.	PD/Project Staff/Evaluator/SC			x			x		x			x	x	x	
Attend grantee meeting.	PC/Project Staff				x			x		x		x	x	x	
Submit outcomes data and reports to SAMHSA as required.	PD												x	x	x
Implement sustainability plan.	PD/SC							x				x	x	x	
More robust evaluation is completed and the SC reviews outcomes delivered, process learnings, and adjust to improve effectiveness.	Evaluator/SC/PD												x		
Continue fundraising/sustainability plan and begin to implement the policy and funding approaches to sustain practices	SC/PD/Project Staff												x		
Evaluate the impact of new electronic formats and technologies on behavioral healthcare services.	PD/Evaluator											x	x	x	
Develop and refine methodology for measuring the use of electronic services and reporting data as part of behavioral healthcare output in order to accurately reflect total services.	Evaluator/PD				x	x	x	x	x	x	x	x	x	x	x

**Unduplicated Number of Individuals Served** River Edge and GRN provide substance abuse treatment and support services to over 4,000 individuals each year many of whom have one or more of the co-occurring criteria. All of the individuals served will have access to the new technological enhancements. In addition, due to the expansion of service delivery into rural and underserved areas through new software and products such as telemedicine, an additional 400 individuals will be served per year (1,200 individuals over 3 years). This is an increase of 10% in persons served.

**How Are Our Components Embedded Within Existing Service Delivery?** All of the components being implemented will complement the current service delivery system for substance abuse treatment and support services. As stated earlier, training will be offered to both clients and staff to ensure a seamless transition into using web-based services to track and monitor wellness and recovery. Both River Edge and GRN are using diversified funding streams to support the full costs of the technology upgrades. In combination with the fund award through this grant program, more than 1,200 new individuals will be able to access treatment! The technology that is implemented will be coordinated with the evidence-based services funded through existing state contracts, such as the Assertive Community Treatment Team. In a letter provided by GRN in Attachment 1, as a partner they are able to leverage more than \$1,581,870 over the next 3 years. These monies will be used to purchase and implement CareLogic, their new Electronic Health Record.

**Roles of Other Organizations & Initial Program Groundwork** Staff of both River Edge and GRN participated in several planning meetings for this grant project. In Attachment 1, a MOU has been signed by River Edge and GRN outline the roles and responsibilities of their collaborative partnership for the I-Care Network. In addition, several community partners contributed extensive feedback in the proposal's development and support the innovations that will be made to the current service delivery system. The Federally Qualified Health Centers will participate and their vendors will participate in making their Electronic Health Record interoperable with the EHR software, CareLogic. A director provider list of all the participating community partners can also be found in Attachment 1.

**Potential Barriers and How to Overcome Them** There are several barriers and challenges that will be faced throughout the implementation of the I-Care Network. Partners looked at several barriers that would impact both the clients' access to treatment and their success in recovery. The Steering Committee will continually review how the project is progressing and will receive feedback through client and staff surveys. An action plan will be created to address any barriers to access and service delivery. The main challenge that will be faced is the clients' suspicion of the use of technology especially in those individuals who have a co-occurring diagnosis. A dedicated staff member will provide ongoing exposure, education and training for clients on technology especially in areas where there is a high concentration of under-educated persons. Training will also improve their computer skills that can be used for future integrated employment. Prior to using a using telemedicine and Ultimate Smoke Signal Software, staff will discuss the technology and give an opportunity to clients to ask any questions and state their concerns prior to signing a consent form.

Lack of personal financial resources for treatment and medication often prevent individuals from seeking and receiving appropriate treatment. To overcome this barrier, individuals will be assigned a benefits eligibility specialist who will help them apply for benefits of which they are entitled. Finally, another barrier is client's access to computers and the internet. All clients will be able to access their own health plan and education and wellness educational material through the onsite computer lab.

**Sustainability Plan** The partners of the I-Care Network believe that the sustainability of this project is critical and realize that in order to make a genuine difference, this project must continue beyond the funding period. The I-Care Steering Committee will work with project staff to develop and implement a sustainability plan and support campaign that will lead to diverse revenue streams. Partners have identified critical activities, roles and responsibilities that will enhance sustainability and will be used as non-federal match contributions. Some of the actions include: (1) Interagency trainings and an annual community-wide forum will be offered to broaden the pool of providers. Additionally, by using a Train the Trainer approach, as staffing patterns change, new staff can be trained on the screening, assessment and treatment approaches. (2) Reassessing the emerging needs of the community and redeveloping plans of service delivery to meet those needs. (3) Partners will provide training and education to policy makers, community business owners, and potential partners to elicit county support in the way of cash, donated space, and gifts of property or equipment. (4) Partners value the need for dissemination of innovative and best practice methods. Partners will provide technical assistance to other communities. After evaluating the project, partners are committed to helping other communities in their discovery and implementation process through technical assistance. (5) Partners will educate federal and state legislatures of the positive impact the project has had on the communities involved to generate support for a process that encourages changes to the allocation of funding. (6) As the infrastructure is being developed and the members see the value of having staff in the community, cost sharing will be encouraged for positions.

**Sustainability of Operational Environment:** Several action steps will also be taken to ensure program continuity when there is a change in the operational environment (staff turnover and change in program leadership) to ensure stability over time. Examples of the action steps for ensuring program continuity are outlined as follows: (1) continuity will be ensured through a shared responsibility for the project's execution by all program partners; (2) specific attention will be given to building a committed staff, which will reflect a solid match with the mission of the program; (3) establishment of a transition period for orienting new staff; (4) provide necessary and requested trainings and equipment to ensure staff feels safe and competent to perform their responsibilities; (5) regular consultation with staff about morale, feelings of satisfaction, and needs; and (6) work with program partners to develop contingency plans for staff turnover and/or changes in leadership.

#### **Section D: Staff and Organizational Experience**

**Capability and Experience of Applicant Organization** River Edge Behavioral Health Center (River Edge) has served the Central Georgia region for over 50 years by providing treatment and supportive services for individuals with mental illness, addictive disease and developmental disabilities. Organized as a Community Service Board, River Edge is structured as a public, non-profit, community mental health and behavioral health services provider that is accredited by the

Commission on Accreditation for Rehabilitation Facilities (CARF). River Edge serves children, youth and adults in a seven county catchment area in central Georgia which includes Bibb, Jones, Monroe, Twiggs, Baldwin, Putnam and Wilkinson Counties. In the last fiscal year, River Edge served over 11,000 individuals. Recently, River Edge developed a new department that provides monitoring of external contracts and grant programs.

The Policy and Development Department provides monthly status reports and updates to include timeliness of required grant reports, identification and explanation of goal attainment and objectives, and identified barriers that need to be addressed. Additionally, there are established policies and procedures that govern internal expenditures and reimbursement procedures to include all appropriate documentation. Currently this \$30 million organization and its nonprofit arm, Georgia Behavioral Health Services, Inc., are managing \$8 million of grant funding from several local, state, and federal funders including SAMHSA and Housing and Urban Development. In addition, River Edge manages over \$22 million dollars of state and local contracts each year as the Core Provider of substance abuse and mental health treatment services in Central Georgia.

River Edge operates a 26 bed crisis stabilization unit for adults with substance abuse and mental health disorders. In addition, River Edge has 2 gender specific residential substance abuse treatment facilities. In fact, in October of this year, River Edge will open an expanded 56 bed facility for women who are in residential treatment and their children. Substance abuse treatment is also provided within the local law enforcement centers and River Edge is and has been the provider of choice for local Drug Treatment Courts. Finally, River Edge received 2008 funding from the Substance Abuse and Mental Health Services Administration for Services in Supportive Housing; year one site visitors characterized the work as 'clearly having the capacity to perform, fantastic collaborations, and evaluation on track'.

**Gwinnett, Rockdale and Newton Community Services Board (GRN)** is a public corporation created by law to provide services to individuals who need treatment for mental health, developmental disabilities, and addictive disease problems, including chronic inebriates. GRN provides services in Gwinnett, Rockdale and Newton Counties for adults, children and adolescents. Services include detoxification, residential treatment (gender specific for men and women) transitional housing, day treatment, case management, treatment for co-occurring disorders, groups, psychiatric evaluations, and medication as needed, and court services. The programs at GRN all have received the highest level of accreditation for the past ten years from the Commission on Accreditation for Rehabilitation Facilities (CARF) and have been licensed by the Office of Regulatory Services since 1979. GRN has been a provider of choice for integrated primary health, substance abuse, and mental health services treatment services since 1972.

The Alcohol and Other Drug (AOD) Program provides education, treatment and support to families who need solutions to the effects of alcohol or other drug abuse. Solutions usually involve a partnership between individuals, families and supports in the community. Our continuum of care also includes the Court Services Program. This program provides assessment, evaluation, case coordination, and referral information to the judiciary system, probation/parole officers, and other social service agencies. This program is totally funded by fees from individuals served. Assessment, counseling, medication management and crisis intervention

services are available at each of our outpatient centers. Educational resources and support groups are encouraged. Individuals can also benefit from out-reach support that occurs in their natural setting. This includes helping people to manage daily living activities, to develop social relationships, and to reduce episodes of crises. A team approach is used to promote the rehabilitation process. Residential treatment service for more acute psychiatric stabilization is also available at GRN. Active partnerships with various agencies, hospitals, and state-operated facilities are vital to addressing the additional resources necessary for a person's recovery and integration into the community.

**Staff Positions for Program** The following positions are necessary for the implementation of the technological enhancements that will be made available to both the staff and client's served by the partnering organizations.

Program Director (.25 FTE), Ali Yallah, Chief Information Officer, will oversee that the program operates to the overall purpose that is outlined previously by ensuring that policies and procedures are developed and put into operation. She will be responsible for hiring and supervising project staff. Mr. Yallah has been working in IT since 1988 and is currently serving as the Chief Information Officer for both River Edge and GRN. He is a Certified Project Management Professional and is performance-driven leader with experience conducting comprehensive information systems installations and analysis to drive sustainable change. Technically astute with the ability to identify and implement emerging technologies to streamline processes and increase productivity.

*Computer Based Training Designer (1FTE)* will be responsible for the creation of training and supporting materials, update intranet with new/updated procedures, and maintain frontline information on intranet. This position will serve both River Edge and GRN staff and clients. This position requires Bachelor's degree in adult learning, training, or education or equivalent work experience required. Must have 2 to 3 years training experience is required and knowledge and application of instructional design concepts.

*Program Assistant/ Data Collector (1 FTE)* will be hired to provide administrative, technical and data collection support. Additionally, this position is responsible for entering in NOMS data at baseline, 6 months and follow up for further analysis by the evaluator. This position will be jointly supervised by the Program Director and Evaluator. This position will serve both River Edge and GRN staff. This position requires one year of business school or similar experience.

***The following staff will be champions who will lead other substance treatment staff in the implementation of web-based tools. These positions will work directly with Certified Addiction Counselors and using the train the trainer model, will provide onsite training.***

*Chief Clinical Officer (.05 FTE), Jan Yates,* has administrative and clinical responsibility for coordinating, training, and implementing evidence-based services for the entire organization. Ms. Yates has over 40 years of experience in behavioral health care.

*SA Gender Specific Outpatient Director (.20 FTE), Susan Johansen,* Ms. Johansen, a Licensed Professional Counselor, has been providing evidence-based, gender specific behavioral health

services in Central Georgia since 1996. She is responsible for managing Substance Abuse Treatment staff and program development for gender specific outpatient substance abuse treatment. Her duties will also include clinical supervision, oversee program budget, direct treatment team, serve on Clinical Management Team to review Evidenced-Based Practice, and work cooperatively with agencies to build resources and serve referrals locally and state-wide.

*SA Wrap Around Services Supervisor (.20 FTE)* will coordinate the linkage, referral, crisis management, and follow-up of the enhanced service delivery system. In addition, this position provides services that are goal-oriented activities that assist clients by locating, coordinating, and monitoring necessary care and services insuring that they are appropriate and accessible. This position coordinates building family teams for each client. Work with clients occurs in a variety of settings. This position requires a Bachelor's degree in Psychology, Social Work, Sociology, Family/Consumer Sciences, Substance Abuse, Education, Criminology, Mental Health, Human Services, Counseling, or Therapy Fields required.

*HIV Early Intervention Coordinator (.20 FTE)*, is responsible for providing community-based outreach to engage individuals who may at be risk for HIV infection and are not aware of their HIV status or HIV+ and need to be linked to HIV Care. This position requires an associate degree in social work, psychology, mental health, education, or a related field and one year of full time work experience. Cultural competency is an essential element to the successful candidate for this position.

**GRN Community Services Board** will be a contracted service provider of River Edge Behavioral Health Center to provide enhanced services in their region. GRN has a similar staff makeup as River Edge in that all services are provided by board certified psychiatrists with mental health and addiction specialties, Certified Addiction Counselors, licensed clinicians and assessors, nurses, case managers, and therapists. As stated earlier IT project staff are co-located at both sites. The Project Director will identify champions at GRN who will provide the same model for implementing and integrating the new technology components into the current service delivery system. GRN has provided significant amounts of staff time to the development of this proposal.

**Cultural Competency of Program Staff** River Edge and GRN Community Services Board have a documented history of positive programmatic involvement with individuals who have behavioral health conditions and their families. All partnering provider organizations and stakeholders recognize that there are differing beliefs, values, and approaches to mental and substance abuse recovery and will adjust service approaches as appropriate. The following values are incorporated at all levels of the communities: the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and the adaptation of services which meet the culturally unique needs of individuals.

River Edge and GRN Community Services Board requires that all hired staff, contractors and volunteers receive the overall agency orientation and competency based training before they are allowed to report to programs for work. This orientation includes client rights education as well as an overview of Privacy Practices – Confidentiality of Protected Health Information. Each staff then receives Program specific training which affords them further knowledge about the

specific population served by that program and how to immediately recognize and appropriately respond to any risk factors. Clients have several avenues they can use to bring staff's attention to a potential risk factor, both during and after normal business hours.

1. These are learning organizations that operate from a client-driven and interdisciplinary team approach. Therefore, it is standard operating procedure that day-to-day staff/contractors/volunteers solicit client feedback as the driving force of service planning and delivery. This allows us to implement corrective action plans, when needed, that have higher likelihood of positive outcome –given client investment.
2. Both organizations have clinical and support programs have a “Comments and Concern Box” clients may use to anonymously bring to Administration’s attention any concern they have about any risk factors they may want addressed.
3. There are established Client Affairs Departments which receive and follow up on all complaints, incident reports, and reported adverse effects or grievances. This assures prompt follow-up for incident resolution as well as trending for process change, monthly risk management committee review of trends and quarterly Board reporting.
4. Outreach will involve techniques that are the least intrusive, more educational, and give individuals a choice on how to engage in treatment.

In addition to the general guidelines provided above, additional attention will be given to linguistic accessibility for project participants. There are currently many members of the community who have limited English proficiency. Therefore, multi-linguistic resources, including use of skilled bilingual and bicultural individuals will be made available to individuals and their family members who are more comfortable with a language other than English. Materials chosen for use or developed will reflect voices, perspectives, and experiences consistent with individuals in recovery and their families. In addition, materials will also be selected based on their reflection of the common age, race, sexual orientation, gender, religious affiliation, and/or socioeconomic status of the individuals in recovery and their families.

**Facility Accessibility** All of the facilities that will be used for screening, assessment and treatment are in compliance with guidelines set forth by the U.S. Department of Housing and Urban Development. All services are and will be offered in locations that are adequate, accessible, and compliant with the Americans with Disabilities Act (ADA) and amenable to the target population. It is the policy of all partnering organizations to adhere to the provisions of ADA that prohibits the unlawful discrimination of qualified individuals with disabilities. River Edge and GRN Community Services Board will be actively involved in a process to remove architectural, environmental, attitudinal, financial, employment, communication, transportation and other barriers to persons served. Treatment and administrative locations provide designated consumer parking areas and provide accessibility to the mobility impaired, either at ground level or by ramp. Waiting areas, rest rooms, hallways, and treatment offices are also accessible. Should an occasion arise which precludes accessibility for a particular person served, professional and support personnel will arrange to provide services at an accessible location. River Edge and GRN Community Services Board will conduct assessments regarding environmental barriers. When barriers are identified, a status report is written that includes timelines for the removal of the barriers and the progress made in the removal of barriers and areas needing improvement.

Services are responsive to cultural, racial, ethnic, political affiliation, religion, age, gender, sexual orientation, and disability differences. River Edge and GRN Community Services Board promotes the recruitment and hiring of persons with disabilities. Staff orientation and training includes information on serving persons with physical, mental, substance use and psychiatric disabilities. Personnel are also encouraged to participate in ongoing training to increase their sensitivity to the needs of persons with disabilities. Individuals with hearing or visual impairments are provided with an interpreter or guide at any time the need arises. Facilities are free of low hanging signs or other obstacles or hazards to visually impaired persons. Employee and individual complaints alleging violations of the ADA are to be processed in accordance with the Grievance Policies of the provider organizations.

## **Section E: Performance Assessment and Data**

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River Edge Behavioral Health Center will contract with an external, local, third party evaluator to conduct evaluations that are both formative and summative. The evaluation team will be led by Dr. Charles Martin, director of the Center for Program Evaluation and Development at Georgia College and State University. Dr. Martin has over 25 years of experience as an evaluator. During that time, he's been responsible for evaluation of projects funded by the National Science Foundation, US Department of Education, US Department of Health and Human Services, Knight Foundation, Robert Wood Johnson Foundation, and Lions Clubs International, as well as numerous programs funded by state and local agencies. The evaluator will work with partners and project staff to insure an evaluation that is culturally competent and responsive to the developing needs of the project and to SAMHSA data collection and reporting requirements.

**Individual Consumer Recovery** Our primary tool to assess individual consumer recovery is the Recovery Self-Assessment (RSA) instrument. The instrument is designed to measure four recovery dimensions: Life goals, Involvement, Diversity of Treatment Options, Choice, and Individually Tailored Services. The results of the instrument are designed "to behavioral health organizations in ways that allowed these organizations to use data to inform program improvement and organizational change efforts." Consumers were involved in the RSA development process in the identification of principles or recovery and recovery-supporting practices. Consumers reviewed the original 80 items "which led to the development of the current version of 36-items. Additionally, consumers were engaged in a series of focus groups and discussion sessions pertaining to the development of a model and definition of recovery." The instrument will be administered at intake and each 6 months while the consumer is still in the program.

**Collection, Management, Analysis and Reporting of NOM Measures** The evaluator is responsible for measurement of change related to the program goals and providing data related to National Outcome Measures. Because the program goals are consistent with NOM, collecting and providing data for NOM is not an additional task; it is integral to the program design. Performance information will be shared quarterly with the partners and project staff and formally in a written report at the end of the year. These reporting dates will be consistent with data entry requirements and data will be provided on a schedule so that staff can input the information into GPRA. See following table, for detailed information regarding NOM domains, outcomes, and

measures, including fidelity to evidence-based practices. Instruments were identified from the SAMHSA database on evidence-based practices and their outcome measures.

#### Outcomes Organized by NOM Domains

NOM Domain	Outcome*	Measure**
<b>Reduced Morbidity</b>	Abstinence from Drug/Alcohol abuse	Addiction Severity Index; Treatment Episode Data Set (TEDS) and possibly States' own data systems
	Improved level of functioning-improved physical wellness, reduction in psychological symptoms, improved coping and life skills	Global Severity Index; Post Traumatic Stress Disorder Scale; Other measures to be identified.
<b>Employment/Education</b>	Increased/ retained employment or school	Treatment Episode Data Set (TEDS) and States' own data systems
<b>Crime and Criminal Justice</b>	Decreased criminal justice involvement	Treatment Episode Data Set (TEDS) and possibly States' own data systems; Client records
<b>Stability in Housing</b>	Increased stability in housing	Treatment Episode Data Set (TEDS) and possibly States' own data systems; Client records
<b>Social Connectedness</b>	Increased social supports/social connectedness	Social Role Functioning Index; Clinician's records
<b>Access/ Capacity</b>	Increased access to services- number served, level of screening and diagnosis, increased service capacity	Intake data on screening and diagnosis, case records on number served with which service and setting. Data analyzed by age, gender, race, and ethnicity
<b>Retention</b>	Increased retention in treatment including adherence to medication	Treatment Episode Data Set (TEDS) and possibly States' own data systems; Client records; Clinician's records
	Reduced use of psychiatric inpatient beds	
<b>Perception of Care</b>	Clients reporting positively about level of care	Clinician's records, Client survey or interview
<b>Cost Effectiveness</b>	Reduction in per patient costs, including decreased hospital admissions	Client records
<b>Evidenced-based practice</b>	Adherence to evidence-based practices	Observation, Interview, Develop fidelity scale for EBPs.

\* Outcomes aligned with outcomes in logic model.

\*\*These are possible measures. Evaluators working with the partners will identify final measures.

In addition to the NOMS, the evaluation team will collect and report on the following data:

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

In most cases evaluation of progress toward goals will be determined by quantitative methods (e.g., repeated measures analysis of variance using baseline data). In cases where qualitative data are collected, constant comparative methodologies will be employed to identify patterns in the data. In addition, the evaluator and staff will cooperate fully in cross-site evaluation activities and in the annual technical assistance satisfaction survey.

**Continuous Quality Improvement** The evaluator is a member of the project's Steering Committee that guides the work of the project. At committee meetings, members will receive quarterly data reports from the evaluation team. These data can be discussed and used for project improvement. Data collection can be adjusted to meet program needs and modifications or identified problem areas in the program can be more closely monitored. The evaluator will also provide written yearly reports.

**Outcome and Process Questions** The outcome evaluation will provide information on whether individuals are meeting their treatment goals and to what extent. Process evaluation will provide information regarding progress toward changes in systems of care, development of partnerships, changes in policy, and general adherence to the original implementation plan. The following tables describe in detail the Evaluation Process Questions and the Evaluation Outcome Questions. For each set of questions, types of data collection measures are described and actual instruments suggested.

#### Implementation: Evaluation Questions

Evaluation Question*	Measure	Data Collection and Reporting
1. To what extent did implementation match original plan? (Includes adherence to timeline, budget, and responsible parties)	Document Analysis Observations Interviews/Focus groups	Data collection is ongoing with quarterly reports to project partners and meetings with other stakeholders as needed. Interviews/focus groups mid-year and end of year. Included in semi-annual and end of the year reports
2. What were the changes and reason for any changes made to the original plan?		
3. How effective were changes made in original plans? (Note: some data related to Q3 in outcome data.)		
4. To what extent was fidelity to evidence-based practices maintained? (Includes strategies to insure fidelity)	Survey, Interview, Observation	Mid-year and end of the year. Included in semi-annual and end of the year reports.
5. How many individuals did the program reach?	Case records, Attendance records	
6. To what extent did contextual variables change from those considered in the original proposal	Interview, Survey, Clinician Records	

\* (Note: Some questions from RFA have been combined or slightly reworded.)

#### Outcomes: Evaluation Questions

Evaluation Question	Measure	Data Collection and Reporting

1. What was the effect of the intervention on key outcome goals?	See Outcomes by National Outcomes Measures Domains	Mid-year and end of the year. Included in semi-annual and end of the year reports.
2. What program/contextual factors were associated with the outcomes?	Interview, Survey, Clinician Records	Mid-year and end of the year. Included in semi-annual and end of the year reports.
3. What individual factors were associated with outcomes, including race/ethnicity?	Interview, Survey, Clinician Records	Mid-year and end of the year. Included in semi-annual and end of the year reports. Analysis by race, ethnicity, gender, and other identified variables.
4. How durable were the effects?	Post treatment administration of outcome measures (see above)	6-month intervals while receiving services. One year follow up after conclusion of services. Feedback included in semi-annual and end of the year reports.

**Infrastructure Changes** Finally, the evaluation will examine changes in infrastructure. This will be accomplished primarily through document analysis, and interviews of staff and key partners. Progress will be reported in Steering Committee meetings on: 1) Policy development; 2) Workforce development; 3) Financing; 4) Organizational Change; and 5) Partnerships and Collaboration. Each reporting period change from baseline measures will be analyzed.

Periodic Reporting	Method	Findings
After baseline	Interviews, Surveys, Clinician Records	Initial findings indicate that the organization has made significant progress in its implementation of the I-Care model. Staff report that they have been able to implement many of the key components of the model, such as the use of a shared electronic medical record, the implementation of a centralized intake process, and the use of a standardized assessment tool for all clients. However, there are still challenges in terms of staff buy-in and buy-in from external partners. There is also a need to further refine the organizational structure and processes to ensure that they are fully aligned with the I-Care model.
Mid-Year	Interviews, Surveys, Clinician Records	Mid-year findings indicate that the organization has continued to make progress in its implementation of the I-Care model. Staff report that they have been able to implement many of the key components of the model, such as the use of a shared electronic medical record, the implementation of a centralized intake process, and the use of a standardized assessment tool for all clients. However, there are still challenges in terms of staff buy-in and buy-in from external partners. There is also a need to further refine the organizational structure and processes to ensure that they are fully aligned with the I-Care model.
End of Year	Interviews, Surveys, Clinician Records	Final findings indicate that the organization has successfully implemented the I-Care model. Staff report that they have been able to implement all of the key components of the model, such as the use of a shared electronic medical record, the implementation of a centralized intake process, and the use of a standardized assessment tool for all clients. There is a high level of staff buy-in and buy-in from external partners. The organization has also developed a strong partnership with local hospitals and clinics, which has contributed to the success of the model. Overall, the findings suggest that the I-Care model is effective in improving access to care for low-income families.

## **Section F: Literature Citations**

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

<b>Category</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>
<b>Personnel</b>	\$ 90,988	\$ 101,375	\$ 103,353
<b>Fringe Benefits</b>	\$ 36,359	\$ 40,509	\$ 41,300
<b>Travel</b>	\$ 14,566	\$ 14,566	\$ 14,566
<b>Equipment</b>	\$ 23,700	\$ -	\$ -
<b>Supplies</b>	\$ 1,940	\$ 1,440	\$ 1,440
<b>Contracts</b>	\$ 67,227	\$ 80,709	\$ 77,641
<b>Other Costs</b>	\$ 45,220	\$ 41,400	\$ 41,700
<b>Total Direct Costs</b>	\$ 280,000	\$ 279,999	\$ 280,000
<b>Total Indirect Costs</b>	\$ -	\$ -	\$ -
<b>Total Costs</b>	\$ 280,000	\$ 279,999	\$ 280,000

			Year 1				Year 2				Year 3			
			Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL
A: PERSONNEL	Level of Effort	Salary												
Project Director, Ali Yallah	0.25	\$ 80,000	\$ 10,000	\$ 10,000	\$ 20,000	\$ 10,000	\$ 10,000	\$ 20,000	\$ 10,000	\$ 10,000	\$ 20,000	\$ 10,000	\$ 10,000	\$ 20,000
Computer Based Training Designer	1	\$ 35,000	\$ 35,000		\$ 35,000	\$ 35,000		\$ 35,000	\$ 35,000		\$ 35,000	\$ 35,000		\$ 35,000
Program Assistant/Data Collector	1	\$ 23,000	\$ 23,000		\$ 23,000	\$ 23,000		\$ 23,000	\$ 23,000		\$ 23,000	\$ 23,000		\$ 23,000
Chief Clinical Officer, Jan Yates	0.05	\$ 60,000	\$ 3,000		\$ 3,000	\$ 3,000		\$ 3,000	\$ 3,000		\$ 3,000	\$ 3,000		\$ 3,000
SA Gender Specific Outpatient Director, Susan Johansen	0.2	\$ 48,000	\$ 9,600		\$ 9,600	\$ 9,600		\$ 9,600	\$ 9,600		\$ 9,600	\$ 9,600		\$ 9,600
SA Wrap Around Services Supervisor	0.2	\$ 31,900	\$ 6,380		\$ 6,380	\$ 12,760		\$ 12,760	\$ 14,408		\$ 14,408			\$ 14,408
HIV Early Intervention Coordinator	0.2	\$ 20,039	\$ 4,008		\$ 4,008	\$ 8,015		\$ 8,015	\$ 8,345		\$ 8,345			\$ 8,345
<b>TOTAL PERSONNEL COSTS</b>			\$ 90,988	\$ 10,000	\$ 100,988	\$ 10,000	\$ 10,000	\$ 110,375	\$ 10,000	\$ 110,375	\$ 10,000	\$ 103,353	\$ 10,000	\$ 113,353

Personnel: The following positions are considered essential for support to develop and/or expand local implementation and network infrastructures that integrate treatment and technology for mental and substance use disorders, and other critical services for individuals to access their information online. **Project Director (.20% FTE)** will be filled by Ali Yallah. Mr. Yallah will dedicate 25% of his time to the ICare Network project. He will recruit and deploy program staff, organize staff meetings, quarterly planning meetings, provide administrative oversight for the project, and develop a high level of quality in program delivery. He will work closely with project staff to identify technical assistance and coordinate trainings. **Chief Clinical Officer (0.05 FTE)**: will be filled by Jan Yates. Responsible for the design, implementation, financial viability and on-going operation of outpatient and community based services for persons experiencing behavioral health disorders. Duties include clinical leadership, designing, implementing & determining effectiveness of clinical services, assessing needs, resource and program development; developing annual program & budget; ensuring appropriate processes for staff hiring, training & evaluation; insuring compliant clinical records; providing consultation & education, participating in regional behavioral health planning, and participating in work groups. **The Computer Based Training Designer (1FTE)** will be responsible for the creation of training and supporting materials, update intranet with new/updated procedures, and maintain frontline information on intranet. **The Substance Abuse Gender Specific Outpatient director (0.20 FTE)**, Susan Johansen will spend 20% of her time managing staff and program development for a gender specific outpatient substance abuse treatment program. Duties will also include clinical supervision, oversee program budget, direct treatment team, serve on Clinical Management Team to review Evidenced-Based Practices, and work cooperatively with agencies to build resources and serve referrals locally and state-wide. **The Substance Abuse Wrap Around Services Supervisor (0.20 FTE)** will spend 20% of their time performing tasks including linkage, referral, crisis management, and follow-up. **The HIV Early Intervention Coordinator** will be spent 20% of their time responsible for providing community-based outreach to engage individuals who may at risk for HIV infection and are not aware of their HIV status or HIV+ and need to be linked to HIV Care (this includes people who have previously tested but did not learn their HIV status). **Program Assistant and Data Collector (1 FTE)**: will provide administrative, technical, and data collection support for the program. Regarding all **Leveraged Infrastructure Funding**, River Edge Behavioral Health Center and Gwinnett, Rockdale, and Newton County Community Service Board will use diversified funding streams (i.e. all non-federal funding: city, county, and state funding), to support the full cost of the technology and service upgrades. In combination with the fund award through this grant program , more than 1200 new clients will have access to quality recovery treatment.

B: FRINGE BENEFITS	Rate		Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL
FICA	7.65%		\$ 6,961	\$ 765	\$ 7,726	\$ 7,755	\$ 765	\$ 8,520	\$ 7,907	\$ 765	\$ 8,672
HEALTH	22.15%		\$ 20,154	\$ 2,215	\$ 22,369	\$ 22,455	\$ 2,215	\$ 24,670	\$ 22,893	\$ 2,215	\$ 25,108
RETIREMENT	7.50%		\$ 6,824	\$ 750	\$ 7,574	\$ 7,603	\$ 750	\$ 8,353	\$ 7,751	\$ 750	\$ 8,501
WORKER'S COMP	2.33%		\$ 2,120	\$ 233	\$ 2,353	\$ 2,362	\$ 233	\$ 2,595	\$ 2,408	\$ 233	\$ 2,641
UNEMPLOYMENT INSURANCE	0.33%		\$ 300	\$ 33	\$ 333	\$ 335	\$ 33	\$ 368	\$ 341	\$ 33	\$ 374
<b>TOTAL FRINGE BENEFITS</b>			\$ 36,359	\$ 3,996	\$ 40,355	\$ 40,509	\$ 3,996	\$ 44,505	\$ 41,300	\$ 3,996	\$ 45,296

Fringe Benefits: The River Edge Behavioral Health Center's fringe is determined by federal and state guidelines. The breakdown is as follows: FICA 7.65%; Retirement 7.50%; Unemployment .33%; Worker's Compensation 2.33%; and Health Insurance 12.19%.

C: TRAVEL	Item	Rate	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL
Grantee National Conference (2 Staff)											
Airfare	\$340 per person	\$ 680			\$ 680	\$ 680		\$ 680	\$ 680		\$ 680
Hotel	\$300 per night	\$ 2,400			\$ 2,400	\$ 2,400		\$ 2,400	\$ 2,400		\$ 2,400
Per Diem (meals)	\$36 per day	\$ 288			\$ 288	\$ 288		\$ 288	\$ 288		\$ 288
Groome Transportation	\$64 Rnd Trip	\$ 128			\$ 128	\$ 128		\$ 128	\$ 128		\$ 128
Taxi (To and From Airport)	\$35/ Trip	\$ 70			\$ 70	\$ 70		\$ 70	\$ 70		\$ 70
Staff Mileage	\$0.55	\$ 11,000			\$ 11,000	\$ 11,000		\$ 11,000	\$ 11,000		\$ 11,000
<b>TOTAL TRAVEL</b>		\$ 14,566			\$ 14,566	\$ 14,566		\$ 14,566	\$ 14,566		\$ 14,566

Meetings: There is one required annual meeting per the grantor for 3 project staff, to attend during each year of the grant, in Washington, DC. Airfare is based on the average cost of airfare from Atlanta, GA to Washington, DC, with the cost adjusted for annual increases. Additional costs for travel include the federal rate for per diem, hotel, and transportation to the airport. Travel also includes reimbursement for mileage incurred by Program Staff. Staff mileage is based on the average mileage accrued by staff who perform similar duties. Cost is based on the federal mileage reimbursement rate.

D: EQUIPMENT	Item	Rate	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL	Federal	Leveraged Infrastructure Funding	TOTAL
Network Service Upgrade (data T1-6MB/S)-Includes network connectivity in Classrooms		\$ 9,000	\$ 21,000.00	\$ 30,000							
Telemedicine Server + Operating System + Video Conferencing		\$ 14,700	\$ 34,300.00	\$ 49,000							



## **Section H: Biographical Sketches and Job Descriptions**

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### **ALI YALLAH, PMP, SIX SIGMA**

*Performance-driven leader with experience conducting comprehensive information systems installations and analysis to drive sustainable change. Technically astute with the ability to identify and implement emerging technologies to streamline processes and increase productivity.*

#### **EDUCATION**

##### **Candidate for PhD in Management Information Systems**

North Central University

##### **Master of Science, Technology Management**

*Southern Polytechnic State University*

##### **Bachelor of Science, Computer Science**

*University of Wyoming*

##### **Associates of Arts, General Education**

Aims Community College

#### **PROFESSIONAL EXPERIENCE**

##### **River Edge Behavioral Health Center**

**Macon, Georgia**

##### *Chief Information Officer*

*August 2010 - present*

Set goals, direct departmental processes, and implements best practices for meeting departmental and the agencies' established goals. Manage and implement technologies to optimize processes for IT development, infrastructure and support. Document and communicate to management and staff strategic intent and roadmap planning and development for organizational change. Apply project-driven strategies that engage business users, resolve business issues, and promote effective and efficient technology use. Develop capital budget and track actual against projected costs. Maintain full knowledge of all phases of business-specific technology implementations. Design and direct long term agency operations and tactical strategies with respect to technology projects, hardware and software acquisitions, and resource management.

##### **Gwinnet, Rockdale and Newton Community Service Board      Lawrenceville, GA**

##### *Medical Social Worker*

*2006-2009*

Set goals, direct departmental processes, and implements best practices for meeting departmental and the agencies' established goals. Manage and implement technologies to optimize processes for IT development, infrastructure and support. Document and communicate to management and staff strategic intent and roadmap planning and development for organizational change. Apply project-driven strategies that engage business users, resolve business issues, and promote effective and efficient technology use. Develop capital budget and track actual against projected costs. Maintain full knowledge of all phases of business-specific technology implementations.

Design and direct long term agency operations and tactical strategies with respect to technology projects, hardware and software acquisitions, and resource management.

**Affiliated Computer Services, Inc.**

**Roswell, Georgia**

*Director of Project Management*

*Dec. 2007- Oct. 2009*

Effectively recruited and trained a PMO team for the implementation of the Alaska Medicaid / Medicare information systems replacement project. Successfully provided training on subsystem dashboard reporting and other project management metrics to ensure team compliance to corporate initiatives. Evaluated critical paths and identified project conflicts; ensured that standard project practices were applied, including status reporting, risk management, issues tracking, change and work plan management. Successfully managed outsourced teams in India and the Philippines. Managed a project team of over 130 staff.

**Cobb and Douglas County Community Services Board**

**Smyrna, Georgia**

*Chief Information Officer/ Director of IT*

*Jan. 2005-Sept. 2006*

Designed, configured, and launched a network connectivity system for all 60 locations utilizing LAN/WAN, VPN, T1, DSL, and TCP/IP, resulting in a 40% increase in user satisfaction and a 50% increase in access speed. Designed web-based accesses for patient care, and implemented a secure patient care user ID. Authored HIPAA documentation and funding proposals for healthcare information systems and emerging technologies for budgetary development. Modified Medicare and Medicaid billing procedures, including PERMES, MICP, and grant and aid services. Implemented new agency billing and accounts receivable software, resulting in a 20% increase in revenue with the use of APS and Web MD clearing houses. Increased technology uptime and efficiency by 25% with the implementation of a new electronic medical record keeping system. Converted all analog telephony systems to digital utilizing Voice Over IP, saving the agency more than \$100,000 annually.

**Newton Medical Center**

**Covington, Georgia**

*Director of Information Technology*

*2003-2005*

**SunTrust Bank**

**Atlanta, Georgia**

*IT Strategic Sourcing Project Consultant*

*2001-2002*

**Electricity Corporation**

**Riyadh, Saudi Arabia**

*Datacenter Systems Manager*

*1991-2000*

**Digital Equipment Corporation**

**Alpharetta, Georgia**

*Systems Support Specialist III*

*1988-1991*

### **ACCOMPLISHMENTS:**

- Certified Project Management Professional
- Six Sigma GB
- Bauder College Technology Advisory Board Member
- DeKalb Technical College Advisory Board Member

## **SUSAN JOHANSEN, LPC**

### **EDUCATION**

**Master of Science, Applied Psychology** 1996

*Georgia College and State University*

**Bachelor of Science, Psychology** 1994

*Mercer University*

**Bachelor of Arts, English** 1994

*Mercer University*

### **PROFESSIONAL EXPERIENCE**

**River Edge Behavioral Health Center** **Macon, Georgia**

***LifeSPRING Program Manager***

***February 2011 – present***

Manage a Gender Specific, Residential and Outpatient Substance Abuse Treatment Facility. Manage staff, provide clinical supervision, program development, oversee program budget, direct treatment team, serve on Clinical Management Team to review Evidenced Based Practices, and etc. Work cooperatively with agencies to build resources and serve referrals locally and state-wide.

**River Edge Behavioral Health Center** **Macon, GA**

***The Family Preservation Program Manager***

***January 2010- present***

Oversee administration of Promoting Safe & Stable Families Grant. Work closely with Bibb Co. DFCS in order to serve families receiving Child Protective Services. Prepare monthly service reports, quarterly spending reports, and semi-annual program self-assessment. Supervise licensed and clerical staff and provided assessments and therapeutic services

**River Edge Behavioral Health Center** **Macon, GA**

***Family Violence Prevention Program Coordinator***

***March 2005-present***

Coordinate assessments of participants and program schedule, facilitate groups, communicate with all referral sources and local Victims' Liaison, and maintain program certification. Serve as member of Bibb Co. Domestic Violence Court Treatment Team. Serve as member of Central Georgia Council on Family Violence and Fatality Review Subcommittee.

**River Edge Behavioral Health Center** **Macon, Georgia**

***Crisis Mental Health Provider***

***March 1999-present***

Provide assessment to inmates in mental health crisis or with suicidal/homicidal ideation to inmates currently in the Bibb County Law Enforcement Center. Make recommendations for protocol to ensure safety of inmate(s).

**River Edge Behavioral Health Center** Macon, Georgia  
*Therapist; The Counseling Center*  
*January 2002 – December 2009*  
Counseled adults, children, and families. Facilitated groups on grief recovery, anger management, general coping skills, parenting, and etc.

**River Edge Behavioral Health Center** Macon, Georgia  
*Mental Health Crisis Team Supervisor*  
*March 2002-July 2008*  
Supervised and participated with team of clinicians who provided crisis mental health evaluation for emergency room patients of The Medical Center of Central Georgia.

**River Edge Behavioral Health Center** Macon, Georgia  
*Crisis Mental Health Provider*  
*November 1997- January 2002*  
Supervised clinicians providing initial and crisis assessments

**River Edge Behavioral Health Center** Macon, Georgia  
*Crisis Mental Health Provider*  
*March 1999-present*  
Provide assessment to inmates in mental health crisis or with suicidal/homicidal ideation to inmates currently in the Bibb County Law Enforcement Center. Make recommendations for protocol to ensure safety of inmate(s).

**Phoenix Behavioral Health Center** Warner Robins, Georgia  
*Therapist; Child and Family Department*  
*September 1996- November 1997*  
Provided therapy to children, adolescents and families.

#### **LICENSE AND CERTIFICATIONS**

**Licensed Professional Counselor (LPC003160)** 5/12/2000

**JAN N. YATES, LCSW**

*Experience includes 38 years in Social Work: 18 years as Clinical Program Coordinators; 15 years as Individual, Family and Marital Therapist.*

**EDUCATION**

**Master of Social Work**

*University of Georgia*

**1975**

**Bachelor of Arts, Liberal Arts**

*University of South Florida*

**1971**

**PROFESSIONAL EXPERIENCE**

**River Edge Behavioral Health Center**

**Macon, Georgia**

*Chief Clinical Director*

*August 2010 - present*

Responsible for the design, implementation, financial viability and on-going operation of outpatient and community based services for persons experiencing behavioral health disorders. Duties include clinical leadership, designing, implementing & determining effectiveness of clinical services; assessing needs; resource and program development; developing annual program & budget; ensuring appropriate processes for staff hiring, training & evaluation; insuring compliant clinical records; providing consultation & education, participating in regional behavioral health planning; and participating in work groups.

*Coordinator of Crisis Services*

*July 2009 –August 2010*

Coordinates and Supervises 24/7 Mobile Crisis Services; supervises Medical Center of Central Georgia Emergency Room Mental Health Services; provides clinical consultation, training and supervision to Child & Adolescent Crisis Stabilization Unit and Recovery Center; coordinates student placements; participates in River Edge Behavioral Health Center Management Team; other duties and services as needed.

**Heartland Hospice**

**Macon, GA**

*Medical Social Worker*

*2006-2009*

Developed semi-annual reports, final reports and extensions for grants funded through the Centers for Medicare & Medicaid Services. Oversaw the budget and use of additional finances for the grant including the provision of technical assistance. Conducted interviews with seniors about their experiences with aging in place and their use of resources affiliated with the local Naturally Occurring Retirement Community (NORCs). Created a database for the evaluation.

**Coliseum Psychiatric Hospital**

**Macon, GA**

*Clinical Program Director*

*2003-2006*

Director of Social Services Department with six to nine staff; coordinated delivery of program services for adult psychiatric and chemical dependency patients and families; coordinated delivery of services for the Senior Center of Gero-Psychiatric Unit patients and families;

designed programs; implemented, evaluated and revised performance improvements to maintain JCAHO/Medicaid compliances and on-going quality assurance

***Adult Unit Program Coordinator***

**1989-2003**

Administrative and clinically responsible for operation of a 36 bed Adult Psychiatric Unit; planned, implemented, monitored and evaluated to comprehensive multi-disciplinary treatment programs including budgeting, consultation, execution and supervision, on-going clinical interventions and quality assurance; provided emergency room and Life-Line consultations and assessments of patients with psychiatric and addictive diseases issues; 1013 and 2013 interventions

***Family Therapist***

**1987-1989**

Group and family therapy; supervision of M.S.W. students; supervision of A.C.S.W. and licensure bound staff; consultation and education

***Central State Hospital***

**Milledgeville, Georgia**

**1971-1980**

Held the positions of Social Work Technician, Social Worker I, Social Worker II, Training Specialist,

**LICENSE AND CERTIFICATIONS:**

NASW Qualified Clinical Social Worker; Board Certified Diplomat; Georgia State License Clinical Social Worker; Academy of Certified Social Workers; Advanced Standing Clinical Hypnosis; Advance training in Psychodrama; member of Therapy Dogs, Inc. with a certified therapy dog working for Thera-pups.

**AFFILIATIONS AND MEMBERSHIPS:**

- Active NASW member
- Field Instructor University of Georgia School of Social Work
- Field Instructor Valdosta State University School of Social Work
- Presenter at numerous Social Work workshops and conferences in middle Georgia area, statewide, South Carolina and Kentucky Schools of Social Work
- NASW Georgia Chapter Social Worker of the Year in 2002

**ACCOMPLISHMENTS:**

- Past activities include:
- NASW Georgia Chapter President
- NASW Georgia Chapter Vice-President
- NASW Georgia Chapter Board member
- South Central Unit Georgia NASW Chair
- Georgia Composite Licensing Board member and Chair
- Member of NASW Georgia Committee on Inquiry

## **Charles E. Martin**

### **A. PROFESSIONAL PREPARATION**

- 1982 Ph.D. Reading Education, University of Georgia  
1979 M.Ed. Reading/Language Arts Education, University of New Orleans  
1977 B.A. English Education, University of New Orleans

### **B. APPOINTMENTS (LAST 20 YEARS)**

- 2006-Present Director, Center for Program Evaluation and Development, Georgia College & State University (GCSU)  
2002-2007 Chair, Early Childhood and Middle Grades Education Department, GCSU  
1996-2002 Professor of Early Childhood and Middle Grades Education, GCSU  
1989-1996 Evaluator, Performance Assessment Laboratory, University of Georgia

### **C. RECENT EVALUATION REPORTS**

- Martin, C.E. and Ander, T. (2009) Evaluation of Lions Quest. (Lions Club International)  
Martin, C. E. and Daugherty, M. (2009, 2008) Annual Evaluation of Middle Georgia Child Access and Visitation. Department of Health and Human Services.  
Martin, C.E. (2009) Annual Evaluation Report Digital Bridges Community-based technology initiative (Knight Foundation).  
Monsaas, J., McGee-Brown, M.J., Martin, C.E., Ellet, C. & Dickey, L. (2009, 2008, 2007, 2006, 2005). Partnership for Reform in Mathematics and Science Annual Evaluation Report (NSF MSP Grant).  
Martin, C.E. (2009, 2008, 2007, 2006, 2005) Annual Evaluation Report Science and Mathematics Alliance for Regional Teachers Partnership (SMART) (Georgia Department of Education).  
Martin, C.E. & Berry, L. (2009, 2008, 2007) Annual Evaluation Report Youth Enrichment Services -(YES) (Georgia Department of Education).

### **C. RECENT PAPERS AND PRESENTATIONS**

- Martin, C., Hessinger, S., Schwartz, S., Coleman, D., Scott, V. (January, 2010). *Engaging MSP participants through K-16 learning communities: Implementation and research.* Paper presented at National Science Foundation Math-Science Partnership Learning Network Conference, Washington, D.C.  
Hessinger, S., Coleman, D., Vandergrift, N., Martin, C., Ellett, C., Monsaas, J. (January 2010). *PRISM Phase II: Research on key PRISM strategies - Generating knowledge through collaborative research.* Paper presented at National Science Foundation Math-Science Partnership Learning Network Conference, Washington, D.C.  
Jeff F., Jean W., & Charles M. (March, 2010). *Improving instruction in 6-12 mathematics and science through collaborative vertical and horizontal teaming.* Paper presented at US Department of Education MSP Regional Conference, New Orleans, LA.  
Martin, C., Hessinger, S., Schwartz, S., Coleman, D., Scott, V. (May, 2010). *Attributes of successful K-16 learning communities: Preliminary report.* Paper presented at Annual Meeting of the American Educational Research Association, Denver, CO.  
Cramond, B., Martin, C., Anders, T. (October 2010). The Dalai Lama's vision: Creating a gifted program in a Tibetan Children's Village School. Paper presented at the Annual Conference of the National Association for Gifted Children, Atlanta, GA

#### D. OTHER ON-GOING PROJECTS

- Evaluation of Live Healthy Baldwin- Childhood obesity reduction in Milledgeville/Baldwin County. Funded through Robert Wood Johnson Foundation.
- Partnership for Reform in Mathematics and Science. 3-year National Science Foundation grant to study the effects of higher education and K-12 learning communities on teacher practices and student learning.
- Tibetan Children's Villages Project. Collaborative evaluation and development project between Center for Program Evaluation and Tibetan Children's Villages Schools in India to revise their teacher evaluation program, upgrade math/science education, and develop their academy for gifted students. TCV schools serve Tibetan refugee children in nine locations throughout India.
- Thank You Small Libraries- Initial evaluation of United Nations ST-EP Foundation program that builds libraries to serve children and their communities in developing countries in Africa.
- Evaluation of Lions Quest character education program. Lions Clubs International.

### ***Program Director Job Description***

Program Director will be responsible for developing and managing the I-Care Network program. Program Director is responsible for planning and coordinating all operational facets of I-Care Network. Responsibilities include hiring, training, coordination, and supervision of field staff, solicitation and scheduling of projects, development and implementation of staff training programs, ongoing project management, and review, coordination and expansion of all program safety procedures. This position requires a person with energy and dedicated to helping expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children.

***Salary Range: \$35,00+ year; Hrs/wk: 40***

#### **Job Responsibilities**

1. The I-Care Network Director will be responsible for the day-to-day overall program operations of the I-Care Network.
2. Maintain supervision over staff within the program. Monitor resident files to ensure they meet grant and program expectations.
3. Monitor program compliance with all grants and funding requirements.
4. Collects and submits reports to funder.
5. Ensure that all activities, services and programs through I-Care Network are conducted in a manner that is sensitive to and shows respect for the cultural and ethnic diversity for all clients.

#### **Minimum Qualifications**

Bachelor's Degree and 5-8 years' experience working with adolescents, at-risk youth between under 21, young mothers and pregnant/ post-partum women 18 years and older. Previous experience in residential management and administration.

### ***Substance Abuse Wrap Around Services Supervisor***

The Substance Abuse Wrap Around Services Supervisor performs tasks including linkage, referral, crisis management, and follow-up. This position provides services that are goal-oriented activities that assist clients by locating, coordinating, and monitoring necessary care and services insuring that they are appropriate and accessible. This position coordinates building family teams for each client. Work with clients occurs in a variety of settings.

**Salary Range: \$30,000/per year Hours: 40/per week**

#### **Job Responsibilities:**

1. Consult and cooperate with community systems to facilitate linkage, referral, crisis management, advocacy, and follow up with the focus on attaining goals.
2. Maintain expected productivity and an active caseload providing facilitation as needed and within area of expertise and limits of credentials.
3. Provide direct services to referred clients.
4. Assess the strengths and needs of project individuals and their families, facilitate the development of an individualized service plan and monitor the progress in meeting established goals.
5. Assist families with accessing community resources.
6. Provide individual case management and activity of daily living services as needed.
7. Provide crisis management for clients; make linkages for interventions as appropriate.
8. Maintain client and program records in accordance with applicable standards and regulations, grant requirements, etc.

#### **Minimum Qualifications**

Bachelor's degree in Psychology, Social Work, Sociology, Family/Consumer Sciences, Substance Abuse, Education, Criminology, Mental Health, Human Services, Counseling, or Therapy Fields required. One year of professional experience acquired post-degree in a private or public social services agency. Knowledge of substance abuse and underserved populations.

### ***HIV Early Intervention Coordinator***

The HIV Early Intervention Coordinator is responsible for providing community-based outreach to engage individuals who may be at risk for HIV infection and are not aware of their HIV status or HIV+ and need to be linked to HIV Care (this includes people who have previously tested but did not learn their HIV status).

**Salary Range: \$20,000/per year Hours: 40/per week**

#### **Job Responsibilities:**

1. Will provide confidential HIV counseling and testing to individuals in a variety of settings.
2. Will have direct day-to-day contact with the public and is expected to work with individuals from a variety of backgrounds and socio-economic as well as mental functioning levels.
3. Will be responsible for linking individuals to prevention or care as a means to reduce the transmission and spread of HIV/AIDS and other STIs.
4. They will handle information of a highly confidential nature and are expected to perform this task with the highest level of integrity.
5. Conducting outreach is a vital component to this program's effectiveness by reaching out to the community and linking to other systems of care.

#### **Minimum Qualifications:**

An associate degree in social work, psychology, mental health, education, or a related field and one year of full time work experience. Cultural competency is an essential element to the successful candidate for this position. The individual should be comfortable working with diverse populations in a variety of settings, e.g. homeless shelters, housing communities, and treatment facilities. Must possess a valid driver's license and have access to reliable transportation and adequate insurance. Must be available to work evening and weekend hours on a regular basis.

### ***Community Based Training Instructor***

Under the direction of the Program Director, working closely with staff, and includes, but is not limited to identify ways of communication/training. Creation of training and supporting materials. Update intranet with new/updated procedures. Maintain frontline information on intranet. Receive daily requests from other subject matter experts (SMEs) regarding information that must be updated, including job aids, and procedures. Create computer based tutorials/exams within the learning management system. Coordinate with SMEs to ensure the highest quality information is presented.

**Salary Range: \$35,000/per year Hours: 40/per week**

#### **Job Responsibilities:**

1. Apply instructional design concepts for the development of courses; apply adult learning principles, and proper instructive principles in the development process.
2. Collaborate with SMEs to conduct needs analysis, determine appropriate delivery method (eLearning vs. instructor led), and develop objectives and lesson content based on subject matter, training strategy, and organizational needs.
3. Design and update new and existing instructional materials and e-learning courses according to department standards using blended learning approach. Training must be interactive and engaging.
4. Create effective assessments for courses that are aligned with the training objectives and successfully measure the transfer of knowledge.
5. Execute work plans, providing progress reports to managers and project leaders and Auditors. Conduct Train-the-Trainer sessions and pilot classes to monitor course effectiveness.

#### **Minimum Qualifications:**

Bachelor's degree in adult learning, training, or education or equivalent work experience required. Must have 2 to 3 years training experience required. Knowledge and application of instructional design concepts. Experience developing system and procedure, as well as soft skills courses. Thorough knowledge of MS Office Products. Experience with Macromedia Contribute preferred. Experience with Adobe Captivate preferred. Experience with online authoring tools preferred. High level of attention to detail. Candidate must have excellent verbal and written communication skills and ability to learn new software and concepts quickly.

### ***Program Assistant and Data Collector Job Description***

The Program Assistant and Data Collector will be responsible for data collection and data entry.

The Assistant will also provide clerical support to the Program Director, Program Coordinator, and I-Care Network staff.

**Salary Range: \$22,000 year; Hours/week: 40**

#### **Job Responsibilities:**

1. Conducts clerical research and generates reports. Manages a client database. Collects/compiles information. Prepares/distributes reports in a timely manner to appropriate persons according to established guidelines.
2. Enters data from forms, records and/or reports using a computer. Prepares memos, letters, forms, and other documents. Reviews, corrects, and reconciles data. Prepares data for gap/cost benefit analysis. Initiates, composes, and accurately types correspondence/documents. Uses various software applications to develop/design documents and visual aids to meet the program's needs. Develop PowerPoint presentations. Routinely takes minutes at meetings, prepares the finished minutes and distributes to applicable parties.
3. Maintains applicable financial records.
4. Maintains clerical duties. Prepares and sends outgoing documents via mail, email, fax, ensuring accuracy and timeliness. Monitors supplies and replaces before inventory is depleted.

#### **Minimum Qualifications**

One year of business school or college, or one year of experience performing general office work including duties of telephone usage, filing, typing, handling customers' question/complaints, data entry, computer usage, and/or accounting.

## **Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects**

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### **1. Protect Clients and Staff from Potential Risks**

- A. Foreseeable risks associated with this project and data activity include, (1) potential for relapse and/or destabilization and (2) public disclosure may expose program participants, staff, and volunteers to stigma and discrimination.
- B. Procedures that will be followed to minimize and protect participants against potential risks, including risks to confidentiality include, (1) provision of written and verbal notification of potential risks associated with participation; (2) completion of informed consent forms that specify potential risks; (3) technical assistance with Internet security and e-health consultants to provide a secure online environment; (4) ongoing training, supervision and support for clinicians; (5) provide opportunities to participate in services without self-disclosure; and (6) the maintenance anonymity in public arenas.
- C. River Edge Behavioral Health Center (River Edge), the facilitating organization for this project and provider of behavioral healthcare, will provide ongoing guidance and assistance in the event there are adverse effects to participants.
- D. River Edge and partnering organizations provides several alternative treatments that may be beneficial to participants. These services include residential, outpatient, and crisis treatment programming.

### **2. Fair Selection of Participants**

- A. The target population includes adults, 18 and over, with substance abuse and or co-occurring mental health or chronic health conditions and who reside in underserved areas.
- B. The project will ensure equal access and treatment for eligible project participants who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, disability, economic status, and criminal history. Members of traditionally underrepresented groups are especially in need of integrated co-occurring treatment and wrap-around services, given the isolation and stigma they routinely receive in their communities. Every individual in the service area will have fair chances to participate who meet the same eligibility criteria for participation.
- C. Referrals for treatment and services offered through this grant program will come from workgroup members, internal staff, external stakeholder agencies, individuals, and families themselves. If the individual being referred meets the eligibility criteria outlined above, they will be able to participate in services. A licensed assessor will have the responsibility for ensuring that all referrals meet the eligibility criteria and will provide notice of ineligibility when applicable, within five (5) working days of the referral. In order to ensure fair selection of participants, the following protections will be made: 1) widespread availability of community providers' brochures and schedules, including information in alternate formats; 2) dissemination of the same project information/material to potential program participants; 3) provision of interpreters and TTY services; 4) accessible facilities; 5) protection of privacy and confidentiality of all participants; and 5) notification of applicant eligibility/ineligibility within a reasonable amount of time. Additionally, all program staff, members of the workgroup, and community provider organizations will receive ongoing training in cultural competency and will abide by the hiring and volunteer recruitment procedures described previously in this grant proposal.

### **3. Absence of Coercion**

- A. Participation in the project will be voluntary. The uniform release of information consent forms will reflect the voluntary nature of the recovery support services. Confidentiality statements will clarify for participants the limits of confidentiality. Participant rights will be explained in addition to the discussion and signature of informed consent forms for participation in coordination of care plans. A sample of this consent form is attached for review.
- B. Participants will have access to medical and supportive services co-pays and transportation tokens. All monetary and non-monetary incentives will be distributed in a fair and equal manner.
- C. The informed consent form for program participation is voluntary and is not related to services. The informed consent form also notes that participants can discontinue participation at any time without impacting their compensation.

### **4. Data Collection**

- A. Data will be collected from program participants. The data collection will be completed during times that are selected by the individual. The ASAM, TIP #42, a brief screening tool, and a trauma assessment will be used for early identification and treatment. These tools will be the primary measures for outcome data associated with this program. Additional data necessary for evaluation of process components will be collected through observational techniques and interviews with program staff, peer leaders, volunteers, and program participants at an area that provides privacy and confidentiality. Other tools that will be used are the internal screening assessment, internal adult assessment, MICP, and LOCUS. These assessments are required by the State of Georgia.
- B. No specimens will be used or collected for this project. HIV Testing will be offered but confidentiality and privacy will follow HIPAA Guidelines.
- C. The ASAM, TIP #42, a brief screening tool, and a trauma assessment will be used for early identification and treatment. These tools will be the primary measures for outcome data associated with this program. Program staff will follow the interview protocols as specified by SAMHSA. Other tools that will be used are the internal screening assessment, internal adult assessment, MICP, and LOCUS. These assessments are required by the State of Georgia.
- D. In addition, all data collected will be maintained in a locked cabinet to ensure confidentiality. Program staff will be trained in the program's policy for maintaining confidentiality of participants' information. Data that is stored electronically will be secured by user names and passwords given only to program staff and Chief Executive Officer (CEO). The program will utilize the existing procedures for program participants to report problem areas and breaches in confidentiality.

### **5. Privacy and Confidentiality**

- A. Data will be collected from program participants. The data collection will be completed by center staff during times that are selected by the individual completing the ASAM, TIP #42, a brief screening tool, and a trauma assessment will be used for early identification and treatment. These tools will be the primary measures for outcome data associated with this program. Additional data necessary for evaluation of process

components will be collected through observational techniques, focus groups and interviews with project staff, peer leaders, volunteers, and program participants in an area that provides privacy and confidentiality. Other tools that will be used are the internal screening assessment, internal adult assessment, MICP, and LOCUS. These assessments are required by the State of Georgia.

- B. Program staff will follow the interview protocols as specified by SAMHSA. In addition, all data collected will be maintained in a locked cabinet to ensure confidentiality. Program staff will be trained in the project's policy for maintaining confidentiality of participants' information. All data that is stored electronically will be secured by user names and passwords given only to the program staff and CEO. The program will utilize the existing procedures for program participants to report problem areas and breaches in confidentiality. The partnering organizations will also agree to maintain the confidentiality of alcohol and drug abuse records according to the provisions of Title 41 of the Code of Federal Regulations, Part II.

## **6. Adequate Consent Procedures**

- A. Please see Attachment 3 for a draft copy of information that will be given to people who participate in the program. This uniform consent form includes a release of information when an participant is receiving information from more than 1 provider, data that will be collected, how the data will be used, how the data will be kept private, voluntary nature of participation, right to leave the project, possible risks associated with project participation, and how the project will protect clients from these risks.
- B. All consent forms will be translated by CSAT-approved translation services as necessary to the native language of project participants. The Spanish version of the consent forms will be drafted and finalized by month 6th.
- C. Translation will be available at program outreach events when informing participants of consent procedures.
- D. The consent forms will be read to participants to clarify content.

## **7. Risk/Benefit Discussion**

There are no foreseeable risks. All participants will be offered the choice to give consent for release of their information to other community service providers. Participants will be provided with information about the risks and benefits associated with engagement both on-site and outpatient services and referrals.

## ATTACHMENT 1

# **CARF INTERNATIONAL**

A Three-Year Accreditation is awarded to  
**River Edge Behavioral Health Center**  
for the following identified programs and services:

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)  
Community Housing: Integrated: AOD/MH (Adults)  
Community Integration: Integrated: AOD/MH (Adults)  
Crisis Stabilization: Integrated: AOD/MH (Adults)  
Crisis Stabilization: Integrated: AOD/MH (Children and Adolescents)  
Detoxification: Integrated: AOD/MH (Adults)  
Outpatient Treatment: Integrated DD/Mental Health (Adults)  
Outpatient Treatment: Integrated: AOD/MH (Adults)  
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)  
Supported Living: Integrated: AOD/MH (Adults)  
Community Services: Community Integration  
Community Services: Supported Living

This accreditation is valid through:

**August 2013**

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.



This accreditation certificate is granted by authority of:

*Cathy Ellis, PT.*

Cathy Ellis, PT  
Chair  
CARF International Board of Directors

*Brian J. Boon, Ph.D.*

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

January 27, 2010

Frank Berry, M.S.  
Executive Director  
GRN Community Service Board  
Post Office Box 687  
Lawrenceville, GA 30046

Dear Mr. Berry:

It is my pleasure to inform you that GRN Community Service Board has been accredited by CARF for a period of three years for the following programs and services:

Case Management/Services Coordination: Alcohol and Other Drugs/Addictions (Adults)  
Case Management/Services Coordination: Alcohol and Other Drugs/Addictions  
(Children and Adolescents)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Housing: Mental Health (Adults)  
Community Integration: Mental Health (Adults)  
Crisis Stabilization: Integrated: AOD/MH (Adults)  
Crisis Stabilization: Integrated: AOD/MH (Children and Adolescents)  
Out-of-Home Treatment: Mental Health (Children and Adolescents)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Supported Living: Integrated: AOD/MH (Adults)  
  
Community Services: Community Housing  
Community Services: Community Integration  
  
Employment Services: Community Employment Services: Job Development  
Employment Services: Community Employment Services: Job Supports  
Employment Services: Community Employment Services: Job-Site Training

This accreditation will extend through October 2012. 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.

Mr. Berry

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January 27, 2010

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 and services. 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.

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 151.

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 and services. We look forward to working with your organization in the future.

Sincerely,



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

aef  
Enclosures

**CARF INTERNATIONAL**  
4891 East Grant Road  
Tucson, AZ 85712 USA  
Toll-Free/TTY 888 281 6531 ■ Fax 520 318 1129  
[www.carf.org](http://www.carf.org)

**CARF-CCAC**  
1730 Rhode Island Avenue, NW, Suite 209  
Washington, DC 20036 USA  
Toll-free 866 888 1122 ■ Fax 202 587 5009  
[www.carf.org/aging](http://www.carf.org/aging)

**CARF CANADA**  
10665 Jasper Avenue, Suite 1400A  
Edmonton, Alberta T5J 3S9 Canada  
Tel 780 429 2538 ■ Fax 780 426 7274  
[www.carfcanada.ca](http://www.carfcanada.ca)

### ***Service Provider Organizations***

River Edge Behavioral Health Center (River Edge) and Gwinnet, Rockdale, and Newton County Community Services Board (GRN) have strong, collaborative partnerships with numerous key agencies/organization. River Edge and GRN plan to strengthen and expand these relationships as well as to build new collaborations. This will occur by providing detailed information about the characteristics, needs and strengths of the population served ensuring that there is a clear and easy method for accessing the services or resources, facilitating understanding of the referral process, and ensuring processes for timely, clear and frequent communication. The table below provides a summary of these collaborations.

<b>Provider Type</b>	<b>Provider Name</b>	<b>Services</b>
<b>Community Services Board (Behavioral Health Provider)</b>	<b>River Edge Behavioral Health Center</b> <b>Gwinnett, Rockdale and Newton County Community Service Board</b>	<p>Collaborative convener and applicant, Fiscal manager and Hiring and supervision entity. (<b>River Edge</b>)</p> <p>Behavioral health clinical and support service delivery to those in substance abuse treatment and supportive services (ACT, outreach, assessment, case management, skills teaching and resource acquisition assistance). Provide access to state contracted behavioral health treatment services for the uninsured beyond the scope of this grant for grantees.</p> <p>Coordination and linkage to Recovery Support Services (employment, wellness, GED, child care, transportation, etc.) (<b>River Edge &amp; GRN</b>)</p>
<b>Local Hospitals (In River Edge and GRN service areas)</b>	<b>Georgia Regional Hospital</b> <b>Gwinnett Medical Center</b> <b>Eastside Medical Center</b> <b>The Medical Center of Central Georgia</b> <b>Oconee Regional Medical Center</b>	<p>Decades of providing 24/7 on-site emergency room assessments and dispositions to the least restrictive level of care possible; consultation whenever needed to form preventive, diversion community care plans for high-users, including expeditious transfer to the River Edge &amp; GRN Crisis Stabilization Programs; formal meetings several times a year to evaluate system gaps, needs, and quality of continuity and communication. Identify high need consumers and develop a systems partnership plan to better coordinate existing resources and a local community continuum of care to prevent state psychiatric hospitalizations.</p>
<b>Psychiatric Hospital</b>	<b>Regional</b>	<p>Work to facilitate continuity of care for mutually-served consumers; River Edge &amp; GRN ACT teams will provide improved continuity of care for consumers who are mutually</p>

		served in private and state funded psychiatric hospitals.
<b>Federally Qualified Health Centers (FQHC) (for primary care)</b>	<b>First Choice Primary Care Four Corners Primary Care Center, Inc. Oakhurst Primary Care</b>	FQHCs will provide access to primary care, wellness, specialty care, and pharmaceutical for uninsured clients. First Choice (with offices in Bibb and Jones counties) and River Edge are in formal, legal partnership to share behavioral health and primary care resources and support one another's missions non-competitively. GRN provides a formal agreement with Four Corners. Persons with mental illness die 25 years younger, on average, than do persons without mental illness. Integrated care promotes recovery and longer life. Persons with disabilities encounter access barriers that have little to do with payor coverage (e.g. stigma, understanding, communication).
<b>Housing Authority</b>	<b>Macon Housing Authority Baldwin Housing Authority Lawrenceville Housing Authority Conyers Housing Authority</b>	Housing Authorities have made available rental assistance subsidies for clients as well as attractive financing for new construction of properties whose margin – hopefully – will offset previously unfunded supportive services costs. These collaborations allow River Edge & GRN CSB to obtain affordable housing which enhances a stabilized living arrangement, continuity of care, and self-sufficiency for individuals with persistent mental illness.
<b>Law Enforcement Entities</b>	<b>Macon Police Department Bibb County Sheriff's Office Milledgeville Police Department Baldwin Sheriff's Office</b>	River Edge has provided mental health screenings to all individuals booked into Bibb County jail as well as mental health services for inmates while in the jail under contract with Bibb county. BSO is also a Mental Health Court partner with River Edge; mental health court outcomes. Reduction in Jail use by mental health court graduates avoiding \$250K+ in costs to county. River Edge also Georgia's first CIT provider; continue to coordinate this training for area law enforcement. National statistics suggest that mental illnesses over represented in incarcerated populations; local screenings' % of mental health disorders exceed national averages. Treatment not punishment makes sense. Release to ACT or ACT intervention to present incarceration has resulted in more humane experience and

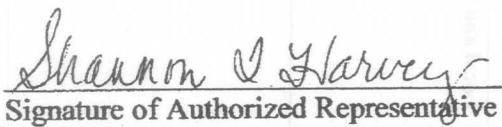
		improved recovery for persons with mental illness.
<b>Criminal Justice System</b>	<b>Gwinnett Detention Center, Newton County and Rockdale County Jails, Probation Departments and Judges from Gwinnett, Rockdale, and Newton Counties, local representatives from State Pardons and Parole, and Bibb County Superior Courts</b>	Provide behavioral health screenings and consultation in the jails, staffing with probation and parole officers for mutually served consumers, consultation with judges, police chiefs, and attorneys concerning behavioral health services; operates Drug courts and DUI courts in service counties which provide treatment and care coordination; River Edge & GRN provided the clinical aspects of Crisis Intervention Training to law enforcement officers.
<b>Vocational Rehabilitation</b>	<b>In River Edge and GRN service counties Georgia Department of Labor Department of Vocational Rehabilitation Office of Workforce Development</b>	Provide services for employers focus on access to a dependable source of qualified employees, as well as workplace consultations that increase their knowledge about successfully employing people with disabilities. VR provides employment assessments for River Edge & GRN clients as well as some reimbursement for certain types of employment services. VR has been an excellent resource to assist with best practices integration. For recovery, most people need access to treatment, a place to live, a job and people to love. VR is a key component of the successful process to employment. Provide skill assessments, job assessments, job search services, referral to training and partner referrals.
<b>Department of Family and Children Services</b>	<b>In River Edge and GRN service counties: Bibb Baldwin Twiggs Jones Putnam Wilkinson Monroe Region 6 Gwinnett Newton</b>	GRN & River Edge has shared the cost of dedicated DFCS eligibility specialists in service counties who are on-site at the GRN & River Edge Centers. This has allowed easy access for consumers to apply for Medicaid benefits or, if denied, to become eligible for the Patient Assistance Program whereby they receive psychiatric medications at no cost. Staff meet regularly with representatives of DFCS to ensure continuity of care for youth and adults (often referred to GRN substance abuse or anger management services) who are mutually served and to provide current information on services; leadership meets several times a year to improve the system of care.
<b>United States Social Security Office</b>		Consumers with severe and persistent mental illnesses that significantly impair functioning need disability benefits in

		order to: A. have income in acute phases of their illness; B. most often, to qualify for Medicaid – which opens up expanded access to medical care. For last decade, River Edge has had relationship with US Social Security Office in Macon to train case managers working at River Edge to complete social security disability applications as Social Security desires. In exchange, Social Security expedites social security disability applications coming from River Edge reducing time from application to determination from 11 months to 4.
<b>Public Health</b>	<b>In River Edge and GRN service counties</b>	Provides a way for both parties to better identify and make appropriate referrals to ensure the holistic care of consumers. Meetings and consultation several times a year to ensure continuity of care for persons who have behavioral and physical health care needs and staffing as needed for specific persons.
<b>Local Colleges and Universities</b>	<b>Central Georgia Technical College Georgia Gwinnett College Georgia Perimeter College</b>	Will have information about and access to GED preparation, basic math and literacy courses, vocational trainings, and other adult education classes of value to consumers.
<b>Local Non-profit entities</b>	<b>Macon Rescue Mission, Macon Coalition to End Homelessness, Gwinnett Coalition of Health and Human Services, National Alliance for Mentally Ill, Macon Outreach, Legal Aid, Loaves and Fishes, Salvation Army, Milledgeville Cares</b>	Provide emergency shelter to homeless clients and related system linkage. Organizations are invested in improving the quality of life for all residents and these coalitions can bring knowledge of services and resources that may be accessed by River Edge and GRN clients.
<b>Local and State Governments</b>	<b>Bibb, Monroe, Twiggs and Jones county governments</b>	River Edge occupies county buildings in Bibb, Monroe and Twiggs counties at reduced rate rents. Also, the county governments make cash contributions to offset uninsured service costs. Because they see it as an economic development activity, with nearly every new contracted dollar by DBHDD, additional county funds are contributed – leveraging investments.

### **Statement of Assurance**

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

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in Attachment 1 of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>2</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

  
Signature of Authorized Representative

6/13/11  
Date

## **Statement of Assurance**

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

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in Attachment 1 of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>2</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)



Signature of Authorized Representative  
David O. Crews  
Deputy Director – Administrative Operations

6/8/11  
Date

**MEMORANDUM OF UNDERSTANDING FOR THE  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
GRANTS TO EXPAND CARE COORDINATION THROUGH THE USE OF HEALTH  
INFORMATION TECHNOLOGY IN TARGETED AREAS OF NEED**

This is a Memorandum of Understanding ("MOU") between River Edge Behavioral Health Center (River Edge) and Gwinnett, Rockdale and Newton (GRN) Community Services Board (the "Parties").

**WITNESSETH**

WHEREAS the Substance Abuse and Mental Health Services Administration has made available Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need ("the Grant") to leverage technology that enhances and expands 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.

WHEREAS the Parties wish to collaborate for purposes of the following:

- Web-based and electronic applications that can be accessed from smart phone devices and are designed to enhance or support substance abuse treatment and services.
- Web-based applications that deliver real-time data on the individual's health condition to both persons in treatment and their providers.
- Web-based support groups and personal health records, including appropriate training for persons in treatment on the use of their personal health records.
- Consumer-oriented, wireless technology to monitor chronic health conditions while the person in treatment is at home.
- Telemedicine technologies that will allow physicians and licensed caregivers to provide services to patients in rural areas.

Whereas the Parties must provide services that address the needs of persons with substance abuse problems, including co-occurring substance abuse and mental illness, and persons with comorbid substance abuse and chronic health conditions.

NOW THEREFORE in consideration of the foregoing recitals and the respective covenants and agreements hereinafter set forth, the Parties hereby agree as follows:

**General Grant Information**

- A. The purpose of the Grant funded by the Substance Abuse and Mental Health Services Administration is to leverage technology that enhances and expands 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.

- B. River Edge shall be responsible for working with grant partners during planning to ensure that each evaluation measure associated with Grant can reasonably be attained by all partners.
- C. River Edge shall gather and coordinate all information needed for Grant reporting and for providing such reports for timely submission to the Substance Abuse and Mental Health Services Administration.
- D. River Edge shall be responsible for working directly with Grant partners to ensure that Grant implementation, hiring and supervision of Grant staff, and that Grant evaluation is a collaborative effort such that each partner's voice shall be heard throughout the process.
- E. All Parties agree to amend their administrative plans in accordance with program regulations, processes, and requirements developed through the planning phase of the Grant.
- F. All Parties agree to develop and implement a data tracking system to collect and report information concerning processes and outcome measures required by the Grant.
- G. All Parties agree to participate in the evaluation of the Grant by providing to the evaluator any necessary data for reporting and evaluation purposes.
- H. All Parties agree to work together to further the mission of the Grant. At the request of any Party, a meeting or conference will be held to resolve problems or develop improvements in the operation of the Grant program.

#### **General MOU Guidelines**

- A. All Parties agree to review this working relationship and affiliation at least annually and that the affiliation and terms thereof may be amended upon mutual written understanding of the Parties.
- B. All Parties to this MOU acknowledge that this relationship is intended solely for the benefit of the Parties hereto, and there is no intention, express or otherwise, to create any rights or interest for any party or person other than the named entities.
- C. No Party intends for this MOU to alter in any way the respective legal rights or legal obligations neither of the Parties, nor to the consumers of the services provided by the outlined Parties, nor to any third party. However, the understandings set forth herein may be incorporated into and made a part of any subsequent agreement executed between partner entities.
- D. This MOU shall be considered by the Substance Abuse and Mental Health Services Administration and the signatories hereto as a complete statement of the responsibilities of all Parties.
- E. A final draft of this MOU shall be effective upon receipt of the award.
- F. The expiration date of this MOU shall be one (1) year after receipt of the award, provided, however, that this MOU may be terminated prior to its expiration date by any Party, for any reason, upon five (5) days written notice to the other Parties.
- G. Any renewal of this MOU shall be contingent upon further funding and shall be reviewed and modified as needed by the Parties.

**Agreed To By:** *Shannon T. Harvey* *6/15/11*

**River Edge Behavioral Health Center**

*Shannon T. Harvey* *6/15/11*

Shannon T. Harvey Date

Chief Executive Officer

**Gwinnett, Rockdale and Newton**

**Community Services Board**

*F. Berry* *6/15/11*

Frank Berry Date

Chief Executive Officer



## Georgia Department of Behavioral Health & Developmental Disabilities

Frank E. Shelp, M.D., M.P.H., Commissioner

### Office of the Commissioner

Two Peachtree Street, NW, Suite 24-290, Atlanta, Georgia 30303-3142  
404-657-2252

June 6, 2011

Mr. Wilson Washington

Center for Substance Abuse Treatment, Division of State and Community Assistance  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 5-1060  
Rockville, MD 20857

RE: TI-11-002 Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need

Dear Mr. Washington:

As Commissioner of the Georgia Department of Behavioral Health and Developmental Disabilities, I write this letter of support for the collaborative proposal being submitted by River Edge Behavioral Health Center (REHBC) and Gwinnett Rockdale and Newton (GRN) Community Service Boards. This initiative will not only leverage technology to enhance and expand a joint capacity for substance abuse treatment, but will also promote improved access to care as well as better the outcomes for persons who are currently being underserved.

These organizations will accomplish improved access and outcomes through implementation and/or expansion of:

- Web-based and electronic applications that can be accessed from smart phone devices designed to enhance or support substance abuse treatment and services.
- Web-based applications that deliver real-time data on the individual's health condition to those in treatment and their providers.
- Web-based support groups and personal health records to include appropriate training for persons in treatment on the use of their personal health records.
- Consumer-oriented, wireless technology to monitor chronic health conditions while the person in treatment is at home.
- Telemedicine technologies that will allow physicians and licensed caregivers to provide services to consumers in rural areas.

So that scarce resources can be leveraged to benefit more individuals with behavioral health disorders, the Department has expressed the need for organizations across Georgia to partner. For that reason, I commend the efforts of these two organizations coming together for such a worthy cause.

It is also noteworthy to mention that these two organizations are consistently regarded by our Department as being among Georgia's top leaders in delivery and innovation. As I have full confidence in their ability to deliver committed outcomes, you can count on the Department's support of this endeavor.

Sincerely,

Frank E. Shelp, M.D., M.P.H.

# GRN Community Service Board

Providing Care and Treatment to Individuals with  
Mental Illness, Developmental Disabilities, and Addictive Diseases  
Frank W. Berry, Executive Director

Date: June 8, 2011

Wilson Washington  
Center for Substance Abuse Treatment, Division of State and Community Assistance  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road Room 5-1060  
Rockville, Maryland 20857

**RE: TI-11-002 Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need**

Dear Mr. Washington:

As the financial representative for GRN Community Service Board, I attest that the applicant has leverage funds of \$527,290 per year, \$1,581,870 total over the 3 years of the grant project. I also attest that these funds will not come from federal sources.

Please do not hesitate to contact me at [dcrews@grnhsb.com](mailto:dcrews@grnhsb.com) or 770-339-5269 if you have any further questions.

Sincerely,

  
David O. Crews  
Deputy Director, Administrative Operations

# FIRST CHOICE PRIMARY CARE

Middle Georgia's Community Health Center  
[www.firstchoiceprimarycare.org](http://www.firstchoiceprimarycare.org)

June 15, 2011

Wilson Washington

Center for Substance Abuse Treatment, Division of State and Community Assistance  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road Room 5-1060  
Rockville, Maryland 20857

RE: TI-11-002 Grants to Expand Care Coordination through the Use of Health  
Information Technology in Targeted Areas of Need

Dear Mr. Washington,

As the Chief Executive Officer of First Choice Primary Care, a Federally Qualified Health Center, I am writing this letter of commitment to participate in the collaborative proposal being submitted by River Edge Behavioral Health Center and GRN Community Services Board to leverage technology to enhance and expand their capacity of substance abuse treatment to better serve underserved persons because of lack of access.

We have a long-standing and growing partnership with River Edge Behavioral Health Center:

1. February 2009, we agreed that our served populations were similar, that our efforts could be synergistic.
2. Calendar Year 2010, we participated in a year long, national learning collaborative through Mental Health Corporation of America (co-sponsored by the National Council for Behavioral Healthcare) regarding integrating primary and behavioral care.
3. During 2010, we executed a formal, legal partnership agreement outlining roles and responsibilities of each partner.
4. During 2010, a River Edge LCSW went through the First Choice credentialing process in order to be able to deliver services at our site.
5. During 2010, we submitted a joint application to the Healthcare Georgia Foundation for the LCSW to provide youth services at our site. It was one of three proposals funded state-wide. The two year project began on June 1, 2011.
6. During 2011, we have been participating in a state-specific learning collaborative sponsored by the Carter Center and the Georgia Association of Community Association of Community Services Boards regarding primary care integration. We have elected this

**after understanding that so much of the financing mechanism for integrated care is state-specific.**

We are excited about this opportunity to continue to enhance our partnership and expand our reach to our shared clients to better serve them through the interface of our electronic health systems. Interoperability will allow us to improve how we coordinate our services to increase service access, improve process and service delivery, remove barriers to care, provide needed education, increase awareness and improve self-management skills. Thank you for your consideration of this request for support.

Warm Regards,



**Katherine K. McLeod, MSPH**  
**Chief Executive Officer**



Georgia's Public Liberal Arts University

## Center for Program Evaluation and Development

Campus Box 116  
Milledgeville, Georgia 31061-0490  
Phone (478) 607-2730  
Fax (478) 445-6582

June 14, 2011

Mr. Wilson Washington  
Center for Substance Abuse Treatment,  
Division of State and Community Assistance Substance Abuse and Mental Health  
Services Administration  
1 Choke Cherry Road  
Room 5-1060  
Rockville, Maryland 20857

RE: SAMHSA RFA TI-11-002 Grants to Expand Care Coordination through the Use of  
Health Information Technology in Targeted Areas of Need

Dear Mr. Washington,

I am pleased to serve as external evaluator for the Collaborative proposal being submitted by River Edge Behavioral Health Center and GRN Community Services Board to leverage technology to enhance and expand their capacity of substance abuse treatment to better serve underserved persons because of lack of access.

I have been impressed by the participation of stakeholders in the proposal development process and feel that the proposal reflects the needs of our region. I am also excited about the project from an evaluator's perspective. Studying the effectiveness the development and use of systems and training related to web-based and electronic applications to support substance abuse treatment and services, and to provide real-time health data to persons in treatment and their health providers is a critical evaluation area.

My work at the Center for Program Evaluation and Development has included evaluation of projects funded by the National Science Foundation, US Department of Education, US Department of Health and Human Services, Knight Foundation, Robert Wood Johnson Foundation, and Lions Clubs International as well as numerous programs funded by state and local agencies. Achieving sustainable change through developing partnerships has been a theme of many of these programs and I feel these experiences will benefit this initiative.

Our evaluation will ensure fulfillment of all requirements for any cross-site evaluation and for reporting on NOMS, and will provide information on implementation and outcomes needed for continuous quality improvement. We will also include evaluation of outcomes for co-morbid health conditions such as diabetes and cardio-vascular disease.

**Georgia College & State University Center for Program Evaluation and Development**

300 North First Street  
Milledgeville, GA 31061  
(477) 542-5871, ext. 1  
(800) 448-3871, ext. 1



I look forward to working on this initiative and believe the proposed project can transform how individuals with mental and substance abuse disorders interact with our justice system.

Sincerely,

**Charles Martin, Ph.D.**  
Director, Center for Program Evaluation and Development  
Georgia College & State University  
478-607-2730

The proposed initiative will establish a pilot program to provide services to individuals with mental health and/or substance abuse disorders who have been involved in the criminal justice system. The program will provide treatment and support services to help individuals transition from the criminal justice system back into the community. The goal of the program is to reduce recidivism and improve the overall quality of life for participants.

The proposed initiative will involve the following components:

- Assessment and screening: Participants will undergo a comprehensive assessment to determine their needs and identify appropriate treatment options.
- Treatment: Participants will receive individualized treatment plans designed to address their specific mental health and substance abuse issues.
- Support services: Participants will receive ongoing support services, including case management, job training, and housing assistance.
- Community integration: Participants will receive guidance and support to help them re-integrate into their communities and rebuild their lives.

The proposed initiative will be evaluated using a mixed-methods approach, including pre- and post-program assessments, participant feedback, and analysis of program outcomes. The evaluation will focus on the effectiveness of the program in reducing recidivism and improving the quality of life for participants.



## Administrative Office of the Courts

### GWINNETT JUDICIAL CIRCUIT

Philip Boudewyns  
Court Administrator  
770-822-8564

Personal/Financial Services  
770-822-8568

Mediation/ADR Services  
770-822-8501

Indigent Defense  
770-822-8564

Court Services/Interpreters  
770-822-8574

Drug/DUI Court  
770-822-8558

Law Library  
770-822-8571

June 13, 2011

#### Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road  
Rockville, MD 20857

Dear Sir or Madam,

This letter is in support of the GRN Community Service Board and their efforts to provide effective addictive disease services in the community.

As Director for the Drug and DUI Courts in Gwinnett County, I see the impact that alcohol and drug use has on individuals as well as the community. Many individuals in the court system experience serious substance abuse issues which require effective and intensive intervention. My staff and I work closely with GRN as the treatment provider for the Drug and DUI Courts.

I fully support GRN's continued efforts in our community and believe strongly in their ability to provide effective treatment, thereby reducing recidivism and providing individuals with the skills they need to break the cycle of addiction and incarceration.

Sincerely,

*Priscilla Woolwine*

Priscilla Woolwine  
Director, Treatment Court Program  
Gwinnett Judicial Circuit

Justice Center  
75 Langley Drive  
Lawrenceville, GA 30045

EMAIL:  
[courtinfo@gwinnettcourt.com](mailto:courtinfo@gwinnettcourt.com)

Fax: 770-822-8566

River Edge BHC, Georgia  
I-Care Network

Equal Opportunity Employer

Accredited by the Commission on Accreditation for Corrections/American Correctional Association

73 of 100



## Administrative Office of the Courts

### GWINNETT JUDICIAL CIRCUIT

Philip Boudewyns  
Court Administrator  
770-822-8564

Personal/Financial Services  
770-822-8568

Mediation/ADR Services  
770-822-8501

Indigent Defense  
770-822-8564

Court Services/Interpreters  
770-822-8574

Drug/DUI Court  
770-822-8558

Law Library  
770-822-8571

June 13, 2011

Department of Behavioral Health and Developmental Disabilities  
Two Peachtree Street, N.W.  
24<sup>th</sup> Floor  
Atlanta, Georgia 30303

Dear Sir or Madam,

This letter is in support of the GRN Community Service Board and their efforts to provide effective addictive disease services and prevention services in the community.

As Director for the Drug and DUI Courts in Gwinnett County, I see the impact that alcohol and drug use has on individuals as well as the community. Many individuals in the court system experience serious substance abuse issues which require effective and intensive intervention. I would fully support any prevention services that might reduce the number of offenders coming into the courts and criminal justice system. My staff and I work closely with GRN as the treatment provider for the Drug and DUI Courts.

I fully support GRN's continued efforts in our community and believe strongly in their ability to provide effective treatment and prevention services, thereby reducing recidivism and providing individuals with the skills they need to break the cycle of addiction and incarceration.

Sincerely,

Priscilla Woolwine  
Director, Treatment Court Programs  
Gwinnett Judicial Circuit

Justice Center  
75 Langley Drive  
Lawrenceville, GA 30045

EMAIL:  
[courtinfo@gwinnettcounty.com](mailto:courtinfo@gwinnettcounty.com)

Fax: 770-822-8566

Equal Opportunity Employer  
Accredited by the Commission on Accreditation for Corrections/American Correctional Association

## **ATTACHMENT 2**

## **Attachment 2: Data Collection Tools**

---

1. ASAM PPC-2R
2. TIP 42
3. LOCUS, Level of Care Utilization of Services
4. MICP Multipurpose Information Consumer Profile

**Session Information**

<b>Client:</b>	CLIENT, TEST (36820)
<b>Staff:</b>	Brown, Carol (1599)
<b>Document Date:</b>	6/11/2009

**TIP 42 Mental Health Screening Part I**

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?
- Yes  
 No
2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?
- Yes  
 No
3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?
- Yes  
 No
4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?
- Yes  
 No
5. Have you ever heard voices no one else could hear or seen objects or things which others could not see?
- Yes  
 No
- 6a. Have you ever been depressed weeks at a time? Lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thoughts about killing yourself?
- Yes  
 No
- 6b. Did you ever attempt to kill yourself?
- Yes  
 No
7. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For Example: warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?
- Yes  
 No
8. Have you ever experienced any strong fears? For Example: of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?
- Yes  
 No
9. Have you ever given in to an aggressive urge or impulse, on more than one occasion that resulted in serious harm to others or led to the destruction of property?
- Yes  
 No
10. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence

RE - Emery Highway - TIP42 MH/SA Assessment

- your thoughts or behavior?
- Answer:**
- Yes  
 No
11. Have you ever experienced any emotional problems associated with your sexual interest, your sexual activities, or your choice of sexual partner?
- Answer:**
- Yes  
 No
12. Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example: by repeatedly dieting or fasting; engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?
- Answer:**
- Yes  
 No
13. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?
- Answer:**
- Yes  
 No
14. Have you ever had spells or attacks when you suddenly felt anxious, frightened, and uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?
- Answer:**
- Yes  
 No
15. Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.
- Answer:**
- Yes  
 No
16. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?
- Answer:**
- Yes  
 No
17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?
- Answer:**
- Yes  
 No

TOTAL SCORE - YES = 1  
Point:

**Refer to TIP 42 Scoring Criteria for Possible Diagnostic Impression and Need for Further Evaluation**

SA Screening 1. In the past six months have you used alcohol or other drugs? (Such a beer, wine, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants?)

- Answer:**
- Yes  
 No

If Yes or otherwise indicated, continue screening and complete TIP 42 SA Screening Part II

### TIP 42 Part II SA Screening

The following questions should be answered in terms of the clients experiences in the past 6 months

2. Have you felt that you use too much alcohol or other drugs?

Answer:

- Yes  
 No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs?

Answer:

- Yes  
 No

4. Have you gone to anyone for help because of your drinking or drug use?

Answer:

- Yes  
 No

5. Indicate any of the following health problems.

Answer:

- Been injured after drinking or using       Felt sick or shaky or depressed when you stopped  
 Convulsions or delirium tremens DTs       Hepatitis or other liver problems  
 Felt coke bugs or a crawling feeling under the skin after you       Injured your head after drinking or using drugs  
stopped using drugs

- Needles used to shoot drugs  
 No, none of the above

6. Has drinking or other drug use caused problems between you and your family or friends?

Answer:

- Yes  
 No

7. Has your drinking or other drug use caused problems at school or at work?

Answer:

- Yes  
 No

8. Have you been arrested or had other legal problems? Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.

Answer:

- Yes  
 No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?

Answer:

- Yes  
 No

10. Do you need to drink or use drugs more and more to get the effect you want?

Answer:

- Yes  
 No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?

Answer:

- Yes  
 No

12. When drinking or using drugs, are you more likely to do something you would not normally do, such as break rules, break the law, sell something that is

RE - Emery Highway - TIP42 MH/SA Assessment

important to you, or have unprotected sex with someone?

**Answer:**  
 Yes  
 No

13. Do you feel bad or guilty about your drinking or drug use?

**Answer:**  
 Yes  
 No

**The following questions ARE NOT limited to the past 6 months**

14. Have you ever had a drinking or other drug problem?

**Answer:**  
 Yes  
 No

15. Have any of your family members ever had a drinking or drug problem?

**Answer/ not scored:**  
 Yes  
 No

16. Do you feel that you have a drinking or drug problem now?

**Answer:**  
 Yes  
 No

**Total Score/1 Yes per question equals 1 point:**

**Degree of Risk for Substance Abuse:**  0 to 1 Low Risk     2 to 3 Minimal Risk     4 or more moderate to high risk

**Signatures**

**Electronic Signature:**  
Next Staff to Sign:

**Signature History**

Action	Date	Staff
No records found		

**Session Information**

<b>Client:</b>	CLIENT, TEST (36820)
<b>Staff:</b>	Brown, Carol (1599)
<b>Document Date:</b>	6/2/2009

**Basic - Part 1**

<b>Provider Tag ID:</b>	281308
<b>Signed Date:</b>	(Not Signed)
<b>Batch:</b>	(Not Batched)
<b>Is this a Correction:</b>	N
<b>Prior MICP ID:</b>	
<b>Start Date:</b>	
<b>MICP ID:</b>	
<b>Medicaid ID:</b>	<input type="checkbox"/> Retro Medicaid
<b>Medicare ID:</b>	
<b>First Name:</b>	TEST
<b>Middle Initial:</b>	
<b>Last Name:</b>	CLIENT
<b>Suffix:</b>	
<b>Birth Date:</b>	
<b>Social Security Number:</b>	000000000
<b>Lawful Presence:</b>	
<b>Gender:</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>Address</b>	
<b>Country:</b>	United States of America (USA)
<b>Street 1:</b>	
<b>Street 2:</b>	
<b>APT/Suite:</b>	
<b>City:</b>	
<b>State/Province:</b>	
<b>Postal Code:</b>	

CLIENT, TEST (36820)

1 of 14

6/11/2009 4:16 PM

Do City/State lookup using Postal Code code

County:  
Directions:

## Form 4 - Client

Revised 10/2008

Georgia Department of Behavioral Health and Developmental Disabilities

100 Peachtree Street, NE, Atlanta, GA 30367

(404) 656-2200 | TTY: (404) 656-2201

www.dbd.dehd.ga.gov

DDBD.DEH.D.GOV

## Basic - Part 2

MHDDAD CID: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_  
 Agency: River Edge Behavioral Health  
 Primary County of Service Delivery: \_\_\_\_\_  
 Payer/Funding Source:  Medicaid       DFCS  
 Medicare       State Contracted Svcs  
 Peachcare       Medicaid Waiver  
 Champus       Self Pay  
 DJJ       Private Insurance  
 If Private Insurance, Please Specify \_\_\_\_\_  
 Contract Type: Primary Contract

## Basic - Part 3

Marital Status: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Hispanic/Latino Origin:  Yes       No  
 Number in Your Family: 1  
 Adjusted Monthly Income: Gross income, rounded to the nearest 100. Enter whole dollar amount only, no cents.  
 English Proficiency: \_\_\_\_\_  
 Communication: Check all that apply.  
 Self       Law Enforcement  
 Family       Clergy  
 Physician       Criminal Court  
 School       Juvenile Justice  
 DFCS       Access/Crisis Line  
 State Hospital       Other  
 General Hospital  
 Referral Source: Check all that apply.  
 Vision Impairment       SSI/Disabled  
 Hearing Impairment       IV Drug User  
 Pregnant       HIV+  
 Veteran       None  
 Special Population: Check all that apply.  
 Vision Impairment       SSI/Disabled  
 Hearing Impairment       IV Drug User  
 Pregnant       HIV+  
 Veteran       None

**Living and Education**

**Living Situation:**  
**Primary Caregiver:**  
**Social Support:**  
**Social Support Specify:**

**At Risk of Homelessness?**  
 Yes  
 No

**Years of Education:**  
**Child and Adolescent - School Settings:**  
**# of Days Absent:**

**Employment**

**Employment Type:**  
**Start Date:**  
**Hours worked per week:**  
**Hourly Wage:**  
**Monthly Wage:**  
**Type of Non-Competitive Employment:**  
**Unemployed But Available for Work?**  
**Reason for Unavailability:**  
**Date of Last Employment:**

Yes  
 No

**Volunteer**  
**Volunteer Hours:** Time during a typical week spent doing volunteer work in a community setting.

**Substance Abuse**

**Type of Substance(s) Used:**  
**Prior Treatment Episodes:** How many episodes received in any drug or alcohol programs?

**Primary Substance**

**Primary Substance:**  
**Primary Route:**  
**Primary Frequency:**  
**Primary Age at First Use:**

**Secondary Substance**

**Secondary Substance:**  
**Secondary Route:**  
**Secondary Frequency:**  
**Secondary Age at First Use:**

Use:

Tertiary Substance:  
 Tertiary Route:  
 Tertiary Frequency:  
 Tertiary Age at First Use:

**Tertiary Substance**

Social Support: In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith based organization?  
 Social Support Specify: If participated, specify the number of times in the past 30 days.

**Social Support****Legal**

Legal Status:	Check one <input type="radio"/> Voluntary <input type="radio"/> Involuntary
Legal Custody:	Check all that apply <input type="checkbox"/> DFCS Custody <input type="checkbox"/> Other Court-Appointed Guardian
Legal Involvement:	Check all that apply <input type="checkbox"/> DFCS <input type="checkbox"/> Treatment Court (MH/AD) <input type="checkbox"/> Jail/Law Enforcement <input type="checkbox"/> Adult Probation <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Probate Court <input type="checkbox"/> Adult Criminal Court <input type="checkbox"/> Parole
Agency Requiring Services:	Check all that apply <input type="checkbox"/> DFCS <input type="checkbox"/> Treatment Court (MH/AD) <input type="checkbox"/> Jail/Law Enforcement <input type="checkbox"/> Adult Probation <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Probate Court <input type="checkbox"/> Adult Criminal Court <input type="checkbox"/> Parole
Justice System Involvement:	Has consumer been involved with criminal/juvenile justice system in part year? Includes arrest, probation, parole, or awaiting sentencing. <input type="radio"/> Yes <input type="radio"/> No
Arrests:	Number of arrest, regardless of naure of offense or outcome, in the past 30 days 0

**Medications & Diagnosis Categories**

Medication #1:  
 Medication #2:  
 Medication #3:  
 Medication #4:  
 Primary Diagnostic Category:  
 Secondary Diagnostic Category:

**MH/AD Criteria****Adult Intervention**

Adult A. Individual's level of functioning is significantly affected by the presenting mental

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**health and/or addictive disease issue?**

Yes

No

**AND:  
Adult B.**

one or more of the following

Individual displays behaviors that are significantly disruptive to the community, to the individual's family/support system, or to the individual's ability to maintain his or her current employment/shooling, housing, or personal health, safety?

Yes

No

**AND/OR**

**Adult C.** Individual displays behaviors that demonstrate a potential risk to self or others?

Yes

No

**Disposition**

**Previous Services:**

Previously received MH/AD Brief/Stabilization Services from your agency within the past 12 months?

Yes

No

**Last Billable Service:**

**Disposition:**

- Referred for crisis intervention
- Referred for brief intervention and stabilization services
- Referred for ongoing support and recovery services
- Referred for inpatient services
- Referred other
- Not referred

If Referred other, please specify

**Agency Referred To:**  
**Appointment Date/Time:**

**Assessment**

**Presenting Circumstances:**

**Axis I**

**Primary:**  
**Secondary:**

**Axis II**

**Primary:**  
**Secondary:**

**Axis III**

**Primary:**  
**Secondary:**

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	Number of Episodes (within last 18 months)	Date of Last Admission/Presentation (at any time)
Inpatient Hospitalizations		
CSP Admissions		
ER/Crisis Team Involvements		
SA Detoxification Attempts		

**Locus**

Send to APS:  Yes  
 No

Section	Level	Sub-Level
Risk of Harm	<input type="radio"/> 1-Minimum Risk	<input type="checkbox"/> a-No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress. <input type="checkbox"/> b-Clear ability to care for self now and in the past.
	<input type="radio"/> 2-Low Risk	<input type="checkbox"/> a-No current suicidal or homicidal ideation, plan, intentions, or severe distress, but may have had transient or passive thoughts recently or in the past. <input type="checkbox"/> b-Substance use without significant episodes of potentially harmful behavior. <input type="checkbox"/> c-Periods in the past of self-neglect without current evidence of such behavior.
	<input type="radio"/> 3-Moderate Risk	<input type="checkbox"/> a-Significant current suicidal or homicidal ideation without intent or conscious plan and without past history. <input type="checkbox"/> b-No active suicidal/homicidal ideation, but extreme distress and/or a history of suicidal/homicidal behavior exists. <input type="checkbox"/> c-History of chronic impulsive suicidal/homicidal behavior or threats and current expressions does not represent significant change from baseline. <input type="checkbox"/> d-Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior. <input type="checkbox"/> e-Some evidence of self neglect and/or compromise in ability to care for oneself in current environment.
	<input type="radio"/> 4-Serious Risk	<input type="checkbox"/> a-Current suicidal/homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety. <input type="checkbox"/> b-History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from baseline. <input type="checkbox"/> c-Recent pattern of excessive substance use resulting in disinhibition and clearly harmful behaviors with no demonstrated ability to abstain from use. <input type="checkbox"/> d-Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.
	<input type="radio"/> 5-Extreme Risk	<input type="checkbox"/> a-Current suicidal/homicidal behavior or such intentions with a plan and available means to carry out this behavior: without expressed ambivalence or significant barriers to doing so, or with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or in presence of command hallucinations or delusions which threaten to override usual impulse control. <input type="checkbox"/> b-Repeated episodes of violence toward self or others, or other behaviours resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.. <input type="checkbox"/> c-Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury related to these deficits.

Section	Level	Sub-Level
Functional Status	<input type="radio"/> 1-Minimum Impairment	<input type="checkbox"/> a-No more than transient impairment in functioning following exposure to an identifiable stressor.
	<input type="radio"/> 2-Mild Impairment	<input type="checkbox"/> a-Experiencing some deterioration in interpersonal interactions, with increased incidence of arguments, hostility or conflict, but is able to maintain some meaningful and satisfying relationships.

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- b-Recent experience of some minor disruptions in aspects of self care or usual activities.
- c-Developing minor but consistent difficulties in social role functioning and meeting obligations such as difficulty fulfilling parental responsibilities or performing at expected level in work/school, but maintaining ability to continue in roles.
- d-Demonstrating significant improvement in function following a period deterioration.

<input type="radio"/> 3-Moderate Impairment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Becoming conflicted, withdrawn, alienated or otherwise troubled in most significant relationships, but maintains control of any impulsive or abusive behaviors.</li> <li><input type="checkbox"/> b-Appearance and hygiene may fall below usual standards on a frequent basis.</li> <li><input type="checkbox"/> c-Significant disturbances in vegetative activities such as sleep, eating habits, activity level, or sexual appetite which do not pose a serious threat to health.</li> <li><input type="checkbox"/> d-Significant deterioration in ability to fulfill responsibilities and obligations to job, school, self, or significant others and these may be avoided or neglected on some occasions.</li> <li><input type="checkbox"/> e-Chronic and/or variably severe deficits in interpersonal relationships, ability to engage in socially constructive activities, and ability to maintain responsibilities.</li> <li><input type="checkbox"/> f-Recent gains and/or stabilization in function have been achieved while participating in treatment in a structured and/or protected setting.</li> </ul>
<input type="radio"/> 4-Serious Impairment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, or abusive behaviors</li> <li><input type="checkbox"/> b-Significant withdrawal and avoidance of almost all social interaction.</li> <li><input type="checkbox"/> c-Consistent failure to maintain personal hygiene, appearance, and self care near usual standards.</li> <li><input type="checkbox"/> d-Serious disturbances in vegetative status such as weight change, disrupted sleep, or fatigue that threaten physical well being.</li> <li><input type="checkbox"/> e-Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.</li> </ul>
<input type="radio"/> 5-Extreme Impairment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Extreme deterioration in social interactions which may include chaotic communication, threatening behaviors with little or no provocation, or minimal control of impulsive or abusive behavior.</li> <li><input type="checkbox"/> b-Development of complete withdrawal from all social interactions.</li> <li><input type="checkbox"/> c-Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairment in physical status.</li> <li><input type="checkbox"/> d-Extreme disruptions in vegetative function causing serious harm to health and well being.</li> <li><input type="checkbox"/> e-Complete inability to maintain any aspect of personal responsibility as a citizen, or in occupational, educational, or parental roles.</li> </ul>

Section	Level	Sub-Level
Medical, Addictive and Psychiatric Co-Morbidity	<input type="radio"/> 1-No Co-Morbidity	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-No evidence of medical illness, substance use disorders, or psychiatric disturbances apart from the presenting disorder.</li> <li><input type="checkbox"/> b-Any illnesses that may have occurred in the past are now stable and pose no threat to the stability of the current condition.</li> </ul>
	<input type="radio"/> 2-Mild Co-Morbidity	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder.</li> <li><input type="checkbox"/> b-Occasional episodes of substance misuse, but any recent episodes are self limited, show no pattern of escalation, and there is no indication that they adversely affect the course of any co-existing psychiatric disorder.</li> <li><input type="checkbox"/> c-May occasionally experience psychiatric symptoms which are related to stress, medical illness, or substance use, but which are transient and have no discernable impact on the co-existing substance use disorder.</li> </ul>

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- 3-Moderate Co-Morbidity
  - a-Medical conditions exists, or have potential to develop (such as diabetes or a mild physiologic withdrawal syndrome), which may require significant medical monitoring.
  - b-Medical conditions exist which may be adversely affected by the existence of the presenting disorder.
  - c-Medical conditions exist which may adversely affect the course of the presenting disorder.
  - d-Ongoing or episodic substance use occurring despite adverse consequences with significant or potentially significant negative impact on the course of any co-existing psychiatric disorder.
  - e-Recent substance use which has had clearly detrimental effects on the presenting disorder but which has been temporarily arrested through use of a highly structured or protected setting or through other external means.
  - f-Significant psychiatric symptoms and signs are present which are themselves somewhat debilitating and which interact with and have an adverse effect on the course and severity of any co-existing substance use disorder.

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- 4-Serious Co-Morbidity
  - a-Medical conditions exists, or have a very high likelihood of developing (such as a moderate, but uncomplicated, alcohol, sedative, or opiate withdrawal syndrome, mild pneumonia, or uncontrolled hypertension), which may require intensive, although not constant, medical monitoring.
  - b-Medical conditions exists which are clearly exacerbated by the existence of the presenting disorder.
  - c-Medical conditions exists which are clearly detrimental to the course and outcome of the presenting disorder.
  - d-Uncontrolled substance use occurs at a level, which poses a serious threat to health if unabated, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.
  - e-Psychiatric symptoms exist which are clearly debilitating and which interact with and seriously impair ability to recover from any co-existing substance use disorder.

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- 5-Extreme Co-Morbidity
  - a-Significant medical conditions exist which may be poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
  - b-Presence and lack of control of presenting disorder places client in imminent danger from complications of existing medical problems.
  - c-Uncontrolled medical condition severely exacerbates the presenting disorder, dramatically prolonging the course of illness and seriously impeding the ability to recover from it.
  - d-Severe substance dependence with inability to control use under any circumstance with intense withdrawal symptoms and/or continuing use despite clear exacerbation of any co-existing psychiatric disorder and other aspects of well being.
  - e-Acute or severe psychiatric symptoms are present which seriously impair client's ability to function and prevent recovery from any co-existing substance use disorder, or seriously exacerbate it.

**Recovery Environment**

Section	Level	Sub-Level
Level of Stress	<input type="radio"/> 1-Low Stress Environment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Essentially no significant or enduring difficulties in interpersonal interactions and significant life circumstances are stable.</li> <li><input type="checkbox"/> b-No recent transitions of consequence.</li> <li><input type="checkbox"/> c-No major losses of interpersonal relationships or material status have been experienced recently.</li> <li><input type="checkbox"/> d-Material needs are met without significant cause for concern that they may diminish in the near future, and no significant threats to health or safety are apparent.</li> <li><input type="checkbox"/> e-Living environment poses no significant threats or risk.</li> <li><input type="checkbox"/> f-No pressure to perform beyond capacity in social role.</li> </ul>

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- 2-Mildly Stressful Environment
  - a-Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties.
  - b-A transition that requires adjustment such as change in household members or a new job or school.
  - c-Circumstances causing some distress such as a close friend leaving town, conflict in or near current habitation, or concern about maintaining material well being.
  - d-A recent onset of a transient but temporarily disabling or debilitating illness or injury.
  - e-Potential for exposure to alcohol and/or drug use exists.
  - f-Performance pressure (perceived or actual) in school or employment situations creating discomfort.
  
- 3-Moderate Stressful Environment
  - a-Significant discord or difficulties in family or other important relationships or alienation from social interaction.
  - b-Significant transition causing disruption in life circumstances such as job loss, legal difficulties or change of residence.
  - c-Recent important loss or deterioration of interpersonal or material circumstances.
  - d-Concern related to sustained decline in health status.
  - e-Danger in or near habitat.
  - f-Easy exposure and access to alcohol and drug use.
  - g-Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner.
  
- 4-Highly Stressful Environment
  - a-Serious disruption of family or social milieu which may be due to illness, death, divorce or separation of parent and child, severe conflict, torment and/or physical or sexual mistreatment.
  - b-Severe disruption in life circumstances such as imminent incarceration, lack of permanent residence, or immersion in and alien culture.
  - c-Inability to meet needs for physical and/or material well being.
  - d-Recent onset of severely disabling or life threatening illness.
  - e-Difficulty avoiding exposure to active users and other pressures to partake in alcohol or drug use.
  - f-Episodes of victimization or direct threats of violence near current home.
  - g-Overwhelming demands to meet immediate obligations are perceived.
  
- 5-Extreme Stressful Environment
  - a-An acutely traumatic level of stress or enduring and highly disturbing circumstances disrupting ability to cope with even minimal demands in social spheres such as: ongoing injurious and abusive behaviors from family member(s) or significant other, witnessing or being victim of extremely violent incidents perpetrated by human malice or natural disaster, persecution by a dominant social group, sudden or unexpected death of loved one.
  - b-Unavoidable exposure to drug use and active encouragement to participate in use.
  - c-Incarceration or lack of adequate shelter.
  - d-Severe pain and/or imminent threat of loss of life due to illness or injury.
  - e-Sustained inability to meet basic needs for physical and material well being.
  - f-Chaotic and constantly threatening environment.

Section	Level	Sub-Level
Level of Support	<input type="radio"/> 1-Highly Supportive Environment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Abundant sources of support with ample time and interest to provide for both material and emotional needs in all circumstances.</li> <li><input type="checkbox"/> b-Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resource. (Selection of this criterion pre-empts higher ratings)</li> </ul>
	<input type="radio"/> 2-Supportive Environment	<ul style="list-style-type: none"> <li><input type="checkbox"/> a-Supportive resources are not abundant, but are capable of willing to provide significant aid in times of need.</li> <li><input type="checkbox"/> b-Some elements of the support system are willing and able to participate in</li> </ul>

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treatment if requested to do so and have capacity to effect needed changes.

- c-Professional supports are available and effectively engaged (i.e. ICM).  
 (Selection of this criterion pre-empts higher ratings)

- |  |   |
|--|---|
| <input type="radio"/> 3-Limited Support in Environment | <input type="checkbox"/> a-A few supportive resources exist in current environment and may be capable of providing some help if needed.<br><input type="checkbox"/> b-Usual sources of support may be somewhat ambivalent, alienated, difficult to access, or have a limited amount of resources they are willing or able to offer when needed.<br><input type="checkbox"/> c-Persons who have potential to provide support have incomplete ability to participate in treatment and make necessary changes.<br><input type="checkbox"/> d-Resources may be only partially utilized even when available.<br><input type="checkbox"/> e-Limited constructive engagement with any professional sources of support which are available. |
| <input type="radio"/> 4-Minimal Support in Environment | <input type="checkbox"/> a-Very few actual or potential source of support are available.<br><input type="checkbox"/> b-Usual supportive resources display little motivation or willingness to offer assistance or they are dysfunctional or hostile toward client.<br><input type="checkbox"/> c-Existing supports are unable to provide sufficient resources to meet material or emotional needs.<br><input type="checkbox"/> d-Client may be alienated and unwilling to use supports available in a constructive manner.  |
| <input type="radio"/> 5-No Support in Environment      | <input type="checkbox"/> a-No sources for assistance are available in environment either emotionally or materially  |

Section	Level	Sub-Level
Treatment and Recovery History	<input type="radio"/> 1-Fully Responsive to Treatment and Recovery Management	<input type="checkbox"/> a-There has been no prior experience with treatment or recovery. <input type="checkbox"/> b-Prior experience indicates that efforts in all treatments that have been attempted have been helpful in controlling the presenting problem. <input type="checkbox"/> c-There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent treatment.
	<input type="radio"/> 2-Significant Response to Treatment and Recovery Management	<input type="checkbox"/> a-Previous or current experience in treatment has been successful in controlling most symptoms but intensive or repeated exposures may have been required. <input type="checkbox"/> b-Recovery has been managed for moderate periods of time with limited support or structure.
	<input type="radio"/> 3-Moderate or Equivocal Response to Treatment and Recovery Management	<input type="checkbox"/> a-Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms. <input type="checkbox"/> b-Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved. <input type="checkbox"/> c-Equivocal response to treatment and ability to maintain a significant recovery. <input type="checkbox"/> d-At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings.
	<input type="radio"/> 4-Poor Response to Treatment and Recovery Management	<input type="checkbox"/> a-Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure. <input type="checkbox"/> b-Attempts to maintain whatever gains that can be attained in intensive treatment have limited success, even for limited time periods or in structured settings.
	<input type="radio"/> 5-Negligible Response to Treatment	<input type="checkbox"/> a-Past or current response to treatment has been quite minimal, even with intensive medically managed exposure in highly structured settings for extended periods of time. <input type="checkbox"/> b-Symptoms are persistent and functional ability shows no significant improvement despite this treatment exposure.

Section	Level	Sub-Level
Engagement	<input type="radio"/> 1-Optimal Engagement	<input type="checkbox"/> a-Complete understanding and acceptance of illness and its affect on function.

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- b-Shows strong desire to change.
  - c-Is enthusiastic about treatment, is trusting, and shows strong ability to utilize available resource.
  - d-Understands recovery process and personal role in a successful recovery plan.
- 
- 2-Positive Engagement
    - a-Significant understanding and acceptance of illness and attempts to understand its affect on function.
    - b-Willingness to change.
    - c-Engages in treatment in a positive manner, capable of developing trusting relationships, and will use available resources independently when necessary.
    - d-Shows some recognition of personal role in recovery and accepts some responsibility for it.
- 
- 3-Limited Engagement
    - a-Some variability or equivocation in acceptance or understanding of illness and disability.
    - b-Has limited desire or commitment to change.
    - c-Relates to treatment with some difficulty and establishes few, if any, trusting relationships.
    - d-Does not use available resources independently or only in cases of extreme need.
    - e-Has limited ability to accept responsibility for recovery.
- 
- 4-Minimal Engagement
    - a-Rarely, if ever, able to accept reality of illness or any disability which accompanies it.
    - b-Has no desire to adjust behavior.
    - c-Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.
    - d-Avoids contact with and use of treatment resources if left to own devices.
    - e-Does not accept any responsibility for recovery.
- 
- 5-Unengaged
    - a-No awareness or understanding of illness and disability.
    - b-Unability to understand recovery concept or contributions of personal behavior to disease process.
    - c-Unable to actively engage in treatment and has no current capacity to relate to another or develop trust.
    - d-Extremely avoidant, frightened, or guarded.
- 

**Level Total:**  
**Composite Score:**  
**Recommended Level of Care:**

**Service Detail**

**Prior Authorization  
MICP#:**

**MICP Update Type:**

**Services:**

- Add single service group (add objective/intervention)
- Extend units for single service group

Packages (You may select only one of the following packages.)

- P0002 - Medication Maintenance
- P0003 - Crisis Stabilization
- P0004 - Intensive Outpatient (C&A)
- P0005 - Intensive Outpatient (Adult)

Groups (You may select one or more of the following Individual Services.)

- 10101 - Behavioral Health Asmt. & Service Plan Development (H0031 - Diagnostic Assessment , H0032 - Service Plan Developme)
- 10102 - Psychological Testing (96101AH - Psy testing w/interp, 96102 - Psychological Testing)

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- 10103 - Diagnostic Assessment (90801HAU3 - MD Evaluation, 90801U3 - MD Evaluation, 90801HA - MD Evaluation, 90801 - MD Evaluation, 90802HAU3 - Psychiatric Intera, 90802U3 - Psychiatric Interact, 90802HA - Psychiatric Interact, 90802 - Psychiatric Interactiv)
- 10110 - Crisis Intervention (H2011U1 - Clinic- based Crisis, H2011U2 - Clinic-based Crisis)
- 10120 - Psychiatric Treatment (90805U3 - Individual + Med Eva, 90805HA - Individual + Med Eva, 90805HAU3 - Individual + Med E, 90805 - Individual + Med Eval , 90807U3 - Individual + Med Eva, 90807HA - Individual + Med Eva, 90807HAU3 - Individual + Med E, 90807 - Individual + Med Eval, 90862GTHAU3 - Medication Manag, 90862GTU3 - Medication Managem, 90862GTHA - Medication Managem, 90862GT - Medication Managemen, 90862HAU3 - Medication Managem, 90862U3 - Medication Managemen, 90862HA - Medication M)
- 10130 - Nursing Assessment & Care (96150 - Health and Behavior As, 96151 - Health and Behavior As, T1001 - Nursing Assessment Eva, T1002 - RN Services, T1003 - LPN/LVN Services)
- 10140 - Medication Administration (96372 - 2009 Injection Code, H2010 - Medication Administrat)
- 10150 - Community Support Individual (H2015 - Community Support Indi, H2015UK - Community Support In)
- 10160 - Individual Outpatient Services (90804 - Individual Psychothera, 90806 - Individual Psychothera, 90808 - Individual Psychothera, 90810 - Individual Psychothera, 90812 - Individual Psychothera, 90814 - Individual Therapy)
- 10170 - Group Outpatient Services (90853 - Group Psychotherapy, n, H0004HQ - Behavioral Health Co, H0004HQHS - Behavioral Health , H0004HQHR - Behavioral Health , H2014HQHR - Group Skills Trai, H2014HQ - Group Skills Traini, H2014HQHS - Group Skills Trai)
- 10180 - Family Outpatient Services (90846 - Family Therapy without, 90847 - Family Therapy with CI, H0004HS - Behavioral Health Co, H0004HR - Behavioral Health Co, H2014HS - Group Skills Traini, H2014HR - Group Skills Traini)
- 20101 - Crisis Stabilization Program (H0018HATBU2 - Crisis Stabiliza, H0018U2 - Crisis Stabilization, H0018TBU2 - Crisis Stabilizati, H0018HAU2 - Crisis Stabilizati)
- 20102 - Community Based Inpatient Psychiatric & SA Detox (H2013 - Inpatient Community)
- 20201 - Respite (H0045 - Respite Care Services , S5151 - Respite Overnight)
- 20202 - Consumer / Family Assistance (H0046 - Community Family Assis)
- 20203 - Behavioral Assistance (H2019IS - Behavioral Assistanc, H2019HQ - Behavioral Assistanc)
- 20301 - Peer Supports (H0038 - Peer Support)
- 20401 - Supported Employment (H2024 - Job Dev, Place, Train)
- 20501 - Independent Residential Services (H0043R1 - Stuctured Residentia, H0043HFR1 - Stuctured Resident)
- 20502 - Semi-Independent Residential Services (H0043R2 - Stuctured Residentia, H0043HFR2 - Stuctured Resident)
- 20503 - Intensive Residential Services (H0043R3 - Stuctured Residentia, H0043HFR3 - Stuctured Resident)
- 20504 - Housing Supplements (ROOM1 - Housing Supplements)
- 20507 - Outdoor Therapeutic Program (T2036 - Therapeutic Camping Ov)
- 20510 - Structured Residential (C&A) (H0043HA - Stuctured Residentia)
- 20601 - Assertive Community Treatment (H0039 - Assertive Community Tr)
- 20602 - Intensive Family Intervention (H2021 - Intensive Family Inter)
- 20604 - Intensive Day Treatment - Partial Hospitalization (H0035 - Partial

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<b>Ordering Staff:</b>	Hospitalizatio)
<b>Explanation of Exceptions:</b>	<input type="checkbox"/> 20901 - Psychosocial Rehabilitation (H2012 - Psychosocial Rehabitii) <input type="checkbox"/> 20902 - Structured Activity Supports (SAS01 - Stuctured Activity Sup) <input type="checkbox"/> 20907 - Substance Abuse Day Treatment (H2012HBHF - Psychosocial Rehab) <input type="checkbox"/> 21001 - Opioid Maintenance Therapy (H0020 - Methadone Dose) <input type="checkbox"/> 21101 - Residential Detoxification (H0012 - Residential Detox) <input type="checkbox"/> 21102 - Ambulatory Detoxification (H0014 - Ambulatory Detox) <input type="checkbox"/> 21201 - TAPP Case Management (T1016HK - Tapp Case Management, T1016HKUK - Tapp Case Manageme) <input type="checkbox"/> 21202 - Community Transition (T2038 - Community Transitional) <input type="checkbox"/> 21203 - Legal Skills / Competency Training (S9445H9 - Legal & Competency S, S9446H9 - Legal Skills & Compe)
<b>Set Projected Date of Transition/Discharge (in Days):</b>	Start Date of the MICP is not set on Basic - Part 1
<b>Projected Date of Transition/Discharge:</b>	
<b>Anticipated Step Down Service:</b>	
<b>Plan for Transition/ Discharge:</b>	
<b>Recovery Area:</b>	<input type="radio"/> Living <input type="radio"/> Learning <input type="radio"/> Social <input type="radio"/> Work <input type="radio"/> Psychiatric
<b>Consumer Hopes:</b>	
<b>Progress:</b>	
<b>Safety Plan:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Family or Representative Declined
<b>Advanced Directive:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Consumer Declined
<b>Care Coordination:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Consumer Declined/Family or Representative Declined

**Electronic Signatures****Validation Issues:****Electronic Signature:****MICP Status History**

Staff	Modification Date	Status	Comments
No records found			

**ATTACHMENT 3**

DOI

**Specimen A**say OK 

I would like to inform you that I am a patient of Dr. [REDACTED] and I have been under his care for approximately 10 years. He has always provided excellent medical services and I have never had any complaints about his care. I am currently undergoing treatment for [REDACTED] and am following his instructions closely. I would like to request that my medical records be held in confidence and not shared with anyone outside of my healthcare team. I appreciate your understanding and cooperation.

**Specimen A**say OK 

I would like to inform you that I am a patient of Dr. [REDACTED] and I have been under his care for approximately 10 years. He has always provided excellent medical services and I have never had any complaints about his care. I am currently undergoing treatment for [REDACTED] and am following his instructions closely. I would like to request that my medical records be held in confidence and not shared with anyone outside of my healthcare team. I appreciate your understanding and cooperation.

**Specimen A**say OK 

I would like to inform you that I am a patient of Dr. [REDACTED] and I have been under his care for approximately 10 years. He has always provided excellent medical services and I have never had any complaints about his care. I am currently undergoing treatment for [REDACTED] and am following his instructions closely. I would like to request that my medical records be held in confidence and not shared with anyone outside of my healthcare team. I appreciate your understanding and cooperation.

## River Edge Behavioral Health Center

### Notice of Privacy Practices - Consent to Use/ Disclose Health Information

#### Admission Authorizations & Acknowledgments

##### Consent to Treatment

Client Name \_\_\_\_\_ CID \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

#### **Section A. Receipt of Notice of Privacy Practices**

Yes       No      If no, please indicate the reason \_\_\_\_\_

I have been provided with a copy of River Edge's Notice of Privacy Practices and hereby acknowledge receipt of the Notice. I understand that River Edge may need to use and disclose information about me for the purposes of treatment, payment and healthcare operations, and I hereby authorize River Edge to use and disclose my protected health information (PHI) for these purposes in accordance with their Notice of Privacy Practices.

#### **Section B. Admission Authorizations**

Yes       No      **Admission Authorization** - I authorize River Edge to conduct a diagnostic evaluation to determine the type and amount of services beneficial to me.

Yes       No      **Emergency Care, Consent and Contact** - In the case of a medical emergency while a client is participating in a program, the staff will provide first aid. In the event that the emergency room, hospitalization, or other appropriate medical or dental care is needed, appropriate transportation to the appropriate facility will be arranged. If the parent/guardian/custodian (or designated emergency contact person) cannot be reached, the staff member may authorize the physician/dentist/facility to provide emergency treatment. I will not hold River Edge Behavioral Health Center responsible for any liability caused by their taking of any emergency procedures or contacts. I agree to the Emergency Care Process and will assume the full responsibility of all incurred expenses.

Yes       No      **Photograph Consent** - If applicable, I hereby authorize the staff of River Edge to make photographs of my image for the purpose of identification by River Edge staff. I understand my photograph will not be released to any entity unless the Privacy Officer and the Executive, Medical or Clinical Director of River Edge agree that releasing my photographic image could assist in the prevention of physical harm or danger to others and/or myself.

#### **Section C. Acknowledgements**

Yes       No      **Orientation to Services** - Orientation that is appropriate and understandable to my needs and the type of services provided has been given that includes: My rights and responsibilities, grievance and appeal procedures, ways in which input is given regarding the quality of care, achievement of outcomes, satisfaction with services, services and activities, expectations, hours of operation, access to after-hour services, code of ethics, confidentiality policy, requirements for follow-up for mandates, financial obligations, fees and payment arrangements, and familiarization with the premises including emergency exits and safety and first aid equipment. I have also been oriented to River Edge policies regarding use of seclusion or restraint, smoking, illicit or licit drugs brought into the program, and weapons brought into the programs. I have been informed of the identification of a person responsible for service coordination. I understand that I will be given a copy of specific program rules at intake into the program that identifies restriction events, behaviors or attitudes that may lead to the loss of right or privileges for the person served and how those rights may be reinstated. I have been provided information on assessment, treatment planning, and transitioning. If applicable, I have been provided information on expectations for court appearances, and therapeutic interventions.

Yes     No    **Permission for Off Site Activities** - During the course of treatment, you may on occasion, be off premises. During these times, the consumer/guardian/parent agrees to release River Edge Behavioral Health Center from all liability and responsibility including transportation liability if provided.

**Section D. Psychiatric Advance Directives** - Advance Directives are documents written in advance of illness, which state your choices about medical treatment. I understand that I am not required to have an advanced directive in order to receive psychiatric treatment at River Edge. I understand that River Edge will follow the terms of any advance directive that I execute to the extent possible under the Law.

Please initial one (1) of the following:

No, I do not have or wish to execute a Psychiatric Advance Directive.

No, I have not executed a Psychiatric Advance Directive, but would like to obtain additional information; and River Edge has provided me information.

Yes, I have executed a Psychiatric Advance Directive and provided a copy to River Edge.

Yes, I have executed an Advance Directive and will provide a copy to River Edge as soon as possible. I understand that the staff and physicians of River Edge will not be able to follow the terms of my Psychiatric Advance Directive until I provide a copy to the River Edge.

#### Section E. Consent to Treatment – Family/Significant Other/Agency Involvement

Service options have been discussed with me and the probable outcome with or without intervention was discussed with me. I have had the proposed program of treatment fully explained to me. I give my permission for River Edge to provide physician, nursing, counseling and other treatment services to me and significant others as indicated. I consent to the following **family** and/or **significant others** and/or **agencies'** involvement in my treatment, payment for services or River's Edge healthcare operations as outlined in River Edge's Notice of Privacy Practices.

##### Family/Significant Others: (Obtain Authorizations)

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

##### Agencies/Service Providers (Obtain Authorizations)

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**Client Must Initial Each Section and Provide Signature Below. Any comments or concerns should be noted and documented in the progress notes.**

       SECTION A: My signature below acknowledges receipt of River Edge's Notice of Privacy Practices. I have been given the opportunity to ask questions and I understand River Edge's Notice of Privacy Practices. I further understand that I can contact River Edge's Privacy Officer at (478) 751-4519 should I have questions or concerns.

       SECTION B & C: My signature below acknowledges explanation of and agreement to the admission authorizations and acknowledgments. I have been given the opportunity to ask questions and I understand the above information.

       SECTION D: My signature below acknowledges I have received information about Psychiatric Advance Directives. I have been given the opportunity to ask questions and I understand the above information.

       SECTION E: My signature below acknowledges consent to treatment at River Edge Behavioral Health Center and consent for the indicated family members/significant others and agencies involvement in my treatment plan of care.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Representative/Guardian/Relationship \_\_\_\_\_ Date \_\_\_\_\_

Witness/Title \_\_\_\_\_ Date \_\_\_\_\_

If client signs by "X", two witnesses are required. Witness \_\_\_\_\_ Date \_\_\_\_\_

**Refusal to Treatment:** I have had the proposed treatment recommendation(s) explained to me. I voluntarily choose not to accept this offer of treatment, and refuse to enter the program(s) indicated below. If already involved in a treatment program, I rescind/reject this treatment program.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ CID \_\_\_\_\_

# RIVER EDGE

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000



881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000  
www.riveredge.com

## ATTACHMENT 4

100% VISA

Corporate Vice President, MBA, CCAC-II Director

Office of Addiction Director

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000

777 Peachtree Street, N.W., Suite 1000, Atlanta, Georgia 30307 • 404.522.1000

Atlanta, GA 30307

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000

Corporate Vice President

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000

881 River Edge Drive • Atlanta, Georgia 30339 • 404.252.1000



Ray A. Bennett, Chairman CSB  
Shannon T. Harvey, LCSW  
Chief Executive Officer

175 Emery Highway  
Macon, Georgia 31217  
Phone (478) 751-4519  
Fax (478) 751-4530

June 13, 2011

ATTENTION  
Cassandra Price, MBA, GCADC-II Director  
Office of Addictive Diseases  
Georgia Department of Behavioral Health and Developmental Disabilities  
2 Peachtree Street, N.W., Suite 22-273  
Atlanta, GA 30303-3171

RE: SAMHSA RFA TI-11-002 Grants to Expand Care Coordination through the Use of  
Health Information Technology in Targeted Areas of Need

Dear Ms. Price:

This is to notify you that the River Edge Behavioral Health Center, in partnership with Gwinnett, Rockdale and Newton Community Services Board, has submitted a proposal to leverage technology that enhances and expands 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.

Enclosed is one copy of the application package. If you wish to comment on our proposal, your comments should be sent no later than 60 days after the application deadline of June 13, 2011 to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. TI-11-002. Change the zip code to 20850 if you are using another delivery service.

We understand that if you wish to comment on this proposal, you will send comments to our organization. Please send any correspondence regarding this proposal to our Director of Policy and Development, Ms. Kathleen Varda.

We appreciate the Department's continued support and commitment to our organization and the residents of the counties we serve.

Sincerely,

*Shannon T. Harvey*  
Shannon T. Harvey

Chief Executive Officer

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: River Edge Behavioral Health Center * Street 1: 175 Emery Highway    Street 2: * City: Macon    State: GA: Georgia    Zip: 31217 Congressional District, if known:		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> (This section is only applicable if the reporting entity is a subawardee. It will be populated automatically if the reporting entity is the prime contractor)		
<b>6. * Federal Department/Agency:</b> HHS		
<b>7. * Federal Program Name/Description:</b> Substance Abuse and Mental Health Services_Projects of Regional and National Significance CFDA Number, if applicable: 93.243		
<b>8. Federal Action Number, if known:</b> _____		
<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: _____ * First Name: N/A    Middle Name: _____ * Last Name: N/A    Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix: _____ * First Name: N/A    Middle Name: _____ * Last Name: N/A    Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Kathleen Varda * Name: Prefix: _____ * First Name: Shannon    Middle Name: _____ * Last Name: Harvey    Suffix: _____		
Title: Chief Executive Officer    Telephone No.: _____ Date: 06/16/2011		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

### 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: River Edge Behavioral Health Center

DUNS Number: 9265383720000

\* Street1: 175 Emery Highway

Street2:

\* City: Macon

County:

\* State: GA: Georgia

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 31217-3692

\* Project/ Performance Site Congressional District: GA - 008

**Project/Performance Site Location a**

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: Gwinnett, Rockdale, and Newton Community Services Board

DUNS Number: 9673110100000

\* Street1: P.O. Box 687

Street2:

\* City: Lawrenceville

County:

\* State: GA: Georgia

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 30086-0687

\* Project/ Performance Site Congressional District: GA - 007

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

**CHECKLIST**

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

- |  | Included                            | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) |                                     |                                     |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....   | 02/02/2010                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....   | 02/02/2010                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....  | 02/02/2010                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....  | 02/02/2010                          |                                     |
| 3. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

- |  | YES                                 | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....  | <input checked="" type="checkbox"/> |                                     |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....  | <input checked="" type="checkbox"/> |                                     |
| 4. Have biographical sketch(es) with job description(s) been provided, when required?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? ..... | <input checked="" type="checkbox"/> |                                     |
| 6. Has the 12 month narrative budget justification been provided? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? .....                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

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

Prefix: <input type="text"/>	First Name: <input type="text" value="Shannon"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Harvey"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Chief Executive Officer"/>		
Organization: <input type="text" value="River Edge Behavioral Health Center"/>		
Street1: <input type="text" value="175 Emery Highway"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Macon"/>		
State: <input type="text" value="GA: Georgia"/>	ZIP / Postal Code: <input type="text" value="31217"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text" value="sharvey@river-edge.org"/>		
Telephone Number: <input type="text" value="478-803-7648"/>	Fax Number: <input type="text" value="478-752-1040"/>	

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

Prefix: <input type="text"/>	First Name: <input type="text" value="Ali"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Yallah"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Chief Information Officer"/>		
Organization: <input type="text" value="River Edge Behavioral Health Center"/>		
Street1: <input type="text" value="175 Emery Highway"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Macon"/>		
State: <input type="text" value="GA: Georgia"/>	ZIP / Postal Code: <input type="text" value="31217"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text" value="ayallah@river-edge.org"/>		
Telephone Number: <input type="text" value="478-951-1609"/>	Fax Number: <input type="text" value="478-752-1040"/>	

HHS Checklist (08-2007)

**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)**