

## The Centers

### Response to Grant Review Questions

#### **1. The Project Director is not identified in the budget.**

- The Project Director is the CEO. His annual salary has been allocated to the program budget at Year 1 – 15%, Year 2- 10%, and Year 3 – 5% at your request.
- The allocated salary was added to the Personnel and Fringe Benefits Categories in the Total Project Costs schedule on page 4 of Appendix H – Budget and Justification.
- None of his salary is included in the grant request and will be paid by the Centers as part of the Project Costs.

#### **2. Provide a breakdown of the evaluation costs.**

Evaluation costs were determined in the following way:

Jeff Feller, CEO of WellFlorida Council (<http://wellflorida.org>) was contacted to advise The Centers on the preparation of the evaluation sections of the TCE-TAC Application. He provided this service at no charge.

WellFlorida Council, Inc. is a private, nonprofit 501(c)(3) organization created in 1969 and located in Gainesville, FL. They are a state designated local health council with a service area encompassing 16 counties in North Central Florida. In addition, WellFlorida specializes in health consultancy for clients and projects throughout the state. Local health councils study the impact of various initiatives on the health care system, provide assistance to the public and private sectors, and create and disseminate materials designed to increase their communities understanding of health care issues.

One of the services WellFlorida Council provides is evaluation services to nonprofit organizations. They provide evaluation and support in a variety of capacities including data collection and analysis, presentations and professional development workshops, assessment design, and survey services and analysis. The price that Mr. Feller quoted to conduct a full evaluation program for the Centers TCE-TAC program was \$15,000 a year.

The Centers decided to work with Mr. Feller and the WellFlorida Council on the evaluation part of the project because of the organization's experience and capability to provide evaluation analysis and improvement to the project.

#### **3. Generally it is not considered a reasonable expense to purchase equipment in the last year of the grant.**

The equipment budgeted for the third year:

- Video Center – Budget Amount - \$45,645  
The Video Center will provide the capability to record remote therapy sessions, groups, and educational presentations.
- LifeSize Bridge – Budget Amount - \$54,159  
The LifeSize Bridge will enable up to 48 users to simultaneously connect for group therapy sessions or training.

**Explanation:** The equipment will allow for innovative telehealth connections to remote areas of the county and enable us to reach many more people at one time. This type of telehealth communications is a major project and a significant deviation and improvement from current practices. The first two years of experience we have with the program and using the equipment installed earlier will greatly enhance our technical capabilities and will assure that remote telehealth communications becomes a successful part of our program. Also, placing the equipment purchase in the third year of the budget creates a balanced annual grant request and to keeps our request below the maximum annual grant requirement of \$280,000 a year.

## **Appendix H – Budget and Justification (no match required)**

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

### **FEDERAL REQUEST**

<b>Position</b>	<b>Name</b>	<b>Annual Salary/Rate</b>	<b>Level of Effort</b>	<b>Cost</b>
(1) Project Manager	Meridith Spano	\$40,000	100%	\$40,000
(2) Administrative Assistant	Cheryl Coleman	\$25,000	100%	\$25,000
(3) Sr. Technology Specialist	Stephen Melendy	\$19,000	100%	\$19,000
(4) * Licensed Clinical Supervisor	Liz Kuepper	\$50,000	0%	\$0
			<b>TOTAL</b>	<b>\$84,000</b>

### **JUSTIFICATION: Describe the role and responsibilities of each position.**

(1) The Program Manager will have general oversight and management responsibility for the overall direction, coordination, implementation, execution, control and completion of the project ensuring consistency with company strategy, commitments and goals.

(2) The Administrative Assistant will complete all basic office procedures, type memos and correspondence, schedule appointments and meetings, maintain appropriate operations manuals, order office supplies, reply to email, answer phones.

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(4) The Licensed Clinical Supervisor will provide regular clinical supervision to all adult Mental Health Therapists, both individual and group sessions as well as participate as the reviewing and authorizing agent for the treatment plan development and review/update process. Other duties include the provision of face to face diagnostic interviews as part of the treatment plan development process. As well, this person may occasionally perform intake assessment duties and specific therapeutic interventions for selected clients.

(4) \* The Licensed Clinical Supervisor will be funded by the Federal Grant Request in the second year.

### **FEDERAL REQUEST**

**\$84,000**

## **Appendix H – Budget and Justification (no match required)**

## **B. Fringe Benefits:**

## **FEDERAL REQUEST**

<b>Component</b>	<b>Rate</b>	<b>Wage</b>	<b>Cost</b>
Fica	7.65%	\$84,000	\$6,426
Health Insurance	10.00%	\$84,000	\$8,400
Workers Compensation Insurance	1.26%	\$84,000	\$1,058
		<b>TOTAL</b>	<b>\$15,884</b>

**JUSTIFICATION:** Fringe Benefits reflect current rate for agency.

**FEDERAL REQUEST** \$15,884

## C: Travel

## **FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington DC	Airfare	\$400/flight x 2 persons	\$800
	Three-day meeting	Hotel	\$200/night x 2 persons x 3 nights	\$1,200
		Per Diem (meals and incidentals)	\$50/day x 2 persons x 4 days	\$400
	Ocala to Gainesville Regional Airport	Mileage to airport	50 miles @ .38 mile x 2 persons x roundtrip	\$76
		Airport parking	\$12/day x 2 persons x 4 days	\$96
			<b>TOTAL</b>	<b>\$2,572</b>

## **JUSTIFICATION:**

(1) Two staff (Project Director and Program Manager) to attend mandatory grantee meeting in Washington, DC.

**FEDERAL REQUEST** \$2,572

## **Appendix H – Budget and Justification (no match required)**

### **D: Equipment**

#### **FEDERAL REQUEST**

<b>Description</b>		<b>Cost</b>
A/V Equipment	Video conferencing devices, televisions, carts, and mounting equipment	\$19,495
ClearSea Server	The server is the core of the Centers Telehealth System	\$39,336
LifeSize UVC Manager	Staff to maintain a high level of bandwidth management, scheduling, and organizational service for the telehealth system	\$4,624
LifeSize UVC Manager Accessories	Site Preparation, Wiring, and installation components	\$18,197
LifeSize UVC Manager Infrastructure	Network upgrades, network traffic management, and new servers for LifeSize Virtual Machines	\$78,892
	<b>TOTAL</b>	<b>\$160,544</b>

**JUSTIFICATION:** This is the hardware that will run the telehealth system

**FEDERAL REQUEST** **\$160,544**

### **E: Evaluation Services**

#### **FEDERAL REQUEST**

<b>Description</b>		<b>Cost</b>
Professional Evaluation Service		\$15,000
	<b>TOTAL</b>	<b>\$15,000</b>

**JUSTIFICATION:** A professional organization will bring evaluation technology and skills not available to the organization

**FEDERAL REQUEST** **\$15,000**

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** **\$278,000**

**INDIRECT CHARGES:** **NONE**

**TOTALS:**

**FEDERAL REQUEST** **\$278,000**

## **Appendix H – Budget and Justification (no match required)**

**This Section shows other non-federal sources of funding by dollar amount and name of funder.**

**The total project costs are show below:**

Category	Year 1	Year 2	Year 3	Total Project Costs
Personnel	\$ 550,500	\$ 543,000	\$ 535,500	\$ 1,629,000
Fringe Benefits	\$ 113,037	\$ 111,497	\$ 109,957	\$ 334,491
Travel	\$ 21,858	\$ 21,858	\$ 21,858	\$ 65,574
Supplies	\$ 18,472	\$ 16,704	\$ 16,704	\$ 51,880
Evaluation Services	\$ 15,000	\$ 15,000	\$ 15,000	\$ 45,000
Other	\$ 66,294	\$ 64,482	\$ 62,714	\$ 193,490
Total Equipment	\$ 160,544	\$ 101,089	\$ 101,089	\$ 362,722
<b>Total Project Budget</b>	<b>\$ 945,705</b>	<b>\$ 873,630</b>	<b>\$ 862,822</b>	<b>\$ 2,682,157</b>
<b>All non-federal Funding</b>	<b>\$ 667,705</b>	<b>\$ 595,630</b>	<b>\$ 584,822</b>	<b>\$ 1,848,157</b>

**All nonfederal funding will be provided by the applicant, The Centers**

**Note:** The salary of the Project Director is included in the Total Direct Charges shown above. The Project Director is also the CEO and his annual salary has been allocated to the program budget at Year 1 - 15%, Year 2 - 10% and Year 3 - 5%.

**This Section shows the total proposed Project Period and Federal funding:**

**Proposed Project Period**

a. Start Date:	1/01/2014	b. End Date	12/31/2016
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### **BUDGET SUMMARY**

Category	Year 1	Year 2	Year 3	Total Project Costs
Personnel	\$ 84,000	\$ 134,000	\$ 134,000	\$ 352,000
Fringe Benefits	\$ 15,884	\$ 25,339	\$ 25,339	\$ 66,562
Travel	\$ 2,572	\$ 2,572	\$ 2,572	\$ 7,716
Supplies	\$ -	\$ -	\$ -	\$ -
Evaluation Services	\$ 15,000	\$ 15,000	\$ 15,000	\$ 45,000
Other	\$ -	\$ -	\$ -	\$ -
Total Equipment	\$ 160,544	\$ 101,089	\$ 101,089	\$ 362,722
<b>Total Project Budget</b>	<b>\$ 278,000</b>	<b>\$ 278,000</b>	<b>\$ 278,000</b>	<b>\$ 834,000</b>

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs:**

**FEDERAL REQUEST** \$834,000

### **REQUESTED FUTURE YEARS INCREASE EXPLANATION:**

Increase of Personnel costs from Year 1 to Year 2 is caused by requesting Federal Funding for the Licensed Clinical Supervisor position in Year 2. That position was paid with non-federal funding in Year 1.

The Centers  
Equipment Quotes - Section I

On 3/26/2013 3:14 PM, Vincent Vercamen wrote:

JD,

Here are budget numbers for the grant. This are per units cost you must times by the amount. Also I will send you datasheets on all this stuff

Code	Description	Quantity	Per Unit	Cost
1000-0000-1162	LifeSize Icon 600 - 4x Optical PTZ Camera** - Digital MicPod, Single Display, 720P, Includes 1 seat of UVC Manager	5	\$2,999	\$14,995
1000-0000-1162	LifeSize Icon 600 - 4x Optical PTZ Camera - LAMS (3-year)	5	\$900	\$4,500
	Total			\$19,495

Code	Description	Quantity	Per Unit	Cost
1000-0000-0466	LifeSize CS100 ClearSea Server - VMware - 16 ports (includes encryption, 1080p, and multiconference)	1	\$20,999	\$20,999
1000-0000-0473	LifeSize CS100 - ClearSea Android Client	1	\$3,499	\$3,499
1000-0000-0474	LifeSize CS100 - ClearSea iOS Client	1	\$3,499	\$3,499
1000-23E0-0474	LifeSize CS100 - iOS Client - Partner Assurance Maintenance Services(3-year)	1	\$1,417	\$1,417
1000-23E0-0473	LifeSize CS100 - Android Client - Partner Assurance Maintenance Services(3-year)	1	\$1,417	\$1,417
1000-23E0-0466	LifeSize CS100 ClearSea Server - 16 ports - Partner Assurance Maintenance Services (3-year)	1	\$8,505	\$8,505
	Total			\$39,336

Code	Description	Quantity	Per Unit	Cost
1000-0000-0732	LifeSize UVC Manager - Pack of 10 seats - Standard Edition	1	\$2,499	\$2,499
1000-0000-0727	LifeSize UVC Manager - Product Activation	1	\$626	\$626
1000-0000-0731	LifeSize UVC Manager - Pack of 5 seats - Standard Edition	1	\$1,499	\$1,499
	Total			\$4,624

**Vinny Vercamen**

Channel Account Manager – FL, AL, and MS

**LifeSize Communications, Inc. , a division of Logitech**

<http://www.lifesize.com>

vvercamen@lifesize.com

Equipment Costs Section II

	Description	Cost
Commodity Items	LifeSize UVC Manager Accessories	\$18,197
Commodity Items	LifeSize UVC Manager Infrastructure	\$78,892

These are commodity items to be ordered from a catalog or from the manufacturer's Web site.

They do not require professional installation or maintenance.

The prices are manufacturer's suggested retail price (MSRP).

Total Budget	\$160,544
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## Foster, Alania (SAMHSA)

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**From:** Allene Tartaglia [atartagl@thecenters.us]  
**Sent:** Tuesday, June 25, 2013 1:10 PM  
**To:** Foster, Alania (SAMHSA)  
**Subject:** RE: TI024763 - TCE-TAC - Application Review - Response Requested  
**Attachments:** TI024763 - TCE-TAC Application Revisions.pdf

Dear Alania,

I just realized that the person who I thought was sending you the additional information, our authorized representative John O'Connor, may not have actually done so. I was out of the office yesterday and see where an email arrived to me after 5:00 on Friday with the completed packet. Please let me know if you are still able to accept the attached revision packet.

My sincerest and humblest apologies.

Allene

Allene Tartaglia  
Executive Assistant to Charles R. Powell, CEO  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala FL 34474  
352-291-5455  
352-291-5581 (fax)

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**From:** Foster, Alania (SAMHSA) [mailto:[Alania.Foster@samhsa.hhs.gov](mailto:Alania.Foster@samhsa.hhs.gov)]  
**Sent:** Tuesday, June 18, 2013 3:29 PM  
**To:** Allene Tartaglia  
**Cc:** Charles Powell  
**Subject:** RE: TI024763 - TCE-TAC - Application Review - Response Requested

Yes, the e-mail below is the one you should respond to.

Thank you,

*Alania Foster*

Alania Foster, M.S.  
Grants Management Specialist  
U.S. Department of Health and Human Resources (DHHS)  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
Office of Financial Resources (OFR), Division of Grants Management (DGM)  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857  
(240) 276-1409 (phone)  
(240) 276-1430 (fax)  
[alania.foster@samhsa.hhs.gov](mailto:alania.foster@samhsa.hhs.gov)  
[www.samhsa.gov](http://www.samhsa.gov)

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**From:** Allene Tartaglia [mailto:[atartagl@thecenters.us](mailto:atartagl@thecenters.us)]  
**Sent:** Tuesday, June 18, 2013 12:57 PM  
**To:** Foster, Alania (SAMHSA)  
**Cc:** Charles Powell  
**Subject:** RE: TI024763 - TCE-TAC - Application Review - Response Requested

Dear Alaina,

We noticed you recalled the first email sent and then followed up with the email below. Can you confirm the email below is the one we need to respond to?

Thank you,

*Allene*

Allene Tartaglia  
Executive Assistant to Charles R. Powell, CEO  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala FL 34474  
352-291-5455  
352-291-5581 (fax)

---

**From:** Foster, Alania (SAMHSA) [<mailto:Alania.Foster@samhsa.hhs.gov>]  
**Sent:** Tuesday, June 18, 2013 12:02 PM  
**To:** Charles Powell  
**Subject:** TI024763 - TCE-TAC - Application Review - Response Requested

Dear Charles,

My name is Alania Foster from the Division of Grants Management at SAMHSA.

Your organization recently applied to the FY 2013 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need announcement, RFA # TI-13-008. I have started the financial review of your application, and the following items need to be addressed before I can complete the review:

1. You are listed as the Project Director, Business Official, and Authorized Representative. However, grants management procedures require that there be a separation of duties as an internal control, in addition to preventing fraud or errors in the management of federal funds. Please revise the checklist, so that there is a separation of duties in that you are listed as the Project Director and there is another employee listed as the Business Official.
2. It was noted that your organization did not provide an adequate budget and budget justification. Provide a revised budget and justification with more detail. For additional details on an adequate budget, follow the example budget provided in the RFA.
3. Submit a revised SF424A, that shows on the page 2, item #6 object class categories that only includes the federal costs that you are requesting.
4. Since you are listed as the Project Director you must provide a copy of your resume/biosketch.

Also, please ensure that the bottom line of \$278,000 does not change.

The following link will give you access the forms you will need to complete this request.  
<http://www.samhsa.gov/Grants/continuation.aspx>

The requested items should be submitted to me via e-mail as one PDF attachment by **COB on June 24, 2013**. If you have questions regarding this request, do not hesitate to contact me.

**Please be informed that funding decisions have not been made; however, these are items that needs to be addressed before your application can be further reviewed.**

**Please note:** Any correspondence/response must be sent from the Project Director, Business Official or Authorizing Representative of your organization. If prepared by someone other than those individuals listed above, the correspondence/response must be forwarded to the Project Director, Business Official, or Authorizing Representative then sent to this office with their comments.

Thank you,

*Alania Foster*

Alania Foster, M.S.

Grants Management Specialist

U.S. Department of Health and Human Resources (DHHS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Office of Financial Resources (OFR), Division of Grants Management (DGM)

1 Choke Cherry Road, Room 7-1091

Rockville, MD 20857

(240) 276-1409 (phone)

(240) 276-1430 (fax)

[alania.foster@samhsa.hhs.gov](mailto:alania.foster@samhsa.hhs.gov)

[www.samhsa.gov](http://www.samhsa.gov)

**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 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 type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have biographical sketch(es) with job description(s) been provided, when required?.....   | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the 12 month narrative budget justification been provided? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....   | <input 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 type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included?  | <input type="checkbox"/> | <input 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"/>	Middle Name: <input type="text"/>
Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title: <input type="text"/>		
Organization: <input type="text"/>		
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>		
State: <input type="text"/>	ZIP / Postal Code: <input type="text"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text"/>		
Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	

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

Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title: <input type="text"/>		
Organization: <input type="text"/>		
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>		
State: <input type="text"/>	ZIP / Postal Code: <input type="text"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text"/>		
Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	

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A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

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#### **FEDERAL REQUEST**

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>	<b>Cost</b>
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	Ocala to Gainesville Regional Airport	Mileage to airport	50 miles @ .38 mile x 2 persons x roundtrip	\$76
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**INDIRECT CHARGES:** NONE

**TOTALS:**

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Supplies	\$ 18,472	\$ 16,704	\$ 16,704	\$ 51,880
Evaluation Services	\$ 15,000	\$ 15,000	\$ 15,000	\$ 45,000
Other	\$ 66,294	\$ 64,482	\$ 62,714	\$ 193,490
Total Equipment	\$ 160,544	\$ 101,089	\$ 101,089	\$ 362,722
<b>Total Project Budget</b>	<b>\$ 918,585</b>	<b>\$ 855,550</b>	<b>\$ 853,782</b>	<b>\$ 2,627,917</b>
<b>Non-Federal Funding</b>	<b>\$ 640,585</b>	<b>\$ 577,550</b>	<b>\$ 575,782</b>	<b>\$ 1,793,917</b>
All non-federal funding will be provided by The Centers, Inc., the applicant				

This Section shows the total proposed Project Period and Federal funding:

**Proposed Project Period**

a. Start Date:	1/01/2014	b. End Date	12/31/2016
----------------	-----------	-------------	------------

### BUDGET SUMMARY

<u>Category</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total Project Costs</u>
Personnel	\$ 84,000	\$ 134,000	\$ 134,000	\$ 352,000
Fringe Benefits	\$ 15,884	\$ 25,339	\$ 25,339	\$ 66,562
Travel	\$ 2,572	\$ 2,572	\$ 2,572	\$ 7,716
Supplies	\$ -	\$ -	\$ -	\$ -
Evaluation Services	\$ 15,000	\$ 15,000	\$ 15,000	\$ 45,000
Other	\$ -	\$ -	\$ -	\$ -
Equipment	\$ 160,544	\$ 101,089	\$ 101,089	\$ 362,722
<b>Total Project Budget</b>	<b>\$ 278,000</b>	<b>\$ 278,000</b>	<b>\$ 278,000</b>	<b>\$ 834,000</b>

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs:**

**FEDERAL REQUEST** \$834,000

## **Appendix H – Budget and Justification (no match required)**

### **REQUESTED FUTURE YEARS INCREASE EXPLANATION:**

Increase of Personnel costs from Year 1 to Year 2 is caused by requesting Federal Funding for the Licensed Clinical Supervisor position in Year 2. That position was paid with non-federal funding in Year 1.

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
b. Fringe Benefits	[ ]	[ ]	[ ]	[ ]	[ ]
c. Travel	[ ]	[ ]	[ ]	[ ]	[ ]
d. Equipment	[ ]	[ ]	[ ]	[ ]	[ ]
e. Supplies	[ ]	[ ]	[ ]	[ ]	[ ]
f. Contractual	[ ]	[ ]	[ ]	[ ]	[ ]
g. Construction	[ ]	[ ]	[ ]	[ ]	[ ]
h. Other	[ ]	[ ]	[ ]	[ ]	[ ]
i. Total Direct Charges (sum of 6a-6h)	[ ]	[ ]	[ ]	[ ]	\$ [ ]
j. Indirect Charges	[ ]	[ ]	[ ]	[ ]	\$ [ ]
k. TOTALS (sum of 6i and 6j)	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
7. Program Income	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]

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## Charles R. Powell

### PROFESSIONAL ACCOMPLISHMENTS

- Selected in 2010 to 2011 to participate in Atlanta, Georgia with The Carter Center's primary care/behavioral healthcare 18 month national educational exchange initiative on this cutting edge topic.
- Competitively selected in 2005 to attend and complete the two year Robert T. Kauer Mental Health Executive Leadership Program at Case Western University.
- Graduate degrees (2) in mental health counseling and philanthropy, respectively. Bachelor's in communications.
- Designed, built, retooled and operated several inpatient centers both secure and nonsecure. Simultaneously operated numerous outpatient centers and a vast array of programs such as day treatment, mental health courts, supported employment and housing, med management, partial hospitalization, children's and adult crisis stabilization units, acute care hospitals and forensics.
- Achieved highest ratings in accreditations including JCAHO, COA and CARF.
- Trained public speaker and superior relationship builder who understands the intangibles to create forward momentum.

**Leadership**—Career long interest in attending and then applying the very best in leadership principles and practice. I have trained with the likes of Stephen Covey, Morris Schetchman, US Department of Justice, Kouzes/Posner, David Lloyd, Jim Collins and numerous other well respected teachers of this art.

**Board Relations**—Served as the CEO with several governing boards in the nonprofit, governmental and corporate sectors. Worked with the national nonprofit resource center with several specialized board trainings on governance, roles and fund development as the central points in the board development presentations.

**Behavioral Health**—Developed, administered and advocated for a wide spectrum of trend setting programs in mental health, substance abuse, criminal justice, child welfare and integrated healthcare for all ages and all DSM-IV diagnosis. I understand the way to build the internal and external structures for excellence. Proficient in electronic medical records, telepsychiatry, primary care/behavioral health futures, contractual funding and accountable care models.

**Philanthropy**—Conceived, wrote, awarded and administered a long line of private and public grants ranging from \$600 to \$12 million totals. Cultivated, solicited and managed funds from individuals, governmental contracts, foundations, corporations, planned giving, special events and endowments. Served on and served for community boards in both the role of trustee and as a chief executive. Applied stewardship, vision, attention to the here and now and strategic planning to the crucial interchanges and interactions of boards, communities and donors. MA in Philanthropy from St. Mary's University in Winona, Minnesota.

**Communications/Change Management**—Bachelor's degree in communications from Ohio University. Write concisely and think expansively with my eye on the horizon while challenging the processes. Created numerous new programs that inspired the systems to change progressively and naturally. A high tolerance for ambiguity with trust building and extraordinary accountability works to clear and change the common and often stagnant thinking is my method in a sentence.

**EMPLOYMENT HISTORY**

**The Centers, Inc., Chief Executive Officer, Ocala FL**  
**November 2011 to present**

**Behavioral Health Services of South Georgia, Chief Executive Officer, Valdosta GA**  
**December 2009 to November 2011**

**Building Bridges, Inc., Executive Director, Dayton, OH**  
**August 2008 to December 2009**

**Family Resource Center/Children Resource Centers, Chief Executive Officer, Bowling Green, Lima, Findlay, Kenton, Ohio**  
**January 2005 to June 2008**

**SafeHaven, Inc., Executive Director, Piqua, OH**  
**April 2002 to January 2005**

**Global Associates-Redirections Division, Corporate Vice President, Gainesville, FL & Irvine, California**  
**March 1997 to March 2002**

**Miami County Juvenile Court/West Central Facility, Director of Court Services/Executive Director, Troy, OH**  
**June 1988 to March 1997**

**Upper Valley Youth Services, Executive Director, Sidney, OH**  
**March 1981 to June 1988**

**EDUCATION**

- **St. Mary's University, Winona MN**

**MA Philanthropy and Development, 1995**

Extensively studied and applied the principles of philanthropy, leadership, board development and nonprofit management. Focused on leadership styles, Executive/Board/Community relations and fundraising from A to Z. Graduated with honors.

- **Wright State University, Dayton OH**

**MS Clinical Counseling 1989**

Studied and practiced counseling theories and techniques with a core concentration in mental health counseling. I also became certified in Reality Therapy with Dr. William Glasser and believe in his cognitive/behavioral model as my personally preferred model of practice. Graduated with honors.

- **Ohio University, Athens OH**

**BS Communications, 1980**

Developed high level writing and communication skills with a concentration in international journalism. Awarded Dean's Achievement Scholarship. Honors graduate.

**Application for Federal Assistance SF-424**

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
<input type="text" value="04/10/2013"/>		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text" value="51-0177273"/>		<input type="text"/>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="The Centers, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="51-0177273"/>		* c. Organizational DUNS: <input type="text" value="0945986040000"/>
<b>d. Address:</b>		
* Street1:	<input type="text" value="5664 SW 60th Ave"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Ocala"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text" value="FL: Florida"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="34474-5677"/>	
<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:	<input type="text"/>	* First Name: <input type="text" value="Charles"/>
Middle Name:	<input type="text" value="R"/>	<input type="text"/>
* Last Name:	<input type="text" value="Powell"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Chief Executive Officer"/>	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	<input type="text" value="352-291-5455"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="cpowell@thecenters.us"/>	

## Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Substance Abuse & Mental Health Services Adminis.

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

93.243

CFDA Title:

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

### \* 12. Funding Opportunity Number:

TI-13-008

\* Title:

Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need

### 13. Competition Identification Number:

Title:

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

 Add Attachment Delete Attachment View Attachment

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

Expand Care Coordination through the Use of Technology-Assisted Care in two-county area of North Central Florida

Attach supporting documents as specified in agency instructions.

## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

\* a. Applicant

b. Program/Project

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

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

### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="834,000.00"/>
* b. Applicant	<input type="text" value="1,793,917.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,627,917.00"/>

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

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

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

Yes       No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

### Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

## BUDGET INFORMATION - Non-Construction Programs

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

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. The Centers TCE-TAC Year 1	93.243	\$ [ ]	\$ [ ]	\$ 278,000.00	\$ 641,940.00	\$ 919,940.00
2. The Centers TCE-TAC Year 2	93.243	[ ]	[ ]	278,000.00	573,890.00	851,890.00
3. The Centers TCE-TAC Year 3	93.243	[ ]	[ ]	278,000.00	578,086.00	856,086.00
4.	93.243	[ ]	[ ]	[ ]	[ ]	[ ]
<b>5. Totals</b>		\$ [ ]	\$ [ ]	\$ 834,000.00	\$ 1,793,916.00	\$ 2,627,916.00

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## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) The Centers TCE-TAC Year 1	(2) The Centers TCE-TAC Year 2	(3) The Centers TCE-TAC Year 3	(4)	
a. Personnel	\$ 528,000.00	\$ 528,000.00	\$ 528,000.00	\$	\$ 1,584,000.00
b. Fringe Benefits	108,417.00	108,417.00	108,417.00		325,251.00
c. Travel	21,858.00	21,858.00	21,858.00		65,574.00
d. Equipment	163,667.00	95,617.00	99,813.00		359,097.00
e. Supplies	16,704.00	16,704.00	16,704.00		50,112.00
f. Contractual	15,000.00	15,000.00	15,000.00		45,000.00
g. Construction					
h. Other	66,294.00	66,294.00	66,294.00		198,882.00
i. Total Direct Charges (sum of 6a-6h)	919,940.00	851,890.00	856,086.00		\$ 2,627,916.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 919,940.00	\$ 851,890.00	\$ 856,086.00	\$	\$ 2,627,916.00
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.	The Centers TCE-TAC Year 1	\$ 641,940.00	\$	\$	\$ 641,940.00
9.	The Centers TCE-TAC Year 2	573,890.00			573,890.00
10.	The Centers TCE-TAC Year 3	578,086.00			578,086.00
11.					
12. TOTAL (sum of lines 8-11)	\$ 1,793,916.00	\$	\$	\$	\$ 1,793,916.00

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 278,000.00	\$ 163,667.00	\$ 69,500.00	\$ 44,833.00	\$ 0.00
14. Non-Federal	\$ 641,940.00	160,485.00	160,485.00	160,485.00	160,485.00
15. TOTAL (sum of lines 13 and 14)	\$ 919,940.00	\$ 324,152.00	\$ 229,985.00	\$ 205,318.00	\$ 160,485.00

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. The Centers TCE-TAC Year 2	\$ 95,617.00	\$ 69,500.00	\$ 69,500.00	\$ 43.38
17. The Centers TCE-TAC Year 3	99,813.00	69,500.00	69,500.00	39,187.00
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 195,430.00	\$ 139,000.00	\$ 139,000.00	\$ 39,230.38

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:		22. Indirect Charges:	
<b>23. Remarks:</b> <input type="text"/>			

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# THE CENTERS –SAMHSA TCE-TAC Proposal

## **ABSTRACT**

The Centers, Inc., a behavioral health center in Ocala Florida currently provides a continuum of care of inpatient and outpatient behavioral healthcare services that are designed to help people with substance abuse (SA) and co-occurring disorders (COD) attain their highest level of functioning. The TCE-TAC program will provide teleassisted care in the rural areas of Marion and Citrus counties to residents with SA/COD, low income, and limited access to public transportation.

In 2012, The Centers served net, after dropouts, 4,015 clients with SA/COD. The program will serve 5,300 clients the first year with 7% to 10% increase each year. Unduplicated clients are estimated at 5,700 for year 2 and 6,200 for year 3. The cost per unit for each year is \$123.94, \$105.69, and \$97.71, with a three-year average if \$108.44.

The Centers will develop systems integration to achieve best practices integrated services using three Evidenced-Based Models: the Intensive Outpatient Model, ASAM Level II Intensive Outpatient Program, and the Wellness Recovery Action Plan. We will also install interoperable electronic health records (EHRs) equipment and software in the two-county area. The majority of funding for the program will be for equipment that will include audio/visual, specialized computer server, video centers and bridges, and equipment software and mechanical management equipment. Program goals include: 1) expand treatment opportunities, communication, and education to client and people living in Monroe and Citrus Counties, 2) encourage and measure continued after-care and follow-up of SA/COD services, and 3) meet the goals outlined in *Purpose of Initiative #6* as modified for our organization.

The Centers, in collaboration with Kids Central, Heart of Florida Health Center, the Citrus County Department of Health, and Langley Health Services and local prevention specialists, healthcare providers, and grassroots organizations, will work to bring health care through teleservices to the underserved people in the area.

The amount requested is \$280,000 each year of the three-year grant. The total cost of the TAC program will be \$2,331,439. The Centers will fund the difference between the grant award and the program cost through revenue and grant awards.

# THE CENTERS –SAMHSA TCE-TAC Proposal

## THE CENTERS –SAMHSA TCE-TAC Proposal

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# THE CENTERS –SAMHSA TCE-TAC Proposal

## Section A: Population of Focus and Statement of Need

### Provide a comprehensive demographic profile of your population of literacy.

The Centers, Inc. provides a continuum of care of inpatient and outpatient behavioral healthcare services that are designed to help the people with substance abuse (SA) and co-occurring disorders (COD) attain their highest level of functioning. In 2012, The Centers handled over 20,000 patient visits by individuals who were struggling with social, emotional, and mental illness disorders. The demographic profile of our clients is as follows:

	Number	Percent		Number	Percent
<b>Total Unique Clients Served – 2012</b>	13,144				
<b>Gender</b>					
Male	5,783	44%	<b>Literacy Rate</b>	10,515	80%
Female	7,361	56%			
<b>Residence</b>			<b>Income</b>		
Marion County	9,210	70%	Less than \$25,000	10,515	80%
Citrus County	3,926	30%	\$25,000 - \$50,000	2,628	20%
Marion County- Homeless Veterans	6	0.05%	\$50,001 - \$100,000	1	0%
Citrus County - Homeless Veterans	2	0.02%			
<b>Age</b>			<b>Patient Care Status</b>		
0 to 18	4,550	35%	Outpatient	10,669	81%
19 to 23	1,091	8%	Residential	136	1%
24 to 35	2,549	19%	Inpatient	2,338	18%
36 to 54	3,594	27%			
55+	1,361	10%			
<b>Race</b>			<b>Ethnicity</b>		
American Indian	28	0.21%	Cuban	16	0.12%
Asian	39	0.30%	Haitian	3	0.02%
African American/Black	1,619	12%	Mexican	47	0.36%
Hispanic	1,057	8%	Other	12,719	97%
Multi-Racial	0	0.00%	Other Hispanic	107	0.81%
Native Hawaiian/ Other Pacific	12	0.09%	Puerto Rican	214	1.63%
White	10,389	79%	Unknown	38	0.29%

### Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities

According to Income Poverty Health Report – US Census 2011, the area that The Centers provides services - Marion County and Citrus County catchment area - contains 474,488 people spread over 2,436 square miles. The ethnic breakdown in Marion and Citrus County is shown on the preceding chart. For both counties, over 12% of the residents are below the poverty line, with the median household income of \$31,000, less than Florida's median household income of \$44,299, and the per capita household income of less than \$19,000 , less than Florida's per capita household income of \$25,768. ([http://en.wikipedia.org/wiki/Marion\\_County,\\_Florida](http://en.wikipedia.org/wiki/Marion_County,_Florida)) ([https://en.wikipedia.org/wiki/Citrus\\_County,\\_Florida](https://en.wikipedia.org/wiki/Citrus_County,_Florida))

The Centers subcontracts with Kids Central Inc., Ocala, Florida, to provide dependency case management services to families in Marion and Citrus counties. Although families served come into the dependency system for a number of abuse and neglect issues, an estimated 80% of the families have substance abuse issues, many of which are co-occurring with mental health issues. Through the dependency system, 455 adults, (272 in Marion County and 183 in Citrus County)

## THE CENTERS –SAMHSA TCE-TAC Proposal

were verified as abusing substances to the degree that it affected their ability to safely care for their children. The 450 adults referred directly to The Centers substance abuse treatment programs, had the highest dropout rate, with 33% leaving the program in the first 90 days. Families in which one or both parents have substance use disorders, and particularly families with an addicted parent, often experience a number of other problems that affect parenting, including, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for maltreatment (National Center on Addiction and Substance Abuse at Columbia University, 2005). The basic needs of children, including nutrition, supervision, and nurturing may go unmet due to parental substance use. Depending on the extent of the substance use and other circumstances (e.g., the presence of another caregiver), dysfunctional parenting can also include physical and other kinds of abuse (HHS, 1999).

While trust of the system remains a major issue for high drop-out rates in this population, approximately 25% of this population's failure rate is caused by lack of available transportation (Kids Central, Demographics Report, March 2013). Within the client population at the Centers 80% fall below the poverty level and are classified as indigent and underserved. Less than 1% of this population has access to public transportation. Some clients are required to travel more than 50 miles to attend up to three sessions a week. At current gas prices this could mean over \$200 per month in travel expenses in addition to lost time from work. The low income clients served by The Centers often cannot endure this burden. Using state of the art telehealth technology The Centers will bring services into their homes and neighborhoods. Over the past year, The Centers provided substance abuse evaluation and treatment to 188 individuals within both counties that were court ordered to receive services. Ninety percent (90%) of clients presenting for immediate crisis stabilization treatment have co-occurring disorders (substance abuse and mental health). In Marion County, 46% of the adults served through the dependency process reside in less populated areas of the counties which do not have public transportation services (Mobilizing for Action through Planning and Partnerships, Marion County, WellFlorida Council, 2012).

**Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data.**

Both the American Recovery and Reinvestment Act and the Affordable Care Act are moving health systems toward the use of information technology for service delivery, quality improvement, cost containment and increased patient control of personal health care and related information. In 2014, Medicaid will expand its role as the single largest payer for behavioral health services. This expansion and other requirements under the Affordable Care Act mean that the behavioral health system must integrate with the primary care system (Leading Change: A Plan for SAMHSA's Roles and Actions, SAMHSA, Health Information Technology, 2012).

In the current health care system, general practitioners are supported by various specialty areas. Professionals in pediatrics, cardiology, oncology, orthopedics, and behavioral health (mental health and substance use disorder services) need to be able to exchange critical information with primary care practitioners. Emergency and urgent care centers, often unfamiliar with a presenting patient, need accurate and timely information quickly. Electronic Health Records systems (EHR) linked across clinical practice areas will allow the transfer of information seamlessly, improve

## THE CENTERS –SAMHSA TCE-TAC Proposal

patient care, and provide complete, accurate, and searchable health information at the point of diagnosis and care.

As states have struggled to balance their budgets, they have often looked at public mental health programs for funding cuts. Those cuts have affected a particularly vulnerable population: low-income people often with substance abuse and mental health disorders (State Mental Health Cuts Hit Low-Income Patients Hard. Huff Post, Posted: 09/19/2012 6:03 pm EDT | Updated: 09/20/2012). Experts and mental health advocates say the reductions have led to longer waiting lists for care, less money to help these people get housing and jobs, and more people visiting emergency rooms for psychiatric care. An even greater impact for substance abusing adults with co-occurring disorders (SA-COD) and no access to care and treatment, is the impact on the family, where the most common scenario is children involved and at risk of removal from the home (Leading Change: A Plan for SAMHSA's Roles and Actions, SAMHSA, Health Information Technology, 2012).

Behavioral health disorders also can have a profound social impact. Individuals with behavioral health conditions are more likely to live in poverty, have a lower socioeconomic status, and lower educational attainment. Lack of treatment amplifies these outcomes and increases the likelihood that individuals will end up homeless or incarcerated. These social impacts, in conjunction with treatment costs, present a significant and growing economic burden that has made mental illness one of the five most costly healthcare conditions nationwide. In 2008, the U.S. spent nearly \$60 billion on mental health services, up from \$35 billion in 1996. In contrast to general health care services, in which public and private payers account for roughly equal shares of spending, public payers account for the majority of behavioral health expenditures. In 2005, Medicaid, state and local governments accounted for 61% of behavioral health care expenditures, compared with 46 % for all health services ("Cuts to Mental Health Could Have a Profound Impact, McGress, Patrick, March 2012).

Mental health services and intellectual disability services have been vastly affected by budgets cuts in 2012, probably the most dramatic, with Florida experiencing a 10% cut in both those areas, in fiscal year 2013. Across the country, states facing severe financial shortfalls have cut at least \$4.35 billion in public mental health spending from 2009 to 2012, according to the National Association of State Mental Health Program Directors (NASMHPD). It is the largest reduction in funding since de-institutionalization in the 1960s and 1970s. In fiscal year 2012 alone, 31 states that provided numbers to the association reported cutting more than \$840 million.

In 1972, a group of concerned Northern Central Florida residents founded the Marion-Citrus Mental Health Centers. In an effort to fulfill the Community Mental Health Act of 1975, the mission of the Marion-Citrus Mental Health Centers was to bring services closer to the residents of both Marion and Citrus Counties. Utilizing federal funds, the original center was built in Ocala. In August 2003, the Board of Directors for Marion-Citrus Mental Health Center filed for an official name change to "The Centers, Inc." Since 1972, The Centers has worked to build a solid foundation based on superior treatment and comprehensive services to patients in the two counties. Since 1972, The Centers has worked throughout Marion and Citrus counties embedding itself in the foundations of the communities. By partnering with school systems, local and state governments, law enforcement entities, and children's alliances, The Centers' services have

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influenced all segments of society, contributing directly to the mental health care of thousands of Marion and Citrus citizens.

The major programs/services of the Centers are:

- Access & Emergency Services provided: assessments to persons of all ages who are having a Mental Health or Substance Abuse Crisis 24 hours per day 7 days per week;
- Provide immediate evaluations for children who are referred from the schools who have been identified as at risk for violence or suicide;
- Provide Crisis Intervention Counseling for people in crisis but who do not meet criteria to be hospitalized; provides evaluations for all people sent under Florida's Involuntary Law (Baker Act) by Law Enforcement, Courts or Community hospitals.

All services are provided through a broad continuum of care. Beyond patient services, The Centers has also made great strides in community outreach and education. The Centers is the only facility of its kind to service solely Marion and Citrus counties with the goal of providing convenient, accessible care to all its citizenry.

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

- **Describe the purpose of the proposed project, including its goals and objectives.**

The target population of The Centers lives in Marion and Citrus Counties. The two counties have a total population of 474,488 people spread over 2,436 square miles. For comparison, this is one-half the population of Delaware and 53 fewer square miles. The largest city in the area is Ocala in Marion County with a population of 56,500.

There is one major factor that prevents wide access to care for individuals in Marion County and Citrus County: The area is rural and less than 1% of the population has access to public transportation. A 2012 survey of Marion County residents indicated that expanded transportation services were needed to increase access to healthcare, especially for isolated populations such as the indigent. Plans are underway to enlarge the public transportation system, but this will be a long-term project, and immediate access to healthcare, especially mental healthcare, is needed to treat the target population.

Our proposed TAC program is aligned with SAMHSA's goals and objectives of expanding the capacity of substance abuse treatment providers to serve persons in treatment who are underserved because of lack of access to treatment due to transportation issues, financial constraints and/or an inadequate number of substance abuse treatment providers. This project is intended to serve those residents living in rural areas of Marion and Citrus counties who have limited access to public transportation. These are areas of high need and health disparities that can greatly benefit from the expansion of services through our TAC program.

The goals are:

1. Expand treatment opportunities, communication, and education clients and people living in Monroe and Citrus Counties.

Objectives:

- a. Reduce drop-out rates from 33% to 21% the first year, 16% the second year, and 11% the third year

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- a. Provide educational webinars to the public once a month the first year and expanded programs in year two and three
2. Encourage and measure continued after-care and follow-up of SA/COD services to clients on a long-term, continuing basis.
  - a. Sign up 5% of the clients for at least three months the first year
  - b. Increase the number of clients and the length of time each of the following years based on year 1 experience
3. Meet the goals outlined in *Purpose of Initiative #6* as modified for our organization
  - a. Objective 1: Develop the infrastructure for interoperable EHRs within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards.
  - b. Objective 2: By example and leadership, show the way to create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings. Specifically, this grant support Goal 6.2 by directly and indirectly providing incentives for the adoption and use of EHR's and technology-assisted care.
  - c. Objective 3: Provide technical assistance to local leaders, behavioral health and health providers, patients and clients, and others to increase adoption of EHRs and HIT with behavioral health functionality.

Outcomes for Goal 3 will be developed after the program starts.

Health Information Technology (HIT) will allow behavioral healthcare centers to engage the individual receiving services in close proximity to their home without waiting for the exchange of records and paperwork and without requiring unnecessary or repetitive tests and procedures. Other medical and social factors occur simultaneously with and affect behavioral health. Thus, access to a patient's medical history, medication history, and other information is essential to identifying potential medication interactions, and identify factors that may affect the effectiveness of treatment, and/or other potentially harmful consequences to a course of treatment (SAMHSA, Leading Change: A Plan for SAMHSA's Roles and Actions, 2012).

Early childhood program evaluation studies indicate that it is possible to improve outcomes for vulnerable children as well as to generate positive social and economic benefits to society (Center on the Developing Child at Harvard University). By working together to connect community resources and groups, we will more efficiently help these families benefit from resources that are coordinated and responsive to their needs. Through this program, we anticipate that we will help these adults to overcome their personal challenges, strengthen their families, and contribute to the building of a healthier community.

Achievement of goals to produce reliable results:

When participants are exposed to easy access to treatment, via teleservices, the likelihood of them completing treatment successfully is greatly enhanced. They will be able to remain in their homes or gather at a location near where they live and engage with the therapist and other providers in receiving the attention and guidance they need to initiate and sustain recovery. This ability to provide direct contact with the participant in treatment or in crisis gives them the opportunity to experience the support they need to manage the stressors that often cause dropout

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or relapse. The provisions of free aftercare access as part of the program permits the necessary structure and social support that recovering people need to maintain long term abstinence. Our prevention program will be available to participants to receive additional education in SA/COD subjects to broaden their information base for recovery.

- **Describe the evidence-based practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA**

Leading human services organizations recognize that integrated human services delivery is essential. It is about simplifying and realigning service delivery so that it is cross-program, anticipates beneficiary and family needs, and empowers independence faster. The key is to address the complex situation of an individual or family receiving benefits rather than providing one disconnected system at a time. Success will mean taking advantage of the latest technologies and making process and organizational changes—from intake and eligibility determination through case management. ([Accenture http://www.accenture.com/us-en/Pages/service-integrated-service-delivery.aspx](http://www.accenture.com/us-en/Pages/service-integrated-service-delivery.aspx) )

Integrated services methodology has led to the development of systems of care that have become “Best Practices” by producing superior results compared to older, single source and care programs. The Centers will develop systems integration to achieve best practices integrated services. This will begin with the development of infrastructure within mental health and substance abuse systems that supports the provision of integrated mental health and substance abuse services (integrated treatment within integrated programs) to individuals with SA/COD. Systems integration will include any or all of the following:

- Integrated system planning and implementation;
- Continuous quality improvement;  
Mechanisms for addressing financing, regulations and policies, program design and certification, inter-program collaboration and consultation, clinical “best practice” development, clinician licensure, competency and training, information systems, data collection, and outcome evaluation (Systems Integration. COCE Overview Paper 7, 2007).

Persons with COD are found in all service populations and settings. These clients will not be served adequately by implementing a few programs in a system with scant resources. Rather, COCE takes the position that co-occurring disorders are to be expected in all behavioral health settings, and system planning must address the need to serve people with COD in all policies, regulations, funding mechanisms, and programming. (COCE Overview Paper 3, Overarching Principles To Address the Needs of Persons with Co-Occurring Disorders, p. 2; CSAT, 2005).

Successful programs must build up from the fundamental basis that systems integration brings to initial planning. Former SAMHSA Administrator Charles Curie and his colleagues (2005) note that meeting the needs of people with COD requires a systemic approach “that addresses the challenge of organizing the entire infrastructure of the behavioral health system.” Systems integration is the output of the various processes by which systems work individually and collaboratively to develop structures or mechanisms to address individuals with multiple needs. Integration can occur in systems of any size (entire States, regions, counties, complex agencies,

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or individual programs) and in any population or funding stream (adults, elders, children, urban/rural, culturally diverse populations, Medicaid, private payors, or State block grant funds) (Minkoff & Cline, 2004; Ridgely et al., 1998).

And, finally, the recognition that effective responses to persons with either mental illness or substance use disorders is compatible. Therefore, integration is a logical strategy for unifying approaches derived from independent efforts to achieve positive outcomes with narrowly defined target populations (Overarching Principles to Address the Needs of Persons With Co-Occurring Disorders; CSAT, 2005).

In January 2010, SAMHSA released a protocol, Integrated Treatment for Co-Occurring Disorders Kit that substantiates years of research that has shown that in evidence-based Integrated Treatment programs, consumers receive combined treatment for mental illnesses and substance use disorders from the same practitioner or treatment team. Key elements of integrated treatment include the use of: integrated services, cross-trained practitioners, stage-wise treatment, motivational interventions, cognitive-behavioral approach, multiple formats and integrated medication services.

The Centers utilizes three evidence-based practices (EBPs) in its integrated treatment program when addressing the needs of individuals with substance abuse and co-occurring disorders SA/COD). These EBPs were selected to address the different types of substance abuse, mental health education and treatments, and to meet the needs of the clients and their families.

Each of the EBPs utilized by The Centers was selected from SAMHSA's National Registry of Evidenced-Based Programs and is appropriate for the population served. The behavioral and motivational EBPs outlined below complement one another in fully covering the treatment spectrum requiring the SA/COD patients and address the inherent disparities in the subpopulations.

The three EBPs used in the treatment of the SA/COD disorders of the adult participants in the grant:

1. **Intensive Outpatient Model:** The Hazelden Matrix Model is an established EBP designed by researchers at Duke University. It has three components: 1) Cognitive Behavioral Therapy designed to address changing maladaptive thought patterns that underlie SA behavior and many mental health issues as well. 2) Enhancing participation in treatment through the use of the Motivational Interviewing process. 3) The Twelve Step Facilitation portion concludes the treatment model.

The program consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing. The program includes education for family members affected by the addiction. The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change. The interaction between the therapist and the patient is realistic and direct, but not confrontational or parental. Therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth. At the conclusion of the

treatment, the patients are provided with a continuing care plan which has been proven to be an important contributing factor to their successful lifelong recovery (Hazeldon et al. (What is The Matrix Model Integrated Therapeutic Model. Hazeldon Publishing Co., 2013) <http://www.hazelden.org/web/public/matrixwhat.page>.)

2. **ASAM Level II Intensive Outpatient Program:** This practice allows for intensive service, five days a week, 4-5 hours per day through exposure to recovery and abstinence principles. It usually involves group and individual therapy as well as psycho-education. The simplicity of these models plus their comprehensiveness will allow the practice to address many diverse clients at various stages of change. The use of technology assisted services for groups will permit the establishment of different groups based on what stage of change the client is in and tailor the curriculum accordingly. For individual sessions the opportunity to be available to clients in crisis via tele-health services allows for immediate and active intervention to prevent relapse and hospitalization. Psycho-education will address issues surrounding SA/COD such as Domestic Violence, Anger Management, Relapse Prevention, interpersonal skill building to name a few (ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R). April 2001).
3. **Wellness Recovery Action Plan (WRAP):** This practice is a simple, concrete guide to recovery. It involves listing one's personal resources, a wellness toolkit and using those resources to develop an action plan which is used in specific situations as determined by the consumer. The WRAP program cuts across racial, ethnic, socioeconomic, gender and religion in that it is culture neutral. The plan is developed and based primarily on the needs of the consumer as identified by the consumer. Each participant will explore personal wellness strategies, build individual competencies and identify crucial peer supports to enhance recovery from substance abuse. Part of the program is that each participant develops his/her own maintenance plan for remaining healthy (nutrition, relaxation, recreation, peer support, exercise, spirituality and self-help strategies etc.). Though WRAP was originally designed for the mentally ill population it was adapted to the SA/COD population. The program's focus on wellness, relapse prevention, and social support is key components in recovery from addiction (Copeland, Mary. WRAP and Recovery Books, <http://www.mentalhealthrecovery.com/wrap,1995-2013.> )

Each of the EBPs can be administered via teleservices because they require relatively simple coaching of the consumer in various domains and helping the consumer write or select responses on pre-printed forms. Using white boards on the teleservices screen allows for the consumer to participate in devising strategies for participating in the treatment planning process or developing and maintaining a recovery plan through readily accessible computers. This information can be stored and retrieved for later sessions as needed.

- **Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability.**

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The proposed practices are chosen to address the varieties of attitudes, degree of addiction, motivation for changes, and commitment to the programs. Our goal, as stated previously, is to improve the commitment of clients and the attendance levels for the program. The EBT's selected have different approaches that will enable us to achieve that goal as described here.

The populations in the counties are more homogeneous and less stratified by race, income, and education than other, larger metropolitan areas of Florida. The target population does not contain the variety of subpopulations found in large metropolitan areas. It is anticipated that the EBPs will support the varieties of people, attitudes and natures, and addictions using the same methods that have made The Centers successful and bolstered by the EBPs as shown here:

**Intensive Outpatient Model** - The Matrix Model treatment protocol can be extended up to 12 months through continuing care/aftercare. It is structured differently than inpatient treatment, using methods proven-effective with stimulant addicts and is very person focused. It is more directive and behavior-focused than general therapy.

- Focus is on behavior rather than feelings; the behavior is more important than the reason behind it
- Therapeutic team approach is utilized
- Therapist frequently pursues less motivated clients
- Goal is stability versus comfort
- Focus is abstinence; bottom-line is always continued abstinence
- Therapist functions as a coach/advocate
- Family system support is encouraged

(Hazeldon et al. (What is The Matrix Model Integrated Therapeutic Model. Hazeldon Publishing Co., 2013 ;) <http://www.hazelden.org/web/public/matrixwhy.page>.)

**ASAM Level II Intensive Outpatient Program** – ASAM Level II provides activities and opportunities that may not be found in other treatment programs, they may be structured around a person's life, work or family. (ASAM Patient Placement Criteria, Second Edition-Revised)

**Wellness Recovery Action Plan (WRAP)** – WRAP is a very personal and centered approach to therapy. It has been developed by a group of people who experience mental health challenges. These people learned that they can identify what makes them well, and then use their own Wellness Tools to relieve difficult feelings and maintain wellness. The result has been recovery and long-term stability. (Copeland, Mary. WRAP and Recovery Books, <http://www.mentalhealthrecovery.com/wrap,1995-2013.>)

### ***Explain how your choice of an EBP will help you address disparities in subpopulations.***

The Centers is the primary behavioral healthcare provider in Marion and Citrus Counties, Florida and prides itself on making quality substance abuse and mental health treatment available to all individuals in need regardless of race, gender, sexual identity, ethnicity, disability, religion, creed, residence, socio-economic status, or language and literacy. The Centers recognizes the role that each personal characteristic can have in the recovery process and has worked hard to identify those EBPs that best meet the needs of the population we serve. Our team of

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experienced and dedicated staff strives to address the whole person as they work with the client through the treatment process to a life of recovery. The proposed TAC program will serve all individuals over the age of 18 with a diagnosis of substance abuse and/or a co-occurring disorder.

Demographics, language and literacy, sexual identity, disability and socio-economic status will be assessed during the intake process and then communicated to the appropriate program in the individual's initial treatment plan. Each item will be considered in the treatment process as relevant. Translation and assistance will be provided to individuals with language and literacy barriers via program staff or The Centers' language bank. Socio-economic status will be addressed in patients that may be eligible for additional benefits that will be applied for.

Sexual identity will be considered only as relevant to any health risk, issues, and/or concerns. Disability will be considered, as part of the individual's treatment process, in terms of adapting any of the curriculums to allow for special needs. All of our facilities are handicapped accessible. Any issues stemming from demographics will be addressed as applicable, with program staff all of whom are trained how to engage, motivate and assist clients in all modalities in overcoming any barriers. The Centers serves over 16,000 patients a year and is experienced in providing care to individuals from all walks of life

**Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP. Not Applicable**

**If an EBP does not exist/apply for your program, fully describe the practice you plan to implement. Not Applicable**

### **Section C: Proposed Implementation Approach**

- Describe how you will support SAMHSA's Strategic Initiative #6, Health Information Technology (HIT), in treating substance using populations.**

The Centers is leading a two-county program to bring a complete Health Information Technology (HIT) program to a largely rural area with a significantly underserved population suffering from COD issues. The Centers in collaboration with Kids Central, Heart of Florida Health Center, the Citrus County Department of Health, and Langley Health Services show the very broad and full participation that The Centers has recruited. The Centers will work with prevention specialists, healthcare providers, and grassroots organizations, all with the mission to bring health care through teleservices to the underserved people in the area. (Refer to Section D)

The Centers will participate in, and support SAMHSA's goal to promote the use of interoperable electronic health records (ERHs) in the behavioral health systems in the two-county area by installing equipment and software partially funded by this grant and funded by The Centers. This will be the start of integrating information and record systems with the area health systems and providers. Elements of the ERHs system are anticipated to be very helpful in achieving the mission of The Centers:

- Improve health care quality, prevent medical errors, increase administrative efficiencies, and improve patient health**

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- Importantly, it has the potential to promote patient monitoring and involve clients in their own care

These are elements that are continuous and natural goals of healthcare providers but which are difficult to achieve by using current paper-oriented systems and personal client visits and access. The use of HIT will make these goals closer and will make a major goal of improving client participation in the programs a measurable and more improvable factor in treating clients for COD.

The goals outlined in SAMSHA's *Purpose of Initiative #6* Bulletin can be converted to the local level and used as guides for success, which we intend to do with the modified goals shown here based on the Initiative #6 goals:

- **Goal 6.1:** Develop the infrastructure for interoperable EHRs within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards.
  - **Goal 6.2:** By example and leadership, *show the way to* create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings. Specifically, this grant supports Goal 6.2 by directly and indirectly providing incentives for the adoption and use of EHR's and technology-assisted care.
  - **Goal 6.3:** Provide technical assistance to local leaders, behavioral health and health providers, patients, clients, and others to increase adoption of EHRs and HIT with behavioral health functionality.
  - **Goal 6.4:** By accomplishing the above, enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.
- **Describe your experience using technology for treating substance using populations.**

The Centers began utilizing HIT for data collection services via Florida Safe Families Network (FSFN) in 1993. The HIT software application was created by the Department of Children and Families (DCF) to provide a unified database for the storage of client information, foster care payments and case tools. FSFN has grown in scope and capability since 2008. Currently all client information, case notes, provider and placement information is entered into FSFN by the Centers. Family Care Managers also upload legal documents and child records into FSFN. DCF utilizes Crystal Reports to extract comprehensive data from FSFN regarding both demographics and key child welfare markers.

The Centers current HIT infrastructure is technically advanced with experienced, professional people operating it. The system enhances the quality of care compared to earlier systems due to the HIT applications and advantages provided. HIT and the technical infrastructure is the backbone of the operations of the organizations, and its limitations, capabilities, and management affects the quality of care provided by the organization. The Centers does not currently provide teleservices to the population because of the lack of resources to purchase bandwidth, laptops, cameras and other AV aids necessary to offer such a service. This prevents the agency from reaching deep into the community to provide treatment for COD because the community itself is rural and possesses very limited means of transportation to services. This causes a high (40%-45%) no show or cancellation rate due to the difficulty in getting to our campuses. It also prevents the dissemination of important

substance abuse and mental health information and education that might normally motivate individuals into treatment. It limits outreach activities as case managers and outreach personnel are insufficient to meet the demands of burgeoning population for treatment, medication, education, etc. The state requirement for case load size further prevents intervention with those needing COD treatment and allied services. These access barriers limit the agency's ability to effect broad based change in the community relative to substance abuse.

- Explain how you will address the following factors influencing the expansion and/or enhancement of technology (including but not limited to EHR and telemedicine systems and tools):
  - Organizational factors (i.e., redesign of workflows, capabilities of your practice, and day-to-day operations of your practice).

**The project flow from beginning to end is described here:**

- Client to contact the Call Center and be given appointment within 72 hours
- Biopsychosocial assessment (Intake) completed face to face.
- At intake client invited to participate in teleservices. If so then he/she signs consent forms agreeing to participation.
- An appointment for treatment services will be made at the end of the assessment. In addition the client will be given a form to contact information and receive their user name, password and the Website to use for subsequent services. Included in this document will be information on telehealth services as it relates to HIPPA and confidentiality as well as information on hooking up electronically for treatment. The client will be given the name of the provider(s) which will be linked in the computer to their name so that he/she can make contact electronically as needed. Where needed, web cams will be supplied to the client.
- The client will call in at the time of the appointment and the therapist or psychiatrist will commence treatment services. A treatment plan will be established and viewed by the client and e-signatures provided. Medications will be prescribed using DrFirst Web based prescribing. (<http://www.drfirst.com>)
- In the beginning where Intensive Outpatient groups are occurring the client will be able to appear in person or electronically and the group leader will conduct the visit. Documentation of the group will be conducted by the leader at the time of the group with direct input from the client using video tools. Individual therapy sessions will conclude with documentation developed jointly by the client and therapist. Any written documents that are part of the therapy interventions will be viewed by the client as well as the therapist.
- Once the client is discharged from therapy, then he/she will be stepped down to Peer Support services. The Peer Specialist will conduct twice weekly groups as part of an Aftercare program. At this point the client will be oriented to the use of the WRAP program to guide maintenance of recovery. They will participate in this program for a period of up to one year at the same time being encouraged to be actively involved in a 12 Step recovery group in the community. Since The Centers sponsors such groups it will be possible for them to appear via video conference for these support meetings at our three sites where we will have computers available or from home or mobile computer.

- At monthly intervals data will be reviewed and analyzed as to the project's effectiveness in bringing treatment to the underserved population.
- Once the WRAP Aftercare is completed the client will be discharged to the 12 Step group exclusively with provision for return to Aftercare on an as needed basis.

### **Technology in treatment planning for individuals**

Through the use of technology, our psychiatrists and therapists will be able to do treatment planning and delivery in real time format. The treatment plan will be discussed with and written in the client's language so that it reflects their specific goals and objectives. This will give the client and provider an opportunity to address and identify client strengths and assets as well as barriers to treatment completion. The client will be able to view and electronically sign the document once they approve its contents. The provider will also sign at the same time. This allows for the collaboration of client and provider in the same manner as if the client were physically present without adding the burdens of transportation and child care which affect face to face visits. Individual sessions can be enhanced using teleservices by adding family and support session to the treatment plan. Family therapy conducted with the family in the home is the most beneficial treatment for substance abuse recovery and teleservices offers that opportunity.

### **Share Outcomes among all partners**

The Centers (agency) will provide crucial documentation to its partners regarding the treatment progress of adult substance abusers. This will allow for the rapid and smooth exchange of information between the agency and the court system both for child welfare, veterans and for criminal cases in which the participants are involved. Furthermore, often there needs to be an information exchange between the agency and the Probation Department. In cases of sharing results of lab work and urine drug screens the ability to alert Probation Officers via electronic means the results can be discussed between provider and Officer immediately rather than waiting for it to be mailed or even faxed to the department. This permits a quicker response on occasions where relapse occurs in allowing the provider and Officer to collaborate on how to deal with such instances.

### **Expanding treatment and prevention services to rural/underserved populations**

In addition to the above ways that the agency can serve the rural, impoverished segments of the population, technology can be used to provide prevention services to the community. Our Prevention Services Unit provides valuable educational material to the community. The educators often go to local colleges, churches, civic organizations, and other places, to discuss mental health and substance abuse topics. Among the many subjects they cover are Relapse Prevention, Anger Management, Substance Abuse Disease, and Recovery. Technology can be used to support their efforts in reaching a broader population through the use of video to present up to date information on substance abuse from the Internet. It would also be possible to offer Prevention Services to select audiences. For instance, they could deliver a lecture on Triggers to Use at the Salvation Army and the Child Welfare office, or the Mental Health Court and the YMCA concurrently.

**Support recovery and resiliency by providing tools for ongoing monitoring of health status**

In addition to the preceding, recovery and resiliency will be enriched through the use of electronic means. Often clients need to contact their provider in between scheduled appointments. Web based services will allow the provider to address symptoms with the client as they occur and actively intervene to help them practice strategies immediately. In addition, due to the nature of Severe and Persistent Mental Illness, the ability to observe the client who calls in crisis allows the provider to assess the urgency of intervention that other means, such as a standard telephone conversation, cannot do. For those who dislike going far from home for appointments the availability of computer access at sites near their homes (Child Welfare, Probation Department and Court House) will increase the likelihood of remaining in treatment until discharge. All of these ingredients help to increase the individual's chances of successfully recovering from addiction and maintaining that recovery.

**▪ Provider training and competence factors (i.e., disparity in IT dexterity among clinicians and staff).**

Provider training will include specialized state approved certification for providers of teleservices. Specifically the agency providers, including doctors, ARNPs, therapists and counselors will undergo a 20 hour training program designed to prepare them in delivering teleservices to participants. The course includes sections on HIPPA, safety, special circumstances encountered in teleservices and how to respond. They will also be trained in Web software (Skype, Go to Meeting) and how to manage specific problems associated with the use of Web technology (cut offs, losing data).

**▪ Relationship factors between provider and persons in treatment (i.e., immediate vs. long term impact on care, the ability of persons in treatment to use electronic tools).**

The capability to have immediate contact via the Internet with service providers will greatly enhance the opportunity to help individuals from relapsing. The provider will be able to intervene in the moment to help coach the person through the situation creating the temptation to reuse. The use of electronic tools will allow for the development of aftercare groups overseen by peer mentors to offer individuals the social support necessary to attain sobriety and also avoid hospitalizations and involuntary commitment (Marchman Act).

**▪ Technical factors requiring additional staff or consultants (i.e., support maintenance, operation of the system).**

Centers staff will receive professional training from LifeSize on the software and equipment. End users will receive training on ClearSea. LifeSize experts will deploy the equipment; setup the servers and train The Centers IT staff on its management and features. For three years LifeSize will fully support the system and will conduct support and maintenance at other sites. All training will occur prior to client service.

The Center's Substance Abuse Teletherapy Services will be built upon the latest telepresence technology from LifeSize. LifeSize has revolutionized the telepresence industry with products that are easy to use, offer high quality interaction, and interoperability with all major computers, mobile phones, and legacy teleconferencing endpoints. Information technology and line staff will receive professional training from LifeSize to ensure that all staff is comfortable with the technology.

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The LifeSize ClearSea Server will be the core of The Centers Tele-Therapy program. ClearSea will provide a secure conduit for The Centers therapists to work with clients almost anywhere. Clients will be able to download a preconfigured ClearSea Client application for their smart phone or desktop computer from The Centers Website. Once installation is complete, the client will enter their name and pre-assigned password, and will be able to place a call to therapist at any time. Clients will use the ClearSea Client to have face to face communication with therapists from their home or partner locations. The ClearSea server can support up to 2,500 clients registered at a time and up to 48 simultaneous sessions.

Therapists will maintain personalized client lists. Client appointments can be scheduled as normal. Appointments will automatically be added to the therapist's video endpoint. At the appointed time the client and the therapist will be reminded and prompted to initiate the session with the client. The therapists will then conduct their session as if the client was sitting at desk. Both client and therapist will enjoy clear video and high quality audio.

The flexibility of ClearSea will allow the Centers to work with community partners to provide remote service kiosks for clients without home Internet. The Centers provide community partners with compatible webcams and headsets. ClearSea can run on modest computer systems and mobile technology. ClearSea makes efficient use of bandwidth so partners with slower Internet connections will still be able to conduct business while hosting a teletherapy session.

Maintenance is included in the cost of the equipment shown and is for three years. Purchases and maintenance cost beyond the three-year period will not be known until the second year of the grant program.

- **Financial factors (i.e., coverage of ongoing hardware upgrades and maintenance, software maintenance, IT staff and consultants, and refresher training costs that occur beyond the 3-year award period).**

The majority of funding for the program will be for equipment that will include audio/visual, specialized computer server, video centers and bridges, and equipment software and mechanical management equipment. The equipment will have a total cost over the three-year period of the grant of \$359,098, entirely funded by the grant award. Personnel and evaluation costs allocated for the grant funds are \$459,128 for the three-year period. This is a total of \$818,226 for the three-year period, less than the potential total grant amount of \$834,000.

The total three-year program budget is \$2,331,439. The Centers has the capacity to fund the additional \$1,513,213 of the program costs from revenue. Additional grant funds will be accessed to cover as much as possible of these costs. Costs beyond the three-year period can be maintained through revenue and supplemented by grant programs.

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- Describe how effective consent will be obtained and tracked, including any special conditions dictated by State law and 42 CFR part 2.**

All consents for the program will be obtained according to the Florida Administrative Code, 65D-30, 42 CFR Part 2 and other applicable guidelines imposed, during the intake process prior to the initiation of any program services. Participants in the TAC program will be educated on the steps that will be taken to ensure their confidentiality during the intake process. Clients will participate of their own free will, scheduling and attending an appointment or identifying their choice of service location. All clients' initial service will be a face to face contact with staff available to accommodate them at pre-arranged locations. This will provide a viable opportunity for those clients who prefer to go to an established site or who do not have clear Internet capacity, to access and receive such services via web based software, at home or in locations near their homes. Arrangements will also be made to provide computer access at local family health centers, NAMI, Child Welfare offices, Probation and Court offices, strategically located sites operated by The Centers or other prearranged locations. This opportunity for the client to receive services at a location of their choice will lessen the psychological risk than for a client who is receiving medical care in a general setting. The Centers will continue to conduct random and monthly quality reviews of client records by our quality improvement team under the guidance of the chief clinical officer. Also, the proposed HIT software is designed to alert the user and provider when forms are not completed as required.

It is the policy of The Centers to protect the confidential status of individually identifiable health information from any unauthorized access, including use or disclosure. Information related to client care and treatment will be divulged only in accordance with Florida State and Federal regulations. Health Care records for persons served and the information contained within will be maintained in accordance with state laws and federal regulations and strictly follows the guidelines contained in the company's policies and procedures relating to medical record management (See Attachment 4).

Confidentiality is of upmost importance at The Centers and our staff demonstrates full knowledge of and compliance with HIPAA laws, without exception. The Centers recognizes that a certain risk comes with documenting and reporting information for the purposes of this grant. All assessment and data collection required for reporting will identified in accordance with HIPAA procedures.

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

The primary objective of this project is to provide teleassisted care in the rural areas of Marion and Citrus counties. Clients will be able to access a psychiatrist or therapists within minutes via HIT, reducing wait times that occur in our facilities. Trained, competent, mental health practitioners are difficult to access in the rural areas of Florida, especially in close proximity to home. On-demand HIT and real time webcast can expedite assessment, diagnosis, treatment and disposition of patients in remote settings. In addition, a psychiatrist will always be available, meaning that remote patients can be seen in routine outpatient care, or when they are in crisis. In

fact, remote treatment of depression, a common COD in substance abusing populations by means of HIT and in-person treatment of depression have comparable outcomes and equivalent levels of patient adherence, patient satisfaction, and health care cost (Ruskin, Paul et al., Am J Psychiatry 161:8, August 2004).

According to the US Census, the 2011 estimate of the population in our catchment area is 472,534 people with over 75,000 of its residents living in poverty. The Centers provides over 20,000 patient visits per year with over 16,000 of its clients classified as indigent and underserved. Marion and Citrus Counties are primarily rural communities with poor access to transportation and services, a major barrier to treatment. According to the Federal Communications Commission, in 2010, nearly 99% of Marion and Citrus County residents had access to broadband service. According to the US Census Bureau report for the same year less than 1% had access to public transportation. The implementation of HIT technology through the Internet, the use of laptops, smart phones and real-time video webcast will ensure that clients will benefit by having the ability to receive and make appointments; receive eligibility and pre-screening services, prevention and intervention services, health and medication management education, individual and group therapy sessions, family groups, crisis intervention and long term aftercare within the confines of their own homes or at locations strategically located throughout the community. In addition, the HIT technology will provide the opportunity for the community at large to receive increased outreach, prevention and health education services via webcasts provided at local family health centers, colleges, churches, civic organizations, libraries and other strategic locations in the catchment area.

- Describe your plan to screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.**

All individuals will be screened for the presence of SA/COD disorders during the initial intake process utilizing the Simple Screening Instrument (SSI). The screening will take place as quickly as possible in order to expedite appropriate services for the client. The American Society of Addiction Medicine (ASAM, 2001) has developed a set of Patient Placement Criteria (PPC) that can be used in matching individuals to different levels of treatment and that includes guidelines for placement of persons with co-occurring disorders (Screening and assessment of co-occurring disorders in the justice system, CMHS National GAINS Center, 2008).

The ASAM/AC-OK screening tools will be used to further assess the individual for co-occurring disorders and to engage the client in the appropriate treatment setting and processes. All of the tools utilized by The Centers are utilized by the State of Florida Department of Children and Families during the screening and assessment processes. Drug testing will be used as a component of screening as incentive and motivation for adherence to treatment. Program staff is trained to identify and address cultural differences and other issues such as abuse and health concerns that will be included in the individual's treatment plan. The treatment plan will address the six dimensions of ASAM and will detail the therapeutic interventions; what is going to be done, when it is going to be done and by whom, with consideration of the client's needs and input in identifying ways to deal with each problem. The use of ASAM tools will aid program

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staff in the development of a treatment plan that flows into discharge planning and begins at the point of the initial assessment of the client.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.**

Task No.	Tasks	Days	0	30	40	50	60	70	80	90	100	110	120
1	Grant awarded	1											
2	Recruit staff	30											
3	Prepare performance measures	30											
4	Order equipment	30											
5	Sign MOAs	30											
6	Hire staff	60											
7	Select Clinical Director/Nurse Coordinator	60											
8	Begin training facilitators	60											
9	Prepare education and retention materials	60											
10	Order materials, supplies	60											
11	Create policies and procedures	60											
12	Review quality measures	60											
13	Recruit Staff	90											
14	Begin orientation of staff	90											
15	Receive install equipment	90											
16	Train staff on referral process	90											
17	Develop IT reporting requirements	90											
18	Procure equipment/training materials	120											
19	Train staff on procedures	120											
20	Start IT system to report data	120											
21	Orient staff for project/continuum of care	120											
22	Test referral and data collection system	120											
23	Begin seeing patients	120											

- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreach, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.**

Recruitment of the COD population will occur at many levels. Kids Central, Heart of Florida Health Center, The Citrus County Department of Health, Langley Health Services, the judicial system and The Centers Outreach Team will serve as vital sources of referrals. Approximately 80% of the adults involved in these systems experience some level of substance abuse complicated by parallel problems of poverty, domestic violence, homelessness and the lack of transportation. Offering these individuals an opportunity to receive COD treatment without the usual encumbrances of lack of transportation, child care and financial means to pursue treatment will enhance treatment attendance and follow up compliance. Too often this population, even if

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they complete treatment, regress because the necessary supports are not available to them to maintain the gains made in services. Ready access to help when these individuals face challenges to their sobriety/addiction will increase retention rates. Our target population often struggles with competing priorities of caring for their children, completing a cumbersome case plan, meeting probation and other court requirements and coping with the demands of their addiction and mental health issues. Teleservices can reduce the stressors on our clients by providing a means of connecting with the system, accomplishing case plan goals and increasing access to various treatment modalities. Improved access translates to better outcomes because the counselor has greater access to client and the client develops greater investment in treatment.

- Describe how you will ensure the input of clients in assessing, planning and implementing your project.**

Engaging current and former clients, members of Narcotics Anonymous and Alcoholics Anonymous and our local National Alliance on Mental Illness (NAMI) will allow us to obtain ongoing input as to how to assess, plan and implement the project. We will seek feedback from participating clients as to how the services can be improved as they undergo the treatment. Through the use of automated and mailed satisfaction surveys, focus groups, and feedback forms, we can receive feedback on how effective the project is in reducing COD and incorporate their suggestions for tailoring our services to maximize the best possible outcomes. These varied opportunities for feedback will provide valuable information in the development, implement and operation of this program.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in Attachment 1.**

Partners in this endeavor are:

- Kids Central, Inc. is the not-for-profit lead agency selected by the State of Florida as the gatekeeper to coordinate child protection services in Citrus, Hernando, Lake, Marion and Sumter Counties (Circuit 5).
- Heart of Florida Health Center, established in 1991 has established itself as a prominent health presence in Marion County. The agency became a Federally Qualified Health Center in 2009 and provides an array of community health services to approximately 17,000 indigent and underserved patients annually.
- Citrus County Florida Department of Health, The Citrus County Health Department has grown from a one room office in 1950 to five buildings in 2007, from a staff of 4 to a staff of 150. The department currently serves a diverse population of over 14,000 primarily indigent, underserved patients that reside in a rural community
- Langley Health Services (LHS) is a Federally Qualified Health Center (FQHC) with two sites, one located in Sumterville, Florida and another at Silver Springs Shores in Ocala.
- Each of these partners has signed letters of commitment which are in Attachment 1. Their roles, both separately and collectively, are to: Provide referrals • Participate in the development, expansion, and use of the telehealth program as part of their strategic

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planning and as quickly as financing is available • Provide meeting locations for telehealth counseling and treatment • Support and disseminate the telehealth educational conferences and activities by including in marketing programs and providing meeting locations for webinars • The five organizations will work together as a consortium to exchange ideas, discuss issues, and maintain continuous improvement and expansion of the telehealth program

The responsibilities of each organization are to follow their commitments to the five action areas show above as indicated in the commitment letters.

- State the unduplicated number of individuals you propose to serve under the expansion/enhancement, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, and gender.**

<b>Unduplicated Individuals</b>		
Unduplicated clients with co-occurring served annually (2012)		<b>5,993</b>
Number of individuals who dropped out (33%)		<b>1,978</b>
		<b>4,015</b>
Aticipate that 65% of the drop out clients will be retained in new system		<b>1,285</b>
Unduplicated clients propose to serve		<b>5,300</b>

<b>Gender</b>		<b>Race</b>		<b>Ethnicity</b>			
Male	44%	<b>2,332</b>	White	81%	<b>4,293</b>	Non-Hispanic	92% <b>4,876</b>
Femal	56%	<b>2,968</b>	Black	11%	<b>583</b>	Hispanic	7% <b>371</b>
		Hispanic		7%	<b>371</b>	Other	1% <b>53</b>

- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served**

<b>Cost per individual served</b>					
Unduplicated clients with co-occurring served annually (2012)		<b>5,993</b>			
Number of individuals who dropped out (33%)		1,978			
		4,015			
Aticipate that 65% of the drop out clients will be retained in new system		1,285			
Unduplicated clients propose to serve		<b>5,300</b>			
<b>Method 1 Calculation</b>		<b>year 1</b>	<b>year 2</b>	<b>year 3</b>	<b>Total</b>
Cost per unit - project cost		\$ 123.94	\$ 113.67	\$ 114.30	\$ 115.79

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

**Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations**

The Centers, licensed by the State of Florida and accredited by The Joint Commission, provides services at four locations in Marion County and three in Citrus County. It is estimated that one out of every fifteen people in Citrus and Marion Counties directly benefit from the Centers' services each year through the provision of the following services:

**Acute Care Services: 24 Hour Assessment Services** – the unit provides 24 hour/7 day per week face to face mental health and substances abuse evaluations including 24 hour telephone crisis intervention counseling for residents in need in Marion and Citrus Counties.

**Inpatient Crisis Stabilization Services for Adults and Children** – reduces the need for long term psychiatric hospitalization for people exhibiting acute mental health issues through the provision of medications, individual, group, and family counseling.

**Detoxification Services** - Provides inpatient/outpatient detoxification treatment for alcohol and/or drugs by providing individual and group counseling and referrals for longer term residential treatment.

**Adolescent Residential Substance Abuse Treatment Services** – provides intensive residential SA stabilization and treatment for adolescents requiring long term care, including individual and group therapy; Family therapy sessions and specialty groups; substance abuse education; Relapse prevention; Psychiatric evaluation and medication management as needed Individualized treatment, Daily therapeutic and recreational group activities, Aftercare and transition planning

**Children's Mental Health Services** – provides comprehensive mental health services including individual and group outpatient therapy, on-site therapy at schools and in the home, case management and specialized services such as the Title XXI/Kidcare Evaluation and Comprehensive Behavioral Assessments for children in the child welfare system with emphasis on positive family interactions and the development of healthy parent/child relationships. The outpatient individual therapy and case management services are also available for the Spanish-speaking population.

**Adult Services** – provides a variety of services designed to develop independent living skills for the mentally ill including Case Management, Medication Management, Individual and Group Therapy, Drop-In Center in Marion and Citrus Counties, Supported Employment, Supported Housing and Supervised Apartments.

**Substance Abuse Services** – provides Outpatient alcohol and/or drug services for children/adolescents and adults including individual, group and family counseling and individualized services such as the Domestic Violence Group, DUI groups, and HIV Counseling and Prevention services.

**Adult Residential Treatment Services** - provides intensive residential SA stabilization and treatment for adults in need of long term care, including individual and group therapy; Family therapy sessions and specialty groups with consultation from a Board Certified Physician and treatment supervised by a Certified Addictions Professional.

## **Partners**

**Kids Central, Inc.** is the not-for-profit lead agency selected by the State of Florida as the gatekeeper to coordinate child protection services in Citrus, Hernando, Lake, Marion and Sumter Counties (Circuit 5). The agency develops and manages a comprehensive, community-based system of care for abused, neglected and abandoned children and their families

**Heart of Florida Health Center**, established in 1991 has established itself as a prominent staple in Marion County. The agency became a Federally Qualified Health Center in 2009 and provides an array of community health services to approximately 17,000 indigent and underserved patients annually.

**Citrus County Florida Department of Health**, The Citrus County Health Department has grown from a one room office in 1950 to five buildings in 2007, from a staff of 4 to a staff of 150. The department currently serves a diverse population of over 14,000 primarily indigent, underserved patients that reside in a rural community. The Health Department houses a federally qualified health center that provides a vast array of health services and specialty programs that are designed to meet the needs of the county.

**Langley Health Services (LHS)** is a Federally Qualified Health Center (FQHC) with two sites, one located in Sumterville, Florida and another at Silver Springs Shores in Ocala. As a non-profit, 501(c)(3) organization that is accredited by The Joint Commission. LHS offers comprehensive primary healthcare services to patients regardless of their income level. The staff at LHS is primarily from the community they serve and provide culturally and linguistically appropriate services that address the primary care and health disparities of their patients.

In addition to these partnerships, The Centers is a member of the following coalitions, councils, and community partnerships that are designed to assess, implement and continuously enhance and expand services for the populations that they serve.

- North Florida Behavioral Health Partners
- Florida Council for Community Mental Health
- NAMI (National Alliance on Mental Illness)
- Marion County Children's Alliance
- Mental Wellness Coalition
- Ocala Community Care
- Indigent Care
- Sheriff's Advisory Board (Marion County)
- Senior Alliance (Marion County)

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

<b><u>Positions</u></b>	<b><u>Role</u></b>	<b><u>Qualifications</u></b>	<b><u>Level of Effort</u></b>
Program Director	General Program oversight	LMHC/LCSW/ LMFT, Master's + 3yrs	100%
Lead SA/OP Therapist	Therapeutic operations	LMHC/LCSW, Master's + 2yrs	100%
Asst. Director, Substance Abuse	SA program operations	LMHC/LCSW, Master's + 2yrs	50%
Sr. Adult SA/OP Counselor	SA Counseling and treatment services	Master's + 3yrs	100%

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Licensed Clinical Supervisor	Quality Reviews, Clinical Supervision	LMHC/LCSW, CFARS/FARS + 3yrs	100%
MH/OP Therapist	Mental health therapy	Masters Degree + 2 yrs	100%
Licensed Evaluator	Supervision-Assessment & Diagnosis	LCSW/LMHC + 3 yrs CPR,NAPPI,CFARS/FARS,	100%
Evaluator	Initial intake/assessment	Master's + 3yrs	100%
Peer Coach	Group facilitator	HS, BHT/WRAP + 2yrs	100%
Admin Support	Clerical support	AA + 3yrs	100%
Project Coordinator	Service Coordination	Master's + 3-5 yrs	100%
Sr. IT Analyst	IT operations	AA + 4 yrs	100%

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

Key staff members at The Centers, Heart of Florida Health Center, Citrus County Department of Health, Kids Central, Langley Health Services reside within the catchment area and are reflective of the community they serve and have extensive experience working with the SA-COD population. The primary staff has been serving this population for more than ten years. The Peer Specialists are all trained in accordance with applicable guidelines to work appropriately and positively with their peers. All agency staff members attend a 40-hour orientation concerning multi-cultural issues, policies, and procedures concerning HIPPA, issues with mental health/co-occurring individual and customer service. Each staff by discipline then receives further information specific to their job duties. Annual updates are required in key areas. Annual performance competencies are done in order to ensure training is completed and any deficiencies are noted with further training or corrective action. The Centers has a language bank to facilitate discussion and provide input on issues in the patients' and family members' native languages.

### **Section E: Data Collection and Performance Measurement**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting.**

Prior to inception of the project, during the program development stage, WellFlorida will work with The Centers to identify a quality management and evaluation team (QMET) comprised of key health information technology and clinical and services personnel to specify required data collection systems and formulate policies and procedures for baselining data for key outcome measures and for collecting and reporting on data essential to the ongoing program management and outcome evaluation.

To the greatest extent possible, most evaluation and program monitoring and management data will be those collected and submitted to the Services Accountability Improvement System (SAIS); however, there will most likely need to be some locally resident database collection processes and data systems that will capture relevant data that is not required by HRSA to be submitted to the SAIS but will be relevant to The Center's specific program monitoring and performance management as well as its periodic outcome evaluation. These data collection

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systems and processes will be developed with the assistance of WellFlorida Council. As required, all data (including those locally developed data sets not required by SAIS) will be collected by identified staff at The Centers at baseline (i.e., the client's entry into the project), discharge, and 6 months post-baseline. The Centers will use its electronic health records (EHR) system to collect and manage most or all client-level, clinical information, and to automate Government Performance and Results Modernization Act reporting.

In addition to these measures, The Centers' TAC program will collect and report the following data:

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

The following three major goals and accompanying measurable objectives will comprise the core of all program monitoring and performance management as well as outcome evaluation activities:

1. Expand treatment opportunities, communication, and education clients and people living in Monroe and Citrus Counties.
  - a. Objective 1: Reduce drop-out rates from 33% to 21% the first year, 16% the second year, and 11% the third year.
  - b. Objective 2: Provide education webinars to the public once a month the first year and expanded programs in year two and three.
2. Encourage and measure continued after-care and follow-up of SA/COD services to clients on a long-term, continuing basis.
  - a. Objective 1: Sign up 5% of the clients for at least three months the first year.
  - b. Objective 2: Increase the number of clients and the length of time each of the following years based on year 1 experience.
3. Meet the goals outlined in Purpose of Initiative #6 as modified for our organization
  - a. Objective 1: Develop the infrastructure for interoperable EHRs within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards.
  - b. Objective 2: By example and leadership, show the way to create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings. Specifically, this grant supports Goal 6.2 by directly and indirectly providing incentives for the adoption and use of EHR's and technology-assisted care.
  - c. Objective 3: Provide technical assistance to local leaders, behavioral health and health providers, patients and clients, and others to increase adoption of EHRs and HIT with behavioral health functionality.

Prior to the inception of the TAC program, the internal quality management and evaluation team will work with WellFlorida to formulate these measurable objectives into fully SMART objectives; that is: Specific, Measurable, Achievable, Realistic and Time-sensitive.

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Ongoing program monitoring, quality management and evaluation will be guided not only by these goals and objectives but by the program evaluation template matrix in Table X. The cross-connections of common outcomes and program specific outcomes will help direct data collection for program monitoring, quality management, and the ongoing evaluation activities. They will provide an architectural framework for data baselines as well as data collection systems and future program improvements.

**Table X. Evaluation plan template for common outcomes, program specific outcomes, indicators and data collection**

<b>Common Outcome</b>	<b>Program Specific Outcome</b>	<b>Indicator</b>	<b>Data Collection Strategy - EHR</b>
Increased Access to SA/COD treatment	Consumers applying for web based SA/COD treatment	Client Apps for the project	Utilize the referral module within Profiler to capture clients referred to the program.
Increased enrollment for SA/COD treatment	Consumer completion of screening and assessment	Number of new consumers accepted into the web-based program	Client type to identify clients accepted in the program.
Improved show rate for therapy sessions	Number of consumers who participate in therapy process	Number who participate in the therapy process as prescribed	No-show rate for the program.
Improved successful completion of SA/COD treatment	Number of consumers who successfully complete the therapy process	Number of consumers who complete their therapy goals as expressed on the treatment plan	Program discharge reason/treatment plan discharge reason for clients being discharged from program
Improved participation in Peer Oriented Aftercare	Number of consumers who attend at least 6 months of Aftercare	Number of consumers who complete six months of aftercare	No-show rate for Aftercare program.
Improved successful completion of Aftercare	Number of consumers who complete the full Aftercare program	Number of consumers who complete the full Aftercare program	Program discharge reason/treatment plan discharge reason for clients being discharged.
Greater use of housing, employment, outreach recovery self-help, medical resources	Number of consumers who are linked to other services	Number of consumers who participate in receiving the support services	Utilize the referral module within Profiler to capture clients referred to other services.
Increased access to opportunities for housing, employment, recovery self-help and medical care	Number of consumers who actually participate in the services of referral sources	Number of participants who complete the terms of the support services	Referral module – outcome of referral
Improved reduction in the rate of relapse of the SA/COD consumers	Number of consumers who do not relapse and reappear for treatment	Number of Consumers who finish the entire program and do not reappear for treatment for one year	Re-admission rate of program participants who have successfully completed treatment.
Reduction in the amount of repeated out of home placements of children in Child Welfare	Reduction in the number of children removed from home due to parental SA/COD	Number of consumers who do not reappear in Child Welfare for child removal	This must be tracked utilizing CBC data – no easy way to track it in Profiler.

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- **Describe the data-driven quality improvement process by which subpopulation disparities in access/use/outcomes will be tracked, assessed, and reduced.**

WellFlorida recommends that The Centers forms an internal Quality Improvement Team (QMET) and potentially considering convening a client and partner quality circle from time to time to get feedback (though interviews and/or focus groups with clients and community partners will be part of my prescription for 3.) regarding qualitative and process aspects of the TAC program that may be contributing to observed outcomes and performance. The Quality Improvement Team (QIT) will be comprised of senior staff that are involved in the TAC program and they will receive data and reports from the front-line QMET members in order to make their quality improvement decisions.

- **Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.**

### **Contract Evaluation Services**

The Centers will work with WellFlorida Council to develop ongoing local performance assessment processes and to conduct the local performance assessment annually. Local performance is reflective of the level of achievement of measurable outcomes in the target populations; however, these outcomes are influenced by the extent to which the program and its processes are implemented according to plan and followed with rigor by both the providers of the services and the clients of the services. Therefore, any true local performance assessment must include a comprehensive analysis and evaluation of both outcomes and processes.

While WellFlorida will help guide an annual local performance assessment, the QMET will be directed to meet quarterly to determine program progress in achieving the three over-arching goals by reviewing program performance data for the seven specified measurable objectives. As part of ongoing quality management and improvement, the QMET will report the results of this program monitoring to the QIT so that senior staff may course correct and alter or enhance programmatic functions, processes or capacity to improve system performance and client outcomes.

Quarterly and annual quantitative data outcome reports will comprise a major component of the annual local performance assessment. WellFlorida will also assist the QMET with an annual qualitative assessment of program performance and processes. First, WellFlorida, along with the QMET, will develop an annual client satisfaction and needs assessment survey process to determine the clients' perceptions on program performance and if and how their needs are being met. Second, WellFlorida will develop, under the auspices of the QIT and the QMET, a key informant structured interview survey instrument and conduct 10-20 interviews with key leadership, staff and community partners to gauge their perspectives on program performance, strengths and weaknesses and opportunities for improvement and enhancement. Third, WellFlorida will develop, under the auspices of the QIT and the QMET, a focus group protocol and will conduct 4-6 focus groups (of 8-12 clients in each) with key client constituencies. The qualitative data generated from the client surveys; key informant interviews and client focus groups will be integrated with the quantitative outcome measure data to formulate an annual local performance assessment. This assessment will not only describe actual program performance via the quantitative data and perceived program performance via the qualitative

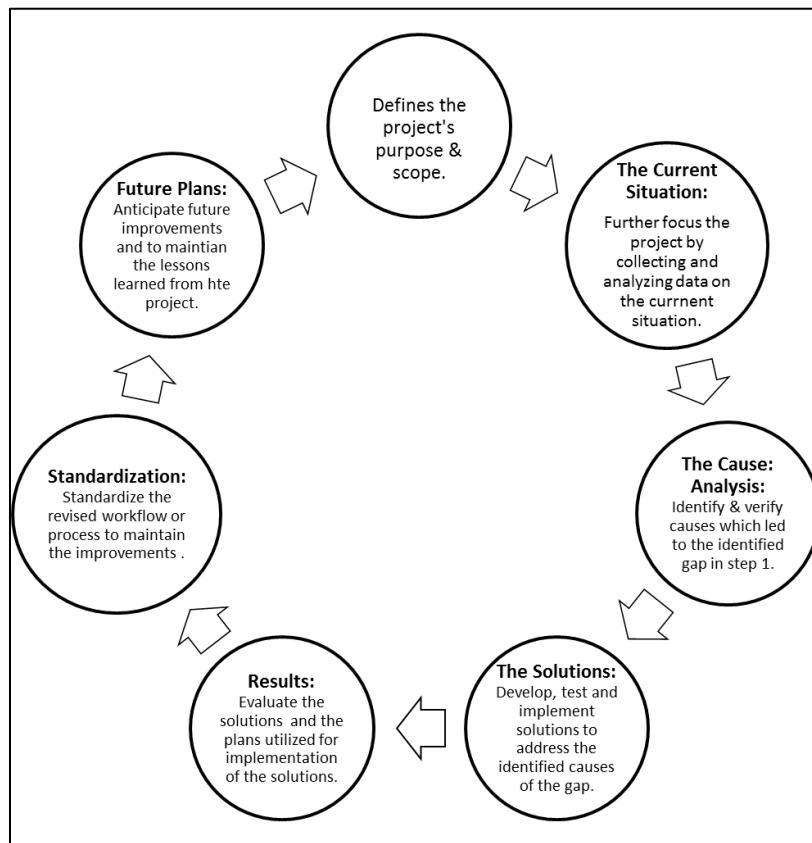
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data, but taken together the data will point towards program improvements and system and process changes necessary to achieve over-arching program goals.

The local performance assessment will be conducted by reviewing the grantee's performance in comparison to the established performance goals of the grant program. The performance data will be gathered via reporting from the current electronic health record (EHR) and state reporting performance measure reporting system. It will also include comparing these outcome measures to individuals served by the grantee who are not participating in the program.

### Client Internal Data Analysis

Demographic data for program participants and participants referred to the program will be collected within Profiler (EHR). Reports will be developed to review the demographic data and compare the programs demographic information related to the subpopulations to both nationally available access/use/outcome data and internal data for the agency's general population served. Analysis of the comparison reports will identify disparities of any subpopulation. After a disparity has been identified the agency will begin the formal quality improvement process. The data-driven quality improvement process currently utilized by the Centers is the Joiner 7-Step Method:



**Section F: Electronic Health Record (EHR) Technology**

- If you currently have an existing certified EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 5** of your application.

The Centers uses the Electronic Health Record (EHR) technology the Profiler EHR system. The go live for phase 1 was October 1, 2012 (outpatient services). The planned go live for phase 2 of Profiler (residential services) is July 1, 2013. Currently Profiler is being used to capture the following information: client demographic information; referral source; financial information (fund source); recording services provided and for outpatient mental health and substance abuse treatment programs the progress notes; for medication clinic programs initial evaluations, vital measurements, recorded services and progress notes as well as medication information when e-prescribing; the scheduling of all outpatient appointment are completed within Profiler. The implementation process is on-going as we carefully bring additional programs on-line with the EHR. This measured approach allows for a smoother transition for program staff. The limitations related to the implementation of the EHR are the limited staff available to develop the processes and procedures needed prior to implementation and to provide end user support. A limitation of the EHR is the need for electronic signatures, which will require the purchase of additional hardware. The goals of the EHR is to eventually replace the “paper” chart with a fully electronic record this is a long-term goal and progress has been made and continues as new components are brought on-line.

Profiler also provides the agency with great reporting opportunities based on the information collected and the ability to retrieve the information from Profiler. It improves the agency’s ability to assess the effectiveness of treatment, the engagement of the client in treatment (no-shows), identify barriers to treatment for clients (transportation), evaluation how effective the agency is in engaging minority populations; as well as geographically located populations (rural vs. urban areas) in treatment and the successful completion rates of treatment. Profiler also provides the agency with great reporting opportunities based on the information collected and the ability to retrieve the information from Profiler. It improves the agency’s ability to assess the effectiveness of treatment, the engagement of the client in treatment (no-shows), identify barriers to treatment for clients (transportation), evaluation how effective the agency is in engaging minority populations; as well as geographically located populations (rural vs. urban areas) in treatment and the successful completion rates of treatment. In addition provides a greater opportunity for the agency to effectively manage a client’s utilization of services (utilization review process) to ensure they are receiving services appropriate for their identified level of need. It also provides allows for the capture of additional quality management data to be used in the evaluation of program effectiveness (i.e. Important Aspects of Care).

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## BUDGET NARRATIVE FILE - Budget Justification, Existing Resources, Other Support (other federal and nonfederal sources)

### Personnel

There will be 15 personnel assigned to the project, with some on staff and others to be recruited and hired. The total annual personnel cost of the staff will be \$636,417, or \$1,909,251 for the three-year period. The amount for personnel from the grant award will be \$414,128 for the three-year period. The difference between the total budget amount and the grant amount will come from current revenue, which can be done for the three years and beyond. Grants will be sought to support the revenue source of funding as much as possible.

### Contract Evaluation

Evaluation services will be contracted at a cost of \$15,000 a year and will come from the grant award. The contract will be negotiated and signed after receipt of the grant award and before start of the program.

### Equipment

The funds for equipment will come from the grant award.

	Year 1	Year 2	Year 3	Total
<b>A/V Equipment:</b> This includes all the camera equipment for the project: Video conferencing devices, televisions, carts, and mounting equipment.	19,495	69,388		88,883
<b>ClearSea Server:</b> The LifeSize ClearSea Server is the core of the Centers TeleHealth System.	39,336			39,336
<b>Video Center:</b> Video Center will provide The Centers with the capability to record remote therapy sessions, groups, and educational presentations.		45,654	45,654	
<b>LifeSize Bridge:</b> The LifeSize Bridge will enable up to 48 users to simultaneously connect for group therapy sessions or training.		54,159	54,159	
<b>LifeSize UVC Manager:</b> LifeSize UVC Manager will allow Centers IT and admin staff to maintain a high level of service for the tele-health system.	4,796			4,796
<b>Subtotals - Section 1</b>	<b>58,831</b>	<b>74,184</b>	<b>99,813</b>	<b>232,828</b>
<b>LifeSize UVC Manager Accessories</b>	18,197	21,230	0	39,428
<b>LifeSize UVC Manager Infrastructure</b>	81,843	0	0	81,843
<b>LifeSize Bridge Community Partners</b>	4,999	0	0	4,999
<b>Subtotals - Section 2</b>	<b>105,039</b>	<b>21,230</b>	<b>0</b>	<b>126,270</b>
<b>Total Equipment Cost</b>	<b>163,870</b>	<b>95,414</b>	<b>99,813</b>	<b>359,098</b>

**SECTION G**  
**Literature Citations**

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## SECTION H

### JOB DESCRIPTIONS

#### **Title of position: Chief Executive Officer**

**Description of duties and responsibilities:** Provides leadership, direction and supervision of the agency. Responsible for the management of agency operations, maintaining productive relations with the Department of Children and Families ("DCF"), the community and individuals; Duties (some subject to approval by Board of Directors): establishes current and long range objectives, plans, and policies; represents The Centers to the community and individuals.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** Reports to the Board of Directors; Chief Financial Officer, Chief Operations Officer, Chief Human Resource Officer, Chief Clinical Officer and Executive Assistant.

**Skills and knowledge required:** Master's Degree in Human Service related field and minimum 5 years of experience at the senior management CEO level for a similar sized agency; ability to interpret, define and collect data; must possess a valid FL Driver's License and current Background Clearance Screening Letter as required by Florida Statute and DCF.

**Personal qualities:** Punctual, courteous, responsible, possess strong leadership and work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$90,000 - \$100,000

**Hours per day or week:** Monday-Friday, 8:00-5:00pm, flexible as needed.

#### **Title of position: Chief Medical Officer**

**Description of duties and responsibilities:** Responsible for providing direct services to the Adult Psychiatric Unit (APU) and oversees responsibility for all psychiatric medical personnel, psychiatric medical treatment, practices and protocol for programs offered at The Centers, Inc. Duties: communicate and build relationships in the medical community; maintain compliance with Florida Administrative Codes and State and Federal Confidentiality Law; enforce quality medical charting.

**Qualifications for position:** Must perform duties and possess the knowledge and skills required.

**Supervisory relationships:** All psychiatric physicians, ARNP, and PA.

**Skills and knowledge required:** M.D. from an accredited college of university; approved residency in psychiatry; licensure to practice in the State of Florida and experience in community mental health; ability to communicate effectively, perform basic math functions, interpret, define and collect data.

**Personal qualities:** Punctual, courteous, responsible, possess strong leadership and work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$90,000 - \$100,000

**Hours per day or week:** Monday through Friday; full-time, flexible schedule.

#### **Title of position: Chief Operations Officer**

**Description of duties and responsibilities:** Responsible for assuring quality care for Center clients. Duties: develop and implement Center policies and procedures; provide leadership in the planning, development, and administration of the Centers' Continuous Quality Improvement Program and Center services; manage the performance of the Center Directors; serve as the Centers primary liaison with regulatory/funding agencies; relate to clients and colleagues in a manner consistent with the Center's standards/ethics.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** Director of Quality Improvement, CBC Director, Executive Assistant

**Skills and knowledge required:** Master's degree in a human service related field with a broad knowledge of psychotherapeutic theory and practice; must have course work in or a working knowledge of human growth and development; minimum of 2 years experience in Management.

**Personal qualities:** Must be an effective communicator, collaborator, and delegator, possess strong work ethic, responsible, organized, punctual, and possess strong leadership qualities.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$90,000 - \$100,000

**Hours per day or week:** Monday- Friday, 8:00am-5:00pm.

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### **Title of position: Chief Clinical Officer**

**Description of duties and responsibilities:** Responsible for assuring quality care for Centers clients, providing direct supervision to the Centers' Medical Records Department and oversees clinical quality of organizational services. Duties: provide leadership in the planning, development, and administration of the Center's Continuous Quality Improvement Program; prepare regulatory body reviews and surveys; assure staff is providing appropriate treatment; develop and implement policies and procedures; assure that clients have access to contracted services; serve as administration's linkage to the Board of Directors' Program Planning and Evaluation Committee; assure that the Center-wide Manual is up-to-date and complete.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** Medical Records Staff; All program directors except for the CBC.

**Skills and knowledge required:** Master's degree (M.A.) or equivalent and 4-10 years related experience and/or training; or equivalent combination; ability to communicate effectively, perform basic math functions, define, interpret and collect data, type 35 WPM.

**Personal qualities:** Must be punctual, courteous, responsible, possess strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$90,000 - \$100,000

**Hours per day or week:** Monday-Friday, 8:00am-5:00pm.

### **Title of position: Lead SA/OP Therapist**

**Description of duties and responsibilities:** Responsible for planning and conducting therapeutic activities including treatment and discharge planning and individual and group therapy. He/she must demonstrate a working knowledge of regulations and the full continuum of care. In addition, this person must have a broad understanding of how a program operates and how each client moves along in the treatment system. As Lead Counselor, this individual will also support and advise counseling staff on proper procedures and work practices in addition to carrying a caseload.

**Qualifications for position:** Must perform duties and possess the skills and knowledge required.

**Supervisory relationships:** Reports to Clinical Supervisor, advises counseling staff.

**Skills and knowledge required:** Florida Licensed Clinical Social Worker (LCSW) or Florida Licensed Mental Health Counselor (LMHC); Master's degree in Human Service related field with a minimum of 2 years related experience; ability to communicate effectively, perform basic math functions, type 35 WPM, familiarity with Microsoft environment.

**Personal qualities:** Strong communicator, collaborator, responsible, organized, strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:**

**Hours per day or week:** Monday-Friday, 8:00am-5:00pm.

### **Title of position: Assistant Director, Substance Abuse**

**Description of duties and responsibilities:** This position is responsible for day-to-day operation of the Marion County Substance Abuse Programs and assures patient Continuity of Care and compliance with relevant standards, agencies and/or other contract requirements. Duties: plan, organize and direct the Program's service delivery; establish and maintain positive, therapeutic relationships with clients and their families; manage programs employee performance; work with Center Administration; ensure that all physical facilities receive adequate care and maintenance.

**Qualifications for position:** Must perform duties and possess the skills and knowledg required.

**Supervisory relationships:** Manages subordinate supervisors. Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws.

**Skills and knowledge required:** Florida Licensed Clinical Social Worker (LCSW) or Florida Licensed Mental Health Counselor (LMHC) with 4 years related experience, or obtain LCSW or LMHC within one year of hire; 2 years supervisory experience; working knowledge of Children and Families and Joint commission and other community mental health, alcohol and drug abuse rules and regulations; working knowledge of treatment of mental health and substance abuse problems; ability to communicate effectively, perform basic math functions.

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**Personal qualities:** Organized, responsible, punctual, strong communicator.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$50,000 - \$60,000

**Hours per day or week:** 8:00am - 5:00pm Monday through Friday - Some evenings possible.

### **Title of position: Sr. Adult SA/OP Counselor**

**Description of duties and responsibilities:** Responsible for assisting the Substance Abuse Outpatient Supervisor in carrying out the responsibilities of the Substance Abuse program and providing services; demonstrates group, individual and case management skills; provides treatment plans, assessments, and resources; provides initial diagnostic information and curriculum-approved substance abuse treatment; participates in quality improvement activities, staff meetings, in-services and external training; consults with judicial system officials and referral agencies.

**Qualifications for position:** Must perform duties and possess the skills and knowledge required.

**Supervisory relationships:** None. However, in the absence of the SNOP Supervisor this position oversees SNOP staff.

**Skills and knowledge required:** Master's degree in Human Service related field with a minimum of 2 years experience in Adult substance abuse treatment, a working knowledge of Human Growth and Development required, and Certified Addiction Professional (CAP) preferred; ability to communicate effectively, perform basic math functions, type 35 WPM, familiarity with Microsoft environment.

**Personal qualities:** Strong communicator, collaborator, responsible, organized, strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$35,000 - \$45,000

**Hours per day or week:** Monday-Friday, 8:00am-5:00pm; some evenings; schedule is flexible.

### **Title of position: Licensed Clinical Supervisor**

**Description of duties and responsibilities:** Responsible for completion of treatment plans/paperwork, psychosocials assessment state data forms and other documents; will provide and coordinate clinical supervision; will develop, implement and oversee an intern I volunteer program and assist in developing and implementing a peer coaching program. Duties: daily staffing/ clinical supervision; training; intern/volunteer program; peer coaching program.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** Florida Licensed Clinical Social Worker (LCSW) preferred or Licensed Mental Health Counselor (LMHC) with a minimum of 2 years related experience working with the adult mentally ill population; 1 year supervisory experience; ability to read, analyze, and interpret data pertaining to mental illness, communicate effectively, perform basic math functions.

**Personal qualities:** Strong communicator, responsible, organized, and possess a strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$40,000 - \$50,000

**Hours per day or week:** Monday - Friday 8:00a - 5:00p, flexible as needed.

### **Title of position: MH/OP Therapist**

**Description of duties and responsibilities:** Responsible for assisting adults with mental illnesses in an outpatient or community based setting to receive assistance in identifying goals and making choices to promote resiliency and facilitate recovery; responsible for assessments, individual, and group counseling, ensuring a wellness recovery action plan is initiated with the client; provides services in a variety of community settings based on client and/or agency needs and work as part of a team ensuring a continuity of care. Duties: completes required documentation; informs supervisor of problems and progress; must maintain legible penmanship.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** Masters Degree from a 4-year university in Human Services related discipline with 2 years related experience; ability to read and interpret data pertaining to substance abuse, perform basic math functions, type 35 WPM, familiarity with Microsoft environment.

**Personal qualities:** Strong communicator, collaborator, responsible, organized, strong work ethic.

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**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$35,000 - \$45,000

**Hours per day or week:** This is a full-time, exempt position; work schedule is flexible.

### **Title of position: Licensed Evaluator**

**Description of duties and responsibilities:** Responsible for the assessment of clients who present to Adult Mental Health Services and for determining the least restrictive appropriate means of treatment. Duties: participate in Continuous Quality Improvement/Quality Assurance activities; plan, organize and provide therapeutic services in Marion County; document, maintain charts and report service; provide clinical guidance as requested.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** LCSW preferred or LMHC with a minimum of 3 years related experience working with the adult mentally ill population; experience in assessment of mentally ill clients; ability to read, analyze and interpret data pertaining to mental illness and substance abuse, communicate effectively, perform basic math functions, accurately assess clients' mental stats and physiological functioning; CFARS and/or FARS certification.

**Personal qualities:** Strong communicator, collaborator, strong work ethic, responsible, organized.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$40,000 - \$50,000

**Hours per day or week:** Monday through Friday, 9:00am-6:00pm, or as assigned by supervisor.

### **Title of position: MH/OP Evaluator/Counselor**

**Description of duties and responsibilities:** Responsible for assessment of all clients who present to Adult Mental Health Outpatient and determining treatment, and running treatment and/or aftercare groups, providing Crisis Intervention as needed. Duties: assess clients in accordance with Centers Policies and Procedures; schedule and run groups; provide Crisis Intervention Counseling as needed; follow Center guidelines and standards of conduct; inform supervisor of problems as needed.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** Bachelors degree in a human service field with a minimum of 2 years experience in assessment of adults with mental illness and/or substance abuse is required; ability to read, analyze and interpret data pertaining to mental illness and substance abuse, write business correspondence, perform basic math functions; must hold a valid Florida Drivers License/acceptable driving record, 12 hour Screener's Course, and CPR, First Aid, CFARS and/or FARS certification required.

**Personal qualities:** Punctual, responsible, organized, effective communicator, strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$30,000 - \$40,000

**Hours per day or week:** Monday to Friday, 7:30am-4:30pm or as assigned by supervisor.

### **Title of position: Evaluator**

**Description of duties and responsibilities:** Responsible for initial intake and assessments for new clients entering a Center program in Citrus County. This position will provide Children of Addicts groups for clients referred from protective investigation/services as needed. Duties: assess clients; prepare all biopsychosocials for staffing on a weekly basis; provide COA for individuals from protective services.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** Master's degree in related discipline with 1 year experience; or bachelors degree in a human service field with 3 years experience; ability to read, analyze and interpret data pertaining to mental illness and substance abuse; perform basic math functions; must possess a valid Florida Driver's License/acceptable driving record, CPR, First Aid and Verbal NAPPI; CFARS and/or FARS Certification are required for this position.

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**Personal qualities:** Responsible, organized, strong communicator, collaborator, able to manage tasks effectively, work well under pressure, strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$40,000 - \$50,000

**Hours per day or week:** Monday-Friday, 8:00am-5:00pm, as assigned by supervisor.

### **Title of position: Peer Coach**

**Description of duties and responsibilities:** Responsible for sharing experience and knowledge of mental illness and facilitating bonding. Duties: Facilitate recovery process; complete required documentation in a timely fashion; relate to agency clients, the public, program staff, and colleagues in a manner that is consistent with Center standards; utilize and support the philosophy, objectives, Policy and Procedures of the Center; inform CCST Coordinator of problems; Wellness Recovery Action Plan (WRAP); must maintain legible penmanship.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None.

**Skills and knowledge required:** High School Diploma or equivalent with 2 years experience with the severely persistent adult chronically mentally ill population; certified WRAP facilitator preferred; ability to read, analyze, and interpret data pertaining to substance abuse, perform basic math functions, type 35wpm; be familiar with Microsoft environment.

**Personal qualities:** Organized, responsible, strong communicator, strong work ethic, punctual.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$20,000 - \$30,000

**Hours per day or week:** 40 hours per week.

### **Title of position: Administrative Support Person**

**Description of duties and responsibilities:** The Assistant will perform the following duties: maintaining logs and data sheets, preparing reports from the Coordinator, tracking lab work, trouble shooting consumer concerns and questions, liaison with Outpatient Programs to facilitate rapid service delivery to consumers (i.e. making appointments, emailing information to other programs).

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** Reports to Program Director.

**Skills and knowledge required:** Must have experience operating within an organizational structure; minimum of a high school diploma with 3 years experience in clerical and administrative duties; AA degree in business related field; education/ training in MS Office, MS6.0, and Print Shop Deluxe.

**Personal qualities:** Organized, punctual, responsible, detail-oriented, strong work ethic.

**Amount of travel/ special conditions/ requirements:** Travel between two Centers sites possible.

**Salary range:** \$20,000 - \$32,000

**Hours per day or week:** 40 hours per week.

### **Title of position: Program Director**

**Description of duties and responsibilities:** Responsible for program oversight within the requirements of grant guidelines and in accordance with Florida Statutes and regulations.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** Works with Project Coordinator.

**Skills and knowledge required:** Must have licensure in the mental health field, which is current and in good standing. (LMHC, LCSW, LMFT); Master's degree in a mental health related field and have licensure. Have a minimum of three years management experience and a valid Florida driver's license. Must have computer experience.

**Personal qualities:** Organized, punctual, responsible, a team-player, strong work ethic.

**Amount of travel/ special conditions/ requirements:** Travel between Marion/Citrus Centers weekly.

**Salary range:** \$30,000 - \$45,000

**Hours per day or week:** 40 hours per week.

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### **Title of position: Project Coordinator**

**Description of duties and responsibilities:** Responsible for daily program operation. Duties include supervision of staff, coordination of care, ensuring adherence to Evidence Based Treatment Models and Florida State Substance Abuse Chapters 65D-30; consistent collection and evaluation of data; addressing the housing, financial, health and legal needs of the participants; ensure that Performance Measures as outlined in the grant are met and maintained; familiarity with Telehealth requirements and operation.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** The Project Coordinator will liaison with the Director of Adult Outpatient Services, the Outpatient program and the WRAP (Aftercare) program for all participants in the grant. The Coordinator will work with staff in Case Management, Crisis Intervention, Outreach, Supported Housing and Employment and the Substance Abuse Residential unit.

**Skills and knowledge required:** A Masters degree in Counseling, Social Work, Family Therapy or other social service related field and licensed as a Counselor, Family Therapist or Social Worker in the State of Florida; minimum of 3-5 years of clinical direct service with substance abuse and mental health populations; 2-3 years experience in managing a behavioral health outpatient or inpatient program with responsibility for staffing, training, budgeting, clinical outcomes and documentation.

**Personal qualities:** Organized, punctual, responsible, a team-player, strong work ethic.

**Amount of travel/ special conditions/ requirements:** Travel between Marion/Citrus Centers weekly.

**Salary range:** \$30,000 - \$45,000

**Hours per day or week:** 40 hours per week.

### **Title of position: Senior Information Analyst**

**Description of duties and responsibilities:** This position is responsible for Center database-related support, including state data extraction and processes and general computing support. Duties: maintain data reporting requirements; design and generate forms; assist ITS staff in computing support functions; develop and maintain software/ hardware systems; function as ITS Representative on locations.

**Qualifications for position:** Must perform duties and possess skills and knowledge required.

**Supervisory relationships:** None

**Skills and knowledge required:** AA degree with 4 years related experience; knowledge of IBM RISC 6000 with UNIX base and SQL programming; valid Florida Driver's License.

**Personal qualities:** Organized, punctual, responsible, possess a strong work ethic.

**Amount of travel/ special conditions/ requirements:** None indicated.

**Salary range:** \$60,000 - \$70,000

**Hours per day or week:** Monday-Friday, 8:00am-5:00pm.

## **BIOGRAPHICAL SKETCHES**

### **Chief Clinical Officer**

**1. Name:** Diane Daniels, PhD

**2. Education Background:** B.A. English- Niagara University, Niagara Falls, N.Y.

M.S. Mental Health Counseling – SUNY Brockport, Brockport, N.Y.

PhD Marriage and Family Therapy, Florida State University, Tallahassee, Fl.

**3. Professional Experience:** Licensed as a Marriage and family Therapist in the state of Florida. She has conducted individual, group and family therapy in Community Mental Health settings and private practice for thirty plus years. Dr. Daniels has worked also in Corrections, Juvenile Justice and Child Welfare systems treating mental health and substance abuse populations. In the last ten years she has directed the Adult Outpatient programs for The Centers overseeing therapy, case management, medication management and peer support services. This involved several administrative tasks such as budgeting, selection of staff, conducting clinical training and monitoring performance outcomes. As Chief Clinical Officer she has responsibility for overseeing the clinical operation of The Centers outpatient, inpatient and residential programs for both Marion and Citrus counties.

**4. Honors Received:** Dr. Daniels graduated Cum Laude from College. She was awarded a teaching fellowship to Florida State University to complete her PhD course work. While there Dr. Daniels was awarded the Hallie Deaton Choate scholarship for excellence and nominated to the Kappa Omicron NU Honor Society. She is a past member of the American Association of Marriage and Family Therapy and the Florida Association of Marriage and Family Therapy.

**5. Publications:** n/a

**6. Other sources of support:** n/a

### **Chief Medical Officer**

**1. Name:** Heather Luing, M.D.

**2. Educational Background:** B.S. in Microbiology, Florida Atlantic University.

M.D. – University of Florida, Gainesville, Florida

**3. Professional Experience:** Residency – University of Florida. (2003-2008). Specialized in General Psychiatry. Dr. Luing is a licensed Medical Doctor in the State of Florida.

Fellowship – University of Florida (2003-2008) Dr Luing completed a fellowship in Forensic Psychiatry at the University of Florida specializing in Civil and Criminal Forensic psychiatry. She began working at The Centers in 2008 where she had been working for two years prior in the Crisis Stabilization Unit. She has been Chief Medical Officer at The Centers for four years overseeing a team of psychiatrists providing outpatient medication services to Mental Health and Substance Abuse consumers. She is responsible for managing the Adult and Child Crisis Units and the Adult Psychiatric Unit. Her duties include training and supervision of medical and pharmaceutical staff. She monitors quality improvement activities and oversees, with the CFO, the financial aspects of all the psychiatric programs. Dr. Luing also liaises with community leaders to provide continuity of care between local medical providers and The Centers. Dr. Luing has taught clinical education of medical students at the University Of Florida

**4. Honors Received:** Her certifications include the National Board of Medical Examiners (Parts 1, 2, 3) and the Psychiatry Board of Examiners.

Her awards include:

1. John E. Adams Memorial Academic achievement award 2005.
2. Phi Kappa Phi Scholarship 1999.
3. National Merit Scholar

## THE CENTERS –SAMHSA TCE-TAC Proposal

She is a member of the American Psychiatric Association and the American Academy of Psychiatry and Law.

**5. Publications:** “New generation drugs- Synthesis of Organotin polymers from Cephalexin” and “Biological activity of Organotin polymers containing Cephalexin against human ovary adenocarcinoma resistant cells”, Polmeric Materials: Science and Engineering. Vol 82.

**6. Other sources of support:** n/a

### **Director, Adult Mental Health & Substance Abuse Outpatient Services**

**1. Name:** Yvonne Hess

**2. Educational Background:** B.S. University of Southern California.

M.S. University of Nevada, Las Vegas, Nevada.

**3. Professional Experience:** Ms. Hess is a licensed Marriage and Family Therapist in the State of Florida. She is a Certified Addictions Professional. She has been certified in Florida as a Crisis Response Team Professional. She has had several years experience directing non-profit behavioral health agencies in Nevada and Florida. As such she was responsible for administrative, clinical supervision, community relations, contract development and maintenance, budgeting and grant management. Clinically her experience includes individual, group and family therapy with a diverse population of substance abusing and co-occurring adults and children. Currently directing The Centers Citrus County operation which includes oversight of the Substance Abuse and Mental health Outpatient programs, the Medication Clinics for Children and Adults, Outreach and Prevention services as well as community relations, budgeting, contract management and performance outcomes.

**4. Honors Received:** Partners with Heart recipient 2011 for Citrus County; Recipient of the SAMSHA multi-agency grant providing Substance Abuse Services to rural populations in Citrus County.

**5. Publications:** “Adolescence Mental health issues: Adolescent Involvement in Satanism.” American Association of Counseling, 1995.

**6. Other sources of support:** n/a

### **Director, Adult Mental Health & Substance Abuse Outpatient Services**

**1. Name:** Kevin Jabbar

**2. Educational Experience:** B.S. Central Missouri State University, Warrensburg, Mo.

One year of Masters work at Central Missouri State University, Warrensburg, MO in Psychology.

**3. Professional Experience:** Mr. Jabbar has had both clinical and administrative experience in the non-profit business. He has been a Counselor in The centers Residential Substance Abuse program and was promoted to Assistant Director of the program after only a few years. As such he performed group and individual counseling, oversaw staff, prepared charts for audits and managed the day to day operation of the program. In 2001, Mr. Jabbar was promoted to Director of Substance Abuse services and in 2004 to Director of Children’s services. He occupies both positions currently. In that capacity he has responsibility for the clinical and administrative duties of those positions. This includes contract management, staffing of programs, supervision, community relations, budget and productivity. He has been instrumental in setting up The Centers Co-Occurring treatment program and helping to institute Trauma Informed Care within the agency.

**4. Honors Received:** Graduated on the Dean’ List from Central Missouri State College; Member of the Sigma NU Honor Society.

**5. Publications:** n/a

**6. Other sources of support:** n/a

## SECTION I

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

The following principles form the basis of the concept of confidentiality in a day to day work situation:

1. Every person has a basic right to the pursuit of health and happiness, and privacy is a necessary prerequisite for this.
2. Mental health practice cannot properly achieve maximal effectiveness except where there is a secure atmosphere of confidentiality.
3. We are, together with the client, chief advocates of an affirmative atmosphere of confidentiality.
4. Any authorized release of information to a third party shall be made only after full discussion with the client. The client shall be made aware of any statutorily authorized or court-ordered releases of information to a third party.
5. Only the minimum information required to meet legitimate needs shall be released.
6. We shall never collude with the client in making false representation to a third party.
7. In rare and special cases where danger to persons, self or others is imminent and can no longer be handled in the context of treatment, our obligation to society requires that we break confidentiality, but only to the extent necessary to protect life or property.
8. The counselor has the responsibility to determine whether disclosure of information to family members or other third parties will work for or against the client and his treatment; however, this disclosure shall be made only where authorized by the client, statutes or courts. Questions shall be referred to a supervisor or the Director.
9. Blanket consent for release of information is NEVER satisfactory. The client shall give specific consent each time for each disclosure to each third party; informed consent shall be limited to the specific purpose at issue and indicate that it is time limited for the purpose of the claim.
10. Insurance companies and other third parties bearing financial responsibility have a legitimate right to determine the nature of the treatment for which the client is being billed, provided the client has given written informed consent.
11. Information shall be released in a way that will promote the best interests of the client and in such a way that it cannot be used against his best interests.
12. Information released to meet a legitimate need of a third party should be held in confidence by that third party. Such information must not be rereleased to other third parties without the specific consent of the client.
13. We shall apply these same general principles to the problem of privilege, which is a separate and distinct sub-category of confidentiality.
14. Verbal exchange of information needed for treatment or treatment planning is authorized between the Center and those agencies with which the Center has a service agreement.

### 1. Fair Selection of Participants

This project targets the COD population In Marion and Citrus counties that includes male and female adolescents and adults affected by poverty, domestic violence, homelessness, and lack of transportation.

### 3. Absence of Coercion

## THE CENTERS –SAMHSA TCE-TAC Proposal

The teleassisted care program is voluntary and does not discriminate or exclude willing and consensual participants that agree to the program requirements as indicated in the grant.

### 4. Data Collection

First, WellFlorida, along with the QMET, will develop an annual client satisfaction and needs assessment survey process to determine the clients' perceptions on program performance and if and how their needs are being met. Second, WellFlorida will develop, under the auspices of the QIT and the QMET, a key informant structured interview survey instrument and conduct 10-20 interviews with key leadership, staff and community partners to gauge their perspectives on program performance, strengths and weaknesses and opportunities for improvement and enhancement. Third, WellFlorida will develop, under the auspices of the QIT and the QMET, a focus group protocol and will conduct 4-6 focus groups (of 8-12 clients in each) with key client constituencies. The qualitative data generated from the client surveys; key informant interviews and client focus groups will be integrated with the quantitative outcome measure data to formulate an annual local performance assessment.

The Centers uses the Electronic Health Record (EHR) technology the Profiler EHR system. Currently Profiler is being used to capture the following information: client demographic information; referral source; financial information (fund source); recording services provided and for outpatient mental health and substance abuse treatment programs the progress notes; for medication clinic programs initial evaluations, vital measurements, recorded services and progress notes as well as medication information when e-prescribing; the scheduling of all outpatient appointment are completed within Profiler. The implementation process is on-going as we carefully bring additional programs on-line with the EHR.

### 5. Privacy and Confidentiality

It is the policy of The Centers to protect the confidential status of individually identifiable health information from any unauthorized access, including use or disclosure. Information related to client care and treatment will be divulged only in accordance with Florida State and Federal regulations. Each person served will be requested to read, acknowledge receipt of, and sign The Center's Privacy Notice in order to ensure he/she is aware of the manner in which our organization will handle, use, and store their protected health information. This notice details how a client's medical information will be disclosed and how the client can gain access to his records. This notice is also posted in a visible location at our facilities at all times. Health Care records for persons served and the information contained within will be maintained in accordance with state laws and federal regulations and strictly follow guidance contained in the company's policies and procedures relating to medical record management (see Attachment 4). All identifiable records are double locked and will be accessed by privileged employees only, as needed. Information collected for the purposes of this grant will be organized as non-identifiable by the nurse coordinator, and stored and reported without privileged information. A third-party agency will be responsible for the performance assessment of the program based on the de-identified information and processes.

The risks associated with providing teleassisted care to COD populations that provides the same, are both minimal and necessary in order to allow the mentally ill population the opportunity for holistic health that is afforded the general population. The purpose of the proposed program is to

## THE CENTERS –SAMHSA TCE-TAC Proposal

carry out the steps required to meet this need and any minimally possible risks (possible confidentiality risk, improper understanding of teleassisted care, malpractice issues) pale in comparison to the extension of life and boost of health that this program is expected to provide

### 6. Adequate Consent Procedures

Data collection instruments/interview protocols will be followed as provided in Attachment 2. Each client of The Centers must sign an “Authorization for Treatment” form. These forms must be signed by the client, or if they are a minor or unable to sign, by their guardian, guardian advocate or healthcare surrogate/proxy. This form states that the client has been informed of the nature and purpose of treatment, the common side effects, alternative treatment modalities, and approximate length of care. This consent form excludes psychotropic medications, surgical treatment, and electroconvulsive treatment. The form also advises that consent can be revoked at any time during the treatment period and that the client has the right to ask questions and receive answers on all aspects of treatment. It also states that there is no guarantee as to the results that may be obtained from treatment. There is also a section to communicate any advanced directives if applicable. A copy of this form and the procedures for confidentiality and patient protection are included in Attachment 2 and Attachment 3 of this application.

**ATTACHMENT 1**

**(1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization**

The Centers.

**(2) A list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization**

1. Kids Central Inc.
2. Heart of Florida Health Center
3. Citrus County Department of Health
4. Langley Health Services Inc.

**(3) Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time**

See next page.

## Appendix D – Statement of Assurance

As the authorized representative of [insert name of applicant organization]

The Centers, 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.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

THE CENTERS –SAMHSA TCE-TAC Proposal

organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Charles N. Powell

Signature of Authorized Representative

4-1-13

Date

**(4) Letters of Commitment**

1. Kids Central Inc
2. Heart of Florida Health Center
3. Citrus County Dept of Health
4. Langley Health Services Inc



1025 SW 1<sup>st</sup> Avenue  
Ocala, FL 34471  
(352) 732-6599  
(352) 732-4816 (f)

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April 1, 2013

Mr. Charles R. Powell, Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala FL 34474

Dear Mr. Powell,

I am writing on behalf of Heart of Florida, a local Federally Qualified Health Center (FQHC), to express our strong support for the Center's Substance Abuse and Mental Health Services Administration (SAMHSA) grant application for care coordination through the latest technological devices. We are pleased the Centers recognizes the significant need of the region's underserved and most at risk people who live in Marion and Citrus counties. Having access in the community to care through case coordination by the use of state of the art technology is so important and will make the difference for so many of our adults with co-occurring disorders with the primary issue being a substance abuse disorder.

As the Chief Executive Officer of Heart of Florida, we have forged a strong and growing partnership with the Centers. The need for more integrated healthcare services is ever growing and we are confident that our collaboration will continue to grow and expand under grant opportunities such as the Technology Assisted Care concept.

The service area is located in the high need area encompassing all of both Marion and Citrus counties. Households which are struggling to stay afloat financially and who lack access to primary and behavioral health care services primarily because of a lack of transportation and a lack of timely access for services are forced to go without care until conditions deteriorate to such an extent they can no longer avoid seeking care or the court system intervenes.

The Centers is well regarded throughout Marion and Citrus counties. It is critical to residents that the Centers expand to provide much needed outreach services through using iPads, iPhones, web therapy and telepsychiatry to our most high risk substance abusing adults. The Centers has the full support of Heart of Florida to receive funding under the SAMHSA grant for this most innovative approach which breaks down the traditional barriers of access. Please don't hesitate to contact me if you would like further information about our support for the Centers.

Sincerely,

A handwritten signature in blue ink that reads "Kerrie Jones Clark".

Kerrie Jones Clark  
Chief Executive Officer

# THE CENTERS –SAMHSA TCE-TAC Proposal

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

April 3, 2013

Mr. Charles R. Powell, Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala FL 34474

Dear Mr. Powell,

I am writing on behalf of the Florida Department of Health in Citrus County, which houses a local Federally Qualified Health Center (FQHC), to express our strong support for the Center's Substance Abuse and Mental Health Services Administration (SAMHSA) grant application for care coordination through the latest technological devices. We are pleased the Centers recognizes the significant need of the region's underserved and most at risk people who live in Marion and Citrus counties. Having access in the community to care through case coordination by the use of state of the art technology is so important and will make the difference for so many of our adults with co-occurring disorders with the primary issue being a substance abuse disorder.

As the Administrator of the Florida Department of Health in Citrus County, we have forged a strong and growing partnership with the Centers. The need for more integrated healthcare services is ever growing and we are confident that our collaboration will continue to grow and expand under grant opportunities such as the Technology Assisted Care concept.

The service area is located in the high need area encompassing all of both Marion and Citrus counties. Households which are struggling to stay afloat financially and who lack access to primary and behavioral health care services primarily because of a lack of transportation and a lack of timely access for services are forced to go without care until conditions deteriorate to such an extent they can no longer avoid seeking care or the court system intervenes.

The Centers is well regarded throughout Marion and Citrus counties. It is critical to residents that the Centers expand to provide much needed outreach services through using iPads, iPhones, web therapy and telepsychiatry to our most high risk substance abusing adults. The Centers has the full support of the Florida Department of Health in Citrus County to receive funding under the SAMHSA grant for this most innovative approach which breaks down the traditional barriers of access. Please don't hesitate to contact me if you would like further information about our support for the Centers.

Sincerely,

A handwritten signature in blue ink that reads "Robin Wright".

Robin Wright  
Interim Administrator



PROJECT HEALTH, INC.

1425 US 301 Sumterville, Florida 33585

(352) 793-5900 (888) 298-5510

Administration Fax (352) 793-6269 Medical Fax (352) 793-9558

April 5, 2013

Mr. Charles R. Powell, Chief Executive Officer

The Centers

5664 SW 60<sup>th</sup> Avenue

Ocala FL 34474

Dear Mr. Powell,

I am writing on behalf of Langley Health Services, a local Federally Qualified Health Center (FQHC), to express our strong support for the Center's Substance Abuse and Mental Health Services Administration (SAMHSA) grant application for care coordination through the latest technological devices. We are pleased the Centers recognizes the significant need of the region's underserved and most at risk people who live in Marion and Citrus counties. Having access in the community to care through case coordination by the use of state of the art technology is so important and will make the difference for so many of our adults with co-occurring disorders with the primary issue being a substance abuse disorder.

As the Vice President of Operations of Langley Health Services, we have forged a strong and growing partnership with the Centers. The need for more integrated healthcare services is ever growing and we are confident that our collaboration will continue to grow and expand under grant opportunities such as the Technology Assisted Care concept.

The service area is located in the high need area encompassing all of both Marion and Citrus counties. Households which are struggling to stay afloat financially and who lack access to primary and behavioral health care services primarily because of a lack of transportation and a lack of timely access for services are forced to go without care until conditions deteriorate to such an extent they can no longer avoid seeking care or the court system intervenes.

The Centers is well regarded throughout Marion and Citrus counties. It is critical to residents that the Centers expand to provide much needed outreach services through using iPads, iPhones, web therapy and telepsychiatry to our most high risk substance abusing adults. The Centers has the full support of Langley Health Services to receive funding under the SAMHSA grant for this most innovative approach which breaks down the traditional barriers of access. Please don't hesitate to contact me if you would like further information about our support for the Centers.

Sincerely,

Vicki Wynn

Vice President of Operations



**Joint Commission**  
on Accreditation of Healthcare Organizations



THE CENTERS –SAMHSA TCE-TAC Proposal

# KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

*Building Better Lives*

April 1, 2013

Mr. Charles R. Powell, Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala FL 34474

Dear Mr. Powell,

I am writing on behalf of Kids Central, Inc. to express our strong support for the Center's Substance Abuse and Mental Health Services Administration (SAMHSA) grant application for care coordination through the latest technological devices. We are pleased the Centers recognizes the significant need of the region's underserved and most at risk people who live in Marion and Citrus counties. Having access in the community to care through case coordination by the use of state of the art technology is so important and will make the difference for so many of our adults with co-occurring disorders with the primary issue being a substance abuse disorder.

As the Chief Executive Officer of Kids Central, we have forged a strong and growing partnership with the Centers. The need for more integrated healthcare services is ever growing and we are confident that our collaboration will continue to grow and expand under grant opportunities such as the Technology Assisted Care concept.

The service area is located in the high need area encompassing all of both Marion and Citrus counties. Households which are struggling to stay afloat financially and who lack access to primary and behavioral health care services primarily because of a lack of transportation and a lack of timely access for services are forced to go without care until conditions deteriorate to such an extent they can no longer avoid seeking care or the court system intervenes.

The Centers is well regarded throughout Marion and Citrus counties. It is critical to residents that the Centers expand to provide much needed outreach services through using iPads, iPhones, web therapy and telepsychiatry to our most high risk substance abusing adults. The Centers has the full support of Kids Central to receive funding under the SAMHSA grant for this most innovative approach which breaks down the traditional barriers of access. Please don't hesitate to contact me if you would like further information about our support for the Centers.

Sincerely,



John Cooper  
Chief Executive Officer



**ATTACHMENT 2**

**Data Collection Instruments/Interview Protocols** – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

# THE CENTERS -SAMHSA TCE-TAC Proposal

## The AC-OK Screen for Co-Occurring Disorders

### AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Screening: \_\_\_\_\_

#### During the past year:

1. Have you been preoccupied with drinking alcohol and/or using other drugs?  Yes  No
2. Have you experienced problems caused by drinking alcohol and/or using other drugs, and you kept using?  Yes  No
3. Do you, at times, drink alcohol and/or used other drugs more than you intended?  Yes  No
4. Have you needed to drink more alcohol and/or use more drugs to get the same effect you used to get with less?  Yes  No
5. Do you, at times, drink alcohol and/or used other drugs to alter the way you feel?  Yes  No
6. Have you tried to stop drinking alcohol and/or using other drugs, but couldn't?  Yes  No
7. Have you experienced serious depression (felt sadness, hopelessness, loss of interest, change of appetite or sleep pattern, difficulty going about your daily activities)?  Yes  No
8. Have you experienced thoughts of harming yourself?  Yes  No
9. Have you experienced a period of time when your thinking speeds up and you have trouble keeping up with your thoughts?  Yes  No
10. Have you attempted suicide?  Yes  No
11. Have you had periods of time where you felt that you could not trust family or friends?  Yes  No
12. Have you been prescribed medication for any psychological or emotional problem?  Yes  No
13. Have you experienced hallucinations (heard or seen things others do not hear or see)?  Yes  No
14. Have you ever been hit, slapped, kicked, emotionally or sexually hurt, or threatened by someone?  Yes  No
15. Have you experienced a traumatic event and since had repeated nightmares/dreams and/or anxiety which interferes with you leading a normal life?  Yes  No

# THE CENTERS –SAMHSA TCE-TAC Proposal

<b>STATE OF FLORIDA SAMH MENTAL HEALTH OUTCOME FORM – ADULT PB2</b>			
Client ID[MIS]: _____ Client Name: _____		Evaluation Date: ____ / ____ / ____ month day year	
<b>GRU:</b> [REDACTED]  <b>Staff ID:</b> [REDACTED]	<b>Purpose of Evaluation:</b> <input checked="" type="checkbox"/> (select only one) 1 - Admission/initiation into episode of care. 2 - Quarterly evaluation. 3 - Discharge from episode of care. 4 - Administrative discharge. 5 - Immediate Discharge.		
ADMISSION TYPE: _____ (select only one) 1 - Voluntary Competent    2 - Voluntary Incompetent    3 - Involuntary Competent    4 - Involuntary Incompetent			
Baker Act: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Does client meet criteria for admission to a Baker Act receiving facility? )			
Legal Status: _____ (select only one)			
<b>No Court Jurisdiction</b> 10 - Competent, no charges 11 - Civil incompetence of person or property	<b>Criminal Incompetent:</b> 16 - Release pending hearing 17 - Involuntarily hospitalized (direct commit) 18 - Incarcerated 19 - Involuntarily hospitalized - revocation of conditional release. 21 - Conditionally released.	<b>Not Guilty by Reason of Insanity (NGI):</b> 22 - Involuntary hospital - direct commit. 23 - Involuntary hospital - revocation of conditional release. 24 - Released pending hearing. 25 - Conditionally released. <b>Incompetent to Proceed:</b> 26 - Incarcerated. 28 - Incompetent to Proceed - Ages 18-20	
Days Spent in Community: _____ (within last 30 days)	Days Worked: _____ (within last 30 days)		
Residential Status: _____ (select only one)			
01 - Independent Living - alone 02 - Independent Living w/relatives 03 - Independent Living w/non relatives 04 - Dependent Living w/relatives	05 - Dependent Living w/non relatives 06 - Assisted Living Facility (ALF) 07 - Foster Care/Home 08 - Group Home	09 - Homeless 10 - Hospital 11 - Nursing Home 12 - Supported Housing	13 - Correctional Facility 14 - DJJ Facility 99 - Not Available or Unknown
ADLFC: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Does client demonstrate INABILITIES to perform independently in Day-to-Day living? )			
MH Problems: _____ (select only one)			
1 - Show evidence of recent severe stressful event and problem with coping. 2 - Displays symptomatology placing person at risk of more restrictive intervention if untreated. 3 - Both ( 1 & 2 ) 4 - None			
Risk Factor: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (If the client has a valid MH diagnosis, then answer 'NO'. If the client has a MH diagnosis of '999', is the client at risk for an emotional disturbance? )			
Service 12 Months: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Has client or will client be in services 12 months or more? [SPMI] )			
Receiving RX: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Was client receiving any atypical anti-psychotic medications during the past 90 days? )			
RXIDP: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Has client received medication through the Indigent Drug Program [ IDP ] in last 90 days? )			
RXPAP: <input type="checkbox"/> 0 - No <input checked="" type="checkbox"/> 1 - Yes (Has client received any atypical anti-psychotic medication through patient assist program [ PAP ] in last 90 days? )			
1 <sup>st</sup> Diagnosis [ ICD9 - Axis 1 Only ]: _____		2 <sup>nd</sup> Diagnosis [ ICD9 - Axis 1 Only ]: _____ , _____ (optional)	

# THE CENTERS –SAMHSA TCE-TAC Proposal

## The AC-OK Screen for Co-Occurring Disorders

### Instructions: For the AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma & Substance Abuse)

"I'm glad you (called or came in); let's see how I can help. In your own words, what is going on, OR can you tell me a little about why you called (today)?"

"In order to (find the best services or determine the next best steps) for you, I'd like to ask you a few short yes or no questions to see if there is anything we may have missed. There are no 'right' or 'wrong' answers and these questions may or may not apply to your situation. Is this okay with you?"

- This screen should be used when a person first contacts the agency for services.
- This screen is only a tool to help identify potential areas that may need further assessment. Please note: This is NOT a diagnostic tool and should not be used as an assessment.
- Please read each question *exactly* as written in the *order* provided.
- If a potential crisis is identified during the screening, please follow your agency protocols immediately to assess for lethality and provide appropriate intervention.
- Positive indicators (one "YES" answers), in any three (3) domains indicates that an assessment(s) is needed in that domain.

**Scoring:** Remember, one (1) "Yes" answer on any of the three (3) domains (Mental Health, Trauma Related Mental Health Issues, and Substance Abuse) indicates that an additional assessment(s) is needed in that domain.

Mental Health Issues:      7  , 8  , 9  , 10  , 11  12  , 13

Trauma Related Mental Health Issues: 14  , 15

Substance Abuse Issues:      1  , 2  , 3  , 4  , 5  , 6

#### Reliability of the Screen scales:

Mental Health scale ( $\alpha = .79$ ).

Substance Abuse scale ( $\alpha = .89$ )

#### Reading level of Screen:

Flesch Reading ease: .61

Flesch-Kincaid Grade Level: 6.5

**THE CENTERS –SAMHSA TCE-TAC Proposal**

STATE OF FLORIDA SAMHSA OUT DISCHARGE - CHILD																			
Client ID[MIS]: _____		Evaluation Date: ____ / ____ / ____ month day year																	
Client Name: _____																			
<b>RUY</b> _____	Purpose of Evaluation: _____ (select only one) 3 - Discharge from Episode of Care. 4 - Administrative Discharge.	Admission Type: _____ (select only one) 1 - Voluntary Competent      3 - Involuntary Competent 2 - Voluntary Incompetent      4 - Involuntary Incompetent																	
Staff ID: _____																			
Marchman Act: _____ (select only one) 1 - Involuntary Assessment      3 - Involuntary Assessment & TX 2 - Involuntary Treatment      4 - N/A	Drug Court Ordered: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes																		
<p>Legal Status: _____ (select only one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Adjudicated Children</u></td> <td style="width: 33%;"><u>Non-Adjudicated Children</u></td> </tr> <tr> <td>01 - Delinquent, in physical custody</td> <td>05 - Dependent &amp; Delinquent, in physical custody</td> </tr> <tr> <td>02 - Delinquent, not in physical custody</td> <td>06 - Dependent &amp; Delinquent, not in physical custody</td> </tr> <tr> <td>03 - Dependent, in physical custody</td> <td>07 - "Children in Need of Services" (CINS), not in physical custody</td> </tr> <tr> <td>04 - Dependent, not in physical custody</td> <td></td> </tr> </table>				<u>Adjudicated Children</u>	<u>Non-Adjudicated Children</u>	01 - Delinquent, in physical custody	05 - Dependent & Delinquent, in physical custody	02 - Delinquent, not in physical custody	06 - Dependent & Delinquent, not in physical custody	03 - Dependent, in physical custody	07 - "Children in Need of Services" (CINS), not in physical custody	04 - Dependent, not in physical custody							
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Involved in Child Welfare: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown																			
Pregnancy Trimester: _____ (select only one) 1 - 1 to 3 Months      3 - 7 to 9 Months 2 - 4 to 6 Months      4 - Not pregnant [ or Male ]	<p>Birth Outcome: _____ (select only one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 - Live birth (drug presence in newborn)</td> <td style="width: 50%;">5 - Pregnancy terminated</td> </tr> <tr> <td>2 - Live birth ( no drug presence in newborn)</td> <td>6 - Not yet delivered ( transfer )</td> </tr> <tr> <td>3 - Still birth</td> <td>7 - Unknown birth outcome</td> </tr> <tr> <td>4 - Miscarriage</td> <td>8 - N/A [ or Male ]</td> </tr> </table>			1 - Live birth (drug presence in newborn)	5 - Pregnancy terminated	2 - Live birth ( no drug presence in newborn)	6 - Not yet delivered ( transfer )	3 - Still birth	7 - Unknown birth outcome	4 - Miscarriage	8 - N/A [ or Male ]								
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Drug Free at Birth: _____ (select only one) 1 - Yes      3 - Unknown if Mother was drug free 2 - No      [ Discharge Reason 7, 8, 9, 13, 14, 15 ] 4 - N/A [ or Male ]	<p>Health Status: _____ (select only one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1 - Agitated</td> <td style="width: 33%;">4 - Depressed</td> <td style="width: 33%;">7 - Other mental Condition</td> </tr> <tr> <td>2 - Comatose</td> <td>5 - Forgetful</td> <td>8 - Oriented</td> </tr> <tr> <td>3 - Disoriented</td> <td>6 - Lethargic</td> <td></td> </tr> </table>			1 - Agitated	4 - Depressed	7 - Other mental Condition	2 - Comatose	5 - Forgetful	8 - Oriented	3 - Disoriented	6 - Lethargic								
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Perceives Drugs Harmful: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown	Perceives Alcohol Harmful: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown																		
Perceives Tobacco Harmful: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown	Uses Tobacco Products: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown																		
Do Friends Engage in Substance Abuse practices: <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown																			
<p>Future Use: _____ (select only one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 - No past experimentation or use - no future intent to use</td> <td style="width: 50%;">4 - Past experimentation or use - expresses future intent to use</td> </tr> <tr> <td>2 - No past experimentation or use - expresses future intent to use</td> <td>5 - Currently experiments or uses substance ( *** Complete SA Primary )</td> </tr> <tr> <td>3 - Past experimentation or use - no further intent to use</td> <td></td> </tr> </table>				1 - No past experimentation or use - no future intent to use	4 - Past experimentation or use - expresses future intent to use	2 - No past experimentation or use - expresses future intent to use	5 - Currently experiments or uses substance ( *** Complete SA Primary )	3 - Past experimentation or use - no further intent to use											
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<p>Discharge Reason: _____ (select only one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 - Completed Episode of Care - no substance abuse</td> <td style="width: 50%;">10 - Completed Non-Treatment Services [DETOX, Intervention, Prevention, TSAC]</td> </tr> <tr> <td>2 - Completed Episode of Care - some substance use</td> <td>11 - Did not Complete Non-Treatment Services [DETOX, Intervention, Prevention, TSAC]</td> </tr> <tr> <td>6 - Non-compliant with agency's rules</td> <td>12 - Other</td> </tr> <tr> <td>7 - Left before completing treatment (involuntary)</td> <td>13 - Referred outside of agency - episode of care completed</td> </tr> <tr> <td>8 - Incarcerated</td> <td>14 - Referred outside of agency - episode of care not completed</td> </tr> <tr> <td>9 - Died</td> <td>15 - Left before completing treatment (voluntary)</td> </tr> </table>				1 - Completed Episode of Care - no substance abuse	10 - Completed Non-Treatment Services [DETOX, Intervention, Prevention, TSAC]	2 - Completed Episode of Care - some substance use	11 - Did not Complete Non-Treatment Services [DETOX, Intervention, Prevention, TSAC]	6 - Non-compliant with agency's rules	12 - Other	7 - Left before completing treatment (involuntary)	13 - Referred outside of agency - episode of care completed	8 - Incarcerated	14 - Referred outside of agency - episode of care not completed	9 - Died	15 - Left before completing treatment (voluntary)				
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**CONTINUED ON BACK ➔**

# THE CENTERS –SAMHSA TCE-TAC Proposal

**Substance Problem	Route of Administration	Frequency of Use	Age at First Use	***Substance	***Route	***Frequency
Primary				Please see the back of this form for the current drug list. Use the REFERENCE NUMBER to indicate drug.		
Secondary (optional)				1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 5 - Other	1 - No past month use 2 - 1 to 3 times in past month 3 - 1 to 2 times per week 4 - 3 to 6 times per week 5 - Daily	
Tertiary (optional)						
1 <sup>st</sup> Diagnosis [ ICD9 - Axis 1 Only ]:				2 <sup>nd</sup> Diagnosis [ ICD9 - Axis 1 Only ]: (optional)		
<b>Services Provided During Episode of Care</b>						
Indicate ONE of the following codes for EACH service. ALL questions are mandatory:						
1 - Agency Provided    2 - Referral made    3 - Both provided & referred    4 - Unknown    5 - N/A						
Child Care:		Housing:		Receiving/Eligible for Public Assistance:		
Criminal Justice Coordination:		Immunization:		TB Services [ Screen, Counsel, TX]:		
Education Services/GED:		Interim Services:		TB Test:		
Family Counseling:		Medical Care:		Transportation:		
HIV Early Intervention Project:		Mental Health Care:		TX Plan Coordination/Case Mgr:		
HIV/AIDS Education/Training:		Pediatric Health Care:		Training in Parenting/Dom. Violence/Sexual Abuse:		
HIV Services[Screen/Counsel]:		Pre-Natal/Post-partum Care:		Vocational/Job Training:		
HIV Test:		Public Assistance Eligibility Determ:				

# THE CENTERS –SAMHSA TCE-TAC Proposal

STATE OF FLORIDA SAMH FUNCTIONAL ASSESSMENT RATING SCALE (FARS/ADULT)								
Client ID(MIS): _____					Evaluation Date: _____ month day year			
Client Name: _____								
RU: _____			Purpose of Evaluation: _____ (Select only one) 1 - Admission/initiation into episode of care 2 - Post Admission (e.g., six month interval) 3 - Discharge from episode of care. 4 - Administrative discharge.					
SEH ID: _____								
Substance Abuse History: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes ( Has client abused drug(s) or alcohol within past six months?)								
Use the following 1 to 9 scale to rate the individual's current problem severity for each function domain listed below.								
	1	2	3	4	5	6	7	8
No Problem	Less than Slight	Slight Problem	Slight to Moderate	Moderate Problem	Moderate to Severe	Severe Problem	Severe to Extreme	Extreme Problem
Depression: _____			Anxiety: _____					
<input type="checkbox"/> Depressed Mood <input type="checkbox"/> Anhedonia <input type="checkbox"/> Sad	<input type="checkbox"/> Worthless <input type="checkbox"/> Hopeless <input type="checkbox"/> Happy	<input type="checkbox"/> Lonely <input type="checkbox"/> Sleep Problems <input type="checkbox"/> Anti-Depression Meds	<input type="checkbox"/> Anxious <input type="checkbox"/> Tense <input type="checkbox"/> Obsessive	<input type="checkbox"/> Calm <input type="checkbox"/> Fearful <input type="checkbox"/> Panic	<input type="checkbox"/> Gull <input type="checkbox"/> Anti-Anxiety Meds			
Hyper Affect: _____			Thought Process: _____					
<input type="checkbox"/> Manic <input type="checkbox"/> Sleep Deficit <input type="checkbox"/> Pressured Speech	<input type="checkbox"/> Elevated Mood <input type="checkbox"/> Overactive <input type="checkbox"/> Relaxed	<input type="checkbox"/> Agitated <input type="checkbox"/> Mood Swings <input type="checkbox"/> Anti-Manic Meds	<input type="checkbox"/> Illogical <input type="checkbox"/> Paranoid <input type="checkbox"/> Detailed Thinking	<input type="checkbox"/> Delusional <input type="checkbox"/> Ruminative <input type="checkbox"/> Loose Associations	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Inact <input type="checkbox"/> Anti-Psych. Meds			
Cognitive Performance: _____			Medical / Physical: _____					
<input type="checkbox"/> Poor Memory <input type="checkbox"/> Short Attention <input type="checkbox"/> Insightful <input type="checkbox"/> Not Oriented to Person <input type="checkbox"/> Not Oriented to Time	<input type="checkbox"/> Low Self-Awareness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Not Oriented to Place <input type="checkbox"/> Not Oriented to Circumstance	<input type="checkbox"/> Impaired Thinking <input type="checkbox"/> Slow Processing <input type="checkbox"/> Oriented x4	<input type="checkbox"/> Acute Illness <input type="checkbox"/> CNS Disorder <input type="checkbox"/> Pregnant <input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Hypochondria <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Poor Nutrition <input type="checkbox"/> Seizures	<input type="checkbox"/> Good Health <input type="checkbox"/> Needs Health/Dental Care <input type="checkbox"/> Enuretic/Encopretic <input type="checkbox"/> Stress-Related Illness			
Traumatic Stress: _____			Substance Use: _____					
<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Avoidant <input type="checkbox"/> Upsetting Memories	<input type="checkbox"/> Dreams/nightmares <input type="checkbox"/> Detached <input type="checkbox"/> Repression/Amnesia	<input type="checkbox"/> Drug(s) <input type="checkbox"/> Family History <input type="checkbox"/> DUI <input type="checkbox"/> Recovery	<input type="checkbox"/> Dependence <input type="checkbox"/> Cravings/Urges <input type="checkbox"/> Abstinent <input type="checkbox"/> Interferes w/Duties	<input type="checkbox"/> Dependence <input type="checkbox"/> Cravings/Urges <input type="checkbox"/> Med. Control <input type="checkbox"/> I.V. Drugs				
Interpersonal Relationships: _____			Family Relationships: _____					
<input type="checkbox"/> Problems w/friends <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Adequate Social Skills	<input type="checkbox"/> Difficulty Establishing Relationships <input type="checkbox"/> Difficulty Maintaining Relationships <input type="checkbox"/> Supportive Relationships	<input type="checkbox"/> Poor Parenting Skills <input type="checkbox"/> Acting Out <input type="checkbox"/> Conflict w/Relative <input type="checkbox"/> Difficulty with Child	<input type="checkbox"/> No Contact with Family <input type="checkbox"/> Difficulty with partner <input type="checkbox"/> Conflict w/Relative	<input type="checkbox"/> Supportive Family <input type="checkbox"/> No Family <input type="checkbox"/> Difficulty with Parent				
Family Environment: _____			Socio-Legal: _____					
<input type="checkbox"/> Family instability <input type="checkbox"/> Family Legal Problems <input type="checkbox"/> Single Parent	<input type="checkbox"/> Separation <input type="checkbox"/> Stable Home <input type="checkbox"/> Birth in Family	<input type="checkbox"/> Custody Problem <input type="checkbox"/> Divorce <input type="checkbox"/> Death in Family	<input type="checkbox"/> Disregards Rules <input type="checkbox"/> Dishonest <input type="checkbox"/> Offence/Property	<input type="checkbox"/> Probation <input type="checkbox"/> Uses or Cons Other(s) <input type="checkbox"/> Offense/Person	<input type="checkbox"/> Pending Charges <input type="checkbox"/> Reliable			
Work/School: _____			ADL Functioning: _____					
<input type="checkbox"/> Absenteeism <input type="checkbox"/> Dropped Out <input type="checkbox"/> Employed <input type="checkbox"/> Disabled	<input type="checkbox"/> Poor Performance <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Doesn't Read/Write <input type="checkbox"/> Not Employed	<input type="checkbox"/> Attends School <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Tardiness	<input type="checkbox"/> Money Management Problems <input type="checkbox"/> Personal Hygiene Problems <input type="checkbox"/> Problem Obtaining/Maintaining	<input type="checkbox"/> Meal Preparation Difficulties <input type="checkbox"/> Transportation Problems <input type="checkbox"/> Problem Maintain/Obtain Housing				
Ability to Care for Self: _____			Danger to Self: _____					
<input type="checkbox"/> Able to Care for Self <input type="checkbox"/> Suffers from Neglect <input type="checkbox"/> Not Able to Survive without Help	<input type="checkbox"/> Risk of Harm <input type="checkbox"/> Refuses to Care for Self <input type="checkbox"/> Alternative Care not Available	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Past Attempt <input type="checkbox"/> Self-Injury	<input type="checkbox"/> Current Plan <input type="checkbox"/> Recent Attempt <input type="checkbox"/> Self-Mutilation					
Danger to Others: _____			Security/Management Needs: _____					
<input type="checkbox"/> Violent Temper <input type="checkbox"/> Physical Abuser <input type="checkbox"/> Hostile <input type="checkbox"/> Assultive <input type="checkbox"/> Does Not Appear Dangerous to Others	<input type="checkbox"/> Threatens Others <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Homicidal Threats <input type="checkbox"/> Homicide Attempt	<input type="checkbox"/> Home without Supervision <input type="checkbox"/> Behavioral Contractor <input type="checkbox"/> Protection from Others <input type="checkbox"/> Home with Supervision <input type="checkbox"/> Restraint	<input type="checkbox"/> Suicide Watch <input type="checkbox"/> Locked Unit <input type="checkbox"/> Seclusion <input type="checkbox"/> Run/Escape Risk <input type="checkbox"/> Involuntary Exam/Commitment					

THE CENTERS –SAMHSA TCE-TAC Proposal

STATE OF FLORIDA SAMH SAOUT ASAM			
Client ID(MIS): _____	Evaluation Date: _____ / _____ / _____ month day year		
Client Name: _____			
RU: _____	Purpose of Evaluation: _____ (select only one) 1 - Admission/ Initiation into episode of care 2 - Continued Stay 3 - Discharge		
Staff ID: _____			
ASAM Date: _____ / _____ / _____ month day year			
Substance Abuse Program: <input type="checkbox"/> 2 - Adult <input type="checkbox"/> 4 - Children			
Recommended Level of Care: _____ (select only one) 01 - Residential Level 1      09 - Outpatient Detoxification 02 - Residential Level 2      11 - Outpatient Treatment 03 - Residential Level 3      12 - Day/Night or Intensive Outpatient 04 - Residential Level 4      14 - Intervention 07 - Substance Abuse Detoxification      17 - Medication & Methadone Maintenance Treatment			
Actual Placement: _____ (select only one) 01 - Residential Level 1      09 - Outpatient Detoxification 02 - Residential Level 2      11 - Outpatient Treatment 03 - Residential Level 3      12 - Day/Night or Intensive Outpatient 04 - Residential Level 4      14 - Intervention 07 - Substance Abuse Detoxification      17 - Medication & Methadone Maintenance Treatment			
Placement Begin Date: _____ / _____ / _____ month day year	Placement End Date: _____ / _____ / _____ month day year		

THE CENTERS –SAMHSA TCE-TAC Proposal

Print Client Name:	Client Identification Number: Enter Level I	Date:	Adolescent 65D-30 Outpatient ASAM Level I
<b>DIMENSIONS</b>	<b>DISCHARGE</b>	<b>TRANSFER</b>	Circle all items in each dimension that apply to the client. Place a check in the "yes" or "no" box that indicates validation or lack of validation for discharge or transfer from this level of care.
<b>ASAM Requirements</b>	Meets criteria in one of the six dimensions unless discharged for lack of diagnostic criteria.		
<b>Dimension 1: Acute Intoxication and/or Withdrawal Potential</b>	<p>The client's status is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. Client is free from intoxication or withdrawal symptoms/risks; or</li> <li>b. The client exhibits symptoms of severe intoxication and/or withdrawal, which can <u>not</u> be safely managed at this level of care.</li> </ul>		
<b>Dimension 2: Biomedical Conditions and Complications</b>	<p>The client's status in this dimension is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. The client's biomedical conditions, if any, have diminished or stabilized to the extent they can be managed through outpatient appointments at the client's discretion, and the client <b>does not meet any of the continued stay criteria</b> in this or another dimension that indicates the need for further treatment in ASAM Level I; or</li> <li>b. The client has a biomedical condition that is interfering with treatment and that requires treatment in another setting.</li> </ul>		
<b>Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications</b>	<p>The client's status in this dimension is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. The client's emotional, behavioral or cognitive conditions, if any, have diminished or <u>stabilized</u> to the extent they can be managed through outpatient appointments at the client's discretion, and the client <b>does not meet any of the continued stay criteria</b> in this or another dimension that indicates the need for further treatment in ASAM Level I; or</li> <li>b. The client has a psychiatric or emotional, behavioral or cognitive condition that is interfering with addiction treatment and that requires treatment in another setting.</li> </ul>		
<b>Dimension 4: Readiness to Change</b>	<p>The client's status in this dimension is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. The client's awareness and acceptance of his/her addiction problem and commitment to recovery is sufficient to expect maintenance of a self-directed aftercare plan, based on the following evidence. 1) the client recognizes the severity of the substance abuse problem; 2) the client has an understanding of the self-defeating relationship with substances; 3) the client is applying the skills necessary to maintain sobriety in a mutual self-help group and/or with post-treatment support care; and 4) the client <b>does not meet any of the continued stay criteria</b> in this or another dimension that indicates the need for further treatment in ASAM Level I; or</li> <li>b. The client is experiencing escalation in drug seeking behaviors or craving that necessitates treatment in a more intensive level of care.</li> </ul>		
<b>Dimension 5: Relapse/ Continued Use Potential</b>	<p>The client's status in this dimension is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. The client's therapeutic gains in addressing craving and relapse issues have been internalized and integrated so the client <b>does not meet any of the ASAM Level I continued stay criteria</b> in this or another dimension that indicates the need for further treatment in ASAM Level I; or</li> <li>b. The client is experiencing a worsening of drug-seeking behaviors or craving, requiring treatment in a more intensive level of care.</li> </ul>		
<b>Dimension 6: Recovery Environment</b>	<p>The client's status in this dimension is characterized by one of the following:</p> <ul style="list-style-type: none"> <li>a. The client's social system and significant others are supportive of recovery to an extent that the client can adhere to a self-directed treatment plan without substantial risk of relapse/continued use and the client <b>does not meet any of the continued stay criteria</b> in this or another dimension that indicates the need for further treatment at ASAM Level I; or</li> <li>b. The client is functioning adequately in assessed areas of deficiency in life tasks including school, work, social functioning or primary relationships and the client <b>does not meet any of the continued stay criteria</b> in this or another dimension that indicates the need for further treatment at ASAM Level I; or</li> <li>c. The client's social system remains non-supportive or has deteriorated. The client is having difficulty in coping with this environment and is at substantial risk of relapse and requires placement in a more intensive level of care.</li> </ul>		
<b>Recommendations/Notes:</b>			
Print Counselor Name:		Counselor Signature/Credential:	
		Date:	

# THE CENTERS –SAMHSA TCE-TAC Proposal

## The Centers, Inc.

### Client Rights and Responsibilities

While receiving services from the Centers you have the right.....

1. To be treated with respect and dignity by the Center staff, and to be fully informed of all rules and regulations governing conduct and responsibilities.
2. To Informed Consent.
3. To be assigned a primary treatment staff member to provide services, make referrals, and coordinate treatment efforts, with the exception of detoxification programs.
4. To be served in the least restrictive treatment alternative available and consistent with your treatment needs.
5. To have privacy in treatment with all identifying and treatment information handled in a confidential manner, in accordance with State and Federal laws.
6. To have treatment free of neglect, abuse, exploitation, or any form of corporal punishment.
7. To be assured that any search or seizure is carried out in a manner consistent with program standards and only to insure safety, security and well being of clients and staff.
8. To receive quality treatment with consideration, gentleness, esteem, respect, dignity and individuality.
9. To know that information disclosed concerning child abuse, neglect, or exploitation of a child, disabled adult, or the elderly **MUST** be reported to the Department of Children and Family Services for possible investigation (under Florida State Law).
10. To withdraw from treatment at any time (**UNLESS** under Court Order to receive services).
11. To initiate advance directive, and name a representative/health care surrogate to act on your behalf for health care decisions.
12. To access, request amendment to, and receive an accounting of disclosures regarding your own clinical/service information as permitted under applicable law.
13. To be involved in the development and review of the clinical records compiled as a result of treatment.
14. To review program specific procedures with your counselor.
15. To be informed (and when appropriate, family members) about the outcomes of care, including unanticipated outcomes.
16. To access protective and advocacy services.
17. To pain management directly or through referral.

CONTINUE ON BACK

## THE CENTERS –SAMHSA TCE-TAC Proposal

18. To register to vote and to cast your vote in any elections unless the court has removed this right from you. Staff may assist you in arranging for registration or voting.
19. To have your personal effects and clothing, unless they are removed for safety or medical reasons. (Residential)
20. To receive correspondence and to make and/or receive phone calls, subject to reasonable rules established by the program. (Residential)
21. To receive an explanation of the estimated cost for services including non-covered services, deductible and co-pay amounts anticipated.
22. To receive information on the availability of financial resources for care.
23. To all other rights as delineated in the Laws of Florida applicable to all citizens of the State.
24. To file a Writ of Habeas Corpus (Inpatient Acute Care Services).

### If you are dissatisfied with the treatment received or.....

If you believe that any of your rights have been abridged, you may file a grievance. This procedure will address your complaints. Grievance forms may be acquired from your therapist, the program secretary, or supervisor of the Center's Administrative Office at 5664 SW 60<sup>th</sup> Avenue, Ocala, Florida 34474. You also have the right to contact the Department of Children and Family Services Abuse Registry at 1-800-96-Abuse (22873) to record complaints.

**Civil Rights Acknowledgment:** If you feel you have been discriminated against or you believe your differences are a barrier to treatment opportunities you may contact the Compliance Hot Line: (352) 291-5565, file a client grievance and/or call the Assistant Staff Director of Civil Rights, DCF Office of Inspector General Office of Civil Rights, 1317 Winewood Blvd., #5, 2<sup>nd</sup> Floor, Tallahassee, FL 32399-0700 (850) 487-1901; TDD=(850) 922-0230, or United States Department of Health and Human Services (HHS) Attn: Office of Civil Rights, Atlanta Federal Center, Suite 3870, 61 Forsyth St., S.W. Atlanta, GA 30303-8909 (404) 562-7881 or TDD=(404) 331-2867.

### As a client of the Center you have the responsibility to...

1. Provide accurate and complete information about matters relating to behavioral and physical health.
2. Meet financial commitments by:
  - a. providing annual proof of income to request a reduced fee for services,
  - b. paying the fees for services rendered,
  - c. being financially responsible for missed appointments.
3. Ask questions when you do not understand your care or do not know what is expected of you.
4. Show respect and consideration. You may be held legally responsible for any verbal or physical abuse toward The Centers' staff, clients, and their property.
5. Follow rules and regulations set forth by program staff.
6. Attend medication appointments to obtain prescription refills.
7. Accept the consequences for outcomes if you do not follow the care, treatment, and service plan.

**By signing this form, I am verifying that I have read and received a copy of my Rights and Responsibilities form.**

---

Client Signature

---

Date

---

Witness Signature

---

Date

Revised AR  
7/14/09

MC 124

**Confidential and Privileged Information  
For Professional Services Only. Not for Publication.**

the Centers  
THE CENTERS –SAMHSA TCE-TAC Proposal  
Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO  
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are ethically and legally required to maintain the privacy of protected health information. We must provide individuals with notice of our legal duties and privacy policies with respect to protected health information. We must abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices that are described in the notice. We will post any revised notice in the waiting area and you may obtain a revised notice by forwarding a written request to our Privacy Officer at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida 34474.

With your consent, we may use protected health information about you to carry out treatment, payment, or healthcare operations. Treatment means the provision of healthcare and related services by one or more healthcare providers. For example, nurses providing healthcare under our direction may use protected health information. Payment means activities we take to obtain reimbursement for the provision of healthcare. For example, your health insurer may require us to provide information about the services we furnished to you before the insurer pays for the services. Healthcare operations include many oversight functions, such as quality assessment, credentialing, and business management. For example we may disclose protected health information to licensing officials in obtaining or renewing our professional licenses.

The release of protected health information to persons outside the Center will require prior, written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that action has been taken in reliance on the use or disclosure indicated in the authorization. Only in extreme circumstances, such as life-threatening emergencies or a court order by a judge, would information be released without an authorization. Even in these cases, the release of information would be limited to the minimum amount of information necessary to fulfill the requirement. In addition, State of Florida regulations currently require (1) information regarding abuse of a child, disabled adult, or aged person to be reported to the State Abuse Registry; (2) physicians to report the diagnosis of certain communicable diseases to the County Health Department; and (3) that certain identifying, demographic, and clinical information pertaining to person receiving State-supported services be reported to the Department of Children and Families.

We may use or disclose protected health information without your written consent or authorization for certain purposes such as:

- ✓ To report suspected child abuse and neglect
- ✓ Crimes on program premises or against program personnel
- ✓ Medical emergencies
- ✓ Research activities conducted by qualified researchers
- ✓ Audit and evaluation activities, including third party payers, Medicaid, Medicare and peer review organizations
- ✓ Qualified service organizations
- ✓ Court order

## THE CENTERS –SAMHSA TCE-TAC Proposal

- Duty to warn
- Release to the Medical Examiner Office

We may use or disclose protected health information without your written consent or authorization for certain purposes unless you object. The following is a brief description of these purposes for which you have an opportunity to object:

- Disaster relief purposes

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Except as otherwise stated in our Notice of Privacy Practices, we will use and disclose your protected health information only with your written authorization and you may revoke such authorization at any time.

You have the following rights with respect to your protected health information:

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your treatment team uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If your treatment team believes it is in your best interest to permit use and disclose your protected health information, your protected health information will not be restricted. If your treatment team does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your treatment team. You may request a restriction by sending a written request to the Privacy Officer of MCMHC at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida.

## THE CENTERS –SAMHSA TCE-TAC Proposal

34474. This request must contain a specific description of the restriction you are requesting as well as the reason for the restriction.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternate address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida 34474.

You may have the right to have your protected health information amended. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have a right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You may exercise any of these rights by forwarding a written request to our Chief Compliance Office, C/O QI Coordinator at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida 34474. If you request an amendment to protected health information, you must also include a written reason to support the requested amendment.

You may complain to us or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must forward a written statement describing the acts or omissions believed to be in violation of your rights to our Privacy Officer at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida 34474. We will not retaliate against you for filing a complaint.

For further information, please contact our Privacy Officer at 5664 SW 60<sup>th</sup> Ave, Ocala, Florida 34474 or view the information provided by the Office of Civil Rights at <http://www.hhs.gov/ocr/hipaa/>.

Effective Date: April 14, 2003

MC 224

THE CENTERS –SAMHSA TCE-TAC Proposal

**ATTACHMENT 3**  
**Sample Consent Forms**

# THE CENTERS –SAMHSA TCE-TAC Proposal

## the Centers General Authorization for Treatment Except Psychotropic Medications

Client's Name: \_\_\_\_\_ MIS#: \_\_\_\_\_

I, the undersigned, a client, a parent, a guardian advocate, or a health care surrogate/proxy hereby authorize the professional staff of this facility to administer assessment and treatment specified below.

- Routine medical care \_\_\_\_\_
- Psychiatric Assessment \_\_\_\_\_
- School Based Therapy \_\_\_\_\_
- Individual Therapy \_\_\_\_\_
- Video Feedback \_\_\_\_\_
- Psychiatric Evaluations & Consultations \_\_\_\_\_
- Prescribing of Medications \_\_\_\_\_
- Random Drug Screen \_\_\_\_\_

- Assessment \_\_\_\_\_
- Therapeutic Placement \_\_\_\_\_
- Family Therapy \_\_\_\_\_
- Group Therapy \_\_\_\_\_
- Other \_\_\_\_\_

(\* Initial of Patient or Authorized Decision Maker Confirms Authorization and Consent for Each Treatment)

In the event that psychotropic medications are to be administered, an informed consent will be requested, and additional information will be provided.

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

\_\_\_\_\_  
Signature of Client\* \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Time \_\_\_\_\_ am/pm

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Time \_\_\_\_\_ am/pm

\_\_\_\_\_  
Signature of: (check when one applicable)  
 Guardian\*       Guardian Advocate\*  
 Health Care Surrogate       Health Care Proxy  
 Parent \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Time \_\_\_\_\_ am/pm

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Time \_\_\_\_\_ am/pm

\* The client shall always be asked to sign this authorization form. However, if the client is a minor, is incapacitated, or is incompetent to consent to treatment, the consent of his or her guardian, guardian advocate, or health care surrogate/proxy is required. Court orders, letters of guardianship, or advance directives must be retained in the clinical record if a person other than the client signs the consent to treatment. The guardian, guardian advocate, or health care surrogate/proxy must agree to keep the facility informed of their whereabouts during the term of the hospitalization.

THE CENTERS –SAMHSA TCE-TAC Proposal

The Centers, Inc.

Urinalysis and/or Breathalyzer  
Consent Form

I, \_\_\_\_\_, hereby agree to provide, upon request, a urine specimen for analysis and/or submit to breathalyzer testing. I understand that the purpose of the urinalysis/breathalyzer testing is to monitor my progress in treatment. In order to ensure the integrity of the urine specimen, I will be required to provide a specimen observed by a staff member of the same gender. I will be afforded the maximum amount of privacy possible.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42, CFR, Part 2. My records cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke my consent at any time except to the extent that action has been taken in reliance on it. The authorization for release of information will expire one year from the date it was signed.

---

Client Signature

---

Date

---

Parent/Guardian Signature

---

Date

---

Witness Signature

---

Date



---

## Telepsychiatry Consent Form

I hereby authorize \_\_\_\_\_ to use Telepsychiatry in the course of my diagnosis and treatment. I understand that Telepsychiatry involves the potential of communication of my medical information, both orally and/or visually, to physicians and other health care practitioners.

I understand I have all the following rights with respect to Telepsychiatry:

Patient Choice of Care. I have the right to withhold or withdraw my consent to Telepsychiatry at any time without affecting my right to future care or treatment and without risking the loss of my health coverage.

Access to Information. I have the right to inspect all medical information that includes the Telepsychiatry visit. I may obtain copies of this medical record information for a reasonable fee.

Confidentiality. I understand that the laws which protect the confidentiality of medical information apply to Telepsychiatry. My video Telepsychiatry visit will not be recorded and all identifying information in the interaction will be kept secure in the same manner as any other private medical information.

Potential Risks. I understand that there are risks for Telepsychiatry. These risks include the possibility (despite our best efforts to prevent this) that the transmission of medical information could be disrupted or distorted by technical failures in transmission. I also understand that the electronic transmission of medical information could be interrupted or even accessed illegally by unauthorized persons.

In addition, I understand that telemedical examinations or care may not be as complete as a face-to-face examination or care. I understand that Telepsychiatry does not decrease or minimize the risks that might be present in a medical illness or condition.

Benefits. I understand that I can expect substantial benefits from Telepsychiatry, but that no results can be guaranteed or assured. Telepsychiatry provides me with access to treatment that otherwise would not have been available to me.



THE CENTERS –SAMHSA TCE-TAC Proposal

**The Centers, Inc.**

5664 SW 60<sup>th</sup> Avenue

Ocala, FL 34474

**Phone:** 352.291.5555

Pt#: \_\_\_\_\_

---

I have read and understand the information provided above, I have discussed it with my physician or my physician's staff, and all my questions have been answered to my satisfaction.

---

Date

---

Signature of patient / parent / conservator / guardian (circle one)

---

Print Name

parent or guardian of minor patient

guardian or conservator of an incompetent patient



---

## Teletherapy Informed Consent Form

I, \_\_\_\_\_ hereby consent to engaging in Teletherapy at The Centers. I understand and agree to the following uses of Teletherapy (please check those that apply):

- Consultation
  - Treatment
  - Transfer of medical data
  - Email
  - Phone conversations
  - Education
- Using interactive audio, video or data communications

I understand that Teletherapy also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to Teletherapy:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- (2) The laws that protect the confidentiality of my medical information also apply to Teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards and ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand that there are risks and consequences from Teletherapy, including, but not limited to, the possibility, despite reasonable efforts on The Centers' part that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that Teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be transferred to traditional office visits with my therapist. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist my condition may not be improved, and in some cases may even get worse.



THE CENTERS –SAMHSA TCE-TAC Proposal

**The Centers, Inc.**

5664 SW 60<sup>th</sup> Avenue

Ocala, FL 34474

**Phone:** 352.291.5555

Pt#: \_\_\_\_\_

(4) I understand that I may benefit from Teletherapy, but that results cannot be guaranteed or assured.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

---

Signature of Client

---

Date

---

Signature of Consultant/Therapist

---

Date

THE CENTERS –SAMHSA TCE-TAC Proposal

**ATTACHMENT 4**  
**Letter(s) to the SSA/PHOC**

# THE CENTERS –SAMHSA TCE-TAC Proposal

Charles R. Powell  
Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala, FL 34474-5677

April 8, 2013

Kathy Goltry, M.S.W.  
Director  
Substance Abuse and Mental Health Program Office  
Florida Department of Children and Families  
1317 Winewood Boulevard, Building 6, Room 300  
Tallahassee, Florida 32399-0700  
Phone: (850) 717-4296  
Fax: (850) 487-2627  
E-mail: kathy\_goltry@dcf.state.fl.us

Dear Ms. Goltry:

Regarding **Funding Announcement No. TI-13-008 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC)**, attached is the Public Health System Impact Statement (PHSIS). The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides:
  - 1) a description of the population to be served;
  - 2) a summary of the services to be provided; and
  - 3) a description of the coordination planned with appropriate state or local health agencies.

Any comments on the proposal should be sent no later than 60 days after the application deadline to the following address:

Diane Abbate, 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-13-008**

In addition, the Centers will notify the SSA within 30 days of receipt of an award.

Respectfully,

Charles R. Powell  
Chief Executive Officer  
The Centers

# THE CENTERS –SAMHSA TCE-TAC Proposal

Charles R. Powell  
Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala, FL 34474-5677

April 8, 2013

Stephenie W. Colston, M.A.  
Director of Substance Abuse and Mental Health  
1317 Winewood Blvd. Bldg. 6, Rm. 334  
Tallahassee, Florida 32399-0700  
Phone: (850) 921-8461  
Fax: (850) 488-2828  
E-mail: stephenie\_colston@dcf.state.fl.us

Dear Ms. Colston:

Regarding **Funding Announcement No. TI-13-008 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC)**, attached is the Public Health System Impact Statement (PHSIS). The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides:
  - 1) a description of the population to be served;
  - 2) a summary of the services to be provided; and
  - 3) a description of the coordination planned with appropriate state or local health agencies.

Any comments on the proposal should be sent no later than 60 days after the application deadline to the following address:

Diane Abbate, 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-13-008**

In addition, the Centers will notify the SSA within 30 days of receipt of an award.

Respectfully,

Charles R. Powell  
Chief Executive Officer  
The Centers

THE CENTERS –SAMHSA TCE-TAC Proposal

Charles R. Powell  
Chief Executive Officer  
The Centers  
5664 SW 60<sup>th</sup> Avenue  
Ocala, FL 34474-5677

April 8, 2013

Lauren P. Milligan  
Florida State Clearinghouse  
Florida Dept. of Environmental Protection  
3900 Commonwealth Blvd.  
Mail Station 47  
Tallahassee, Florida 32399-3000  
Phone: (850) 245-2161  
Fax: (850) 245-2190  
E-mail: [Lauren.Milligan@dep.state.fl.us](mailto:Lauren.Milligan@dep.state.fl.us)

Dear Ms. Milligan:

This is to notify of our intent to submit an application for **Funding Announcement No. TI-13-008 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC)**, and to receive any necessary instructions on the state's review process.

Please send any state review process recommendations to the following address within 60 days of the application deadline of April 10, 2013 to the following address:

Diane Abbate, 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: SPOC – Funding Announcement No. **TI-13-008**.

Respectfully,

Charles R. Powell  
Chief Executive Officer  
The Centers

THE CENTERS –SAMHSA TCE-TAC Proposal

ATTACHMENT 5

A copy of the signed, executed EHR vendor contract

*recd in interoffice mail*  
**RECEIVED**

UNI/CARE 1/30/09

*1/30/09***THE CENTERS, INC.**  
**FINANCE**January 14, 2008**GENERAL AGREEMENT**

This **GENERAL AGREEMENT** made and entered into this \_\_\_\_\_ day of January 2009, by The Centers, a Florida based Corporation with its principal offices located at 5664 S.W. 60<sup>th</sup> Avenue, Ocala, Florida 34474(hereinafter "Licensee") and UNI/CARE Systems, Inc., a duly licensed Florida Corporation incorporated pursuant to the laws of the State of Florida, with principal offices located at 540 N. Tamiami Trail, Sarasota, FL 34236 (hereinafter "Licensor").

**WITNESSETH:**

**WHEREAS**, Licensor has developed certain application software;

**WHEREAS**, Licensor desires to provide to Licensee certain application software, including support documentation and related installation, consulting and training services and on-going software support services;

**WHEREAS**, Licensee desires to license from Licensor certain application software, including support documentation and related installation, consulting and training services and on-going software support services;

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

**SECTION 1  
DEFINITIONS**

As used in this Agreement, the following capitalized terms have the meanings ascribed to them below, and include the plural, as well as the singular:

**1.01 Acceptance:** has the meaning set forth in Subsection 5.05 of this Agreement.

**1.02 Acceptance Criteria:** Means the Specifications against which the Licensed Programs shall be evaluated in accordance with Section 5 of this Agreement.

**1.03 Acceptance Tests:** means those procedures described in the General Agreement, to be conducted by Licensee in order to determine whether the Licensed Programs have the ability to support the Functionality Acceptance Criteria described in Section 5 and Exhibit E to this Agreement.

**1.04 Agreement:** means this General Agreement, together with the following Exhibits, all of which are incorporated by reference into, and made a part of this Agreement:

Exhibit A  
Exhibit B

License End-User Agreement;  
Approved Designated Equipment;

---

January 14, 2008

Exhibit C	Support Services Agreement;
Exhibit D	Price List;
Exhibit E	Functionality Acceptance Criteria;
Exhibit F	Functionality Acceptance Certificate;
Exhibit G	Negotiated Rates;
Exhibit H	Business Associate Agreement;
Exhibit I	Implementation Schedule;
Exhibit J	Installation Services, Training Services and Consulting Services; and
Exhibit K	Interfaces and Conversions

**1.05 Certification:** means Licensee's receipt of applicable notice from Lessor that Lessor has completed the Installation of the Licensed Programs on the Equipment.

**1.06 Concurrent Users:** means the number of Users who are simultaneously accessing the Licensed Programs and Licensed Utilities over the Licensee's network at any one time.

**1.07 Consulting Services:** means the services that Lessor offers to Licensee in order to implement the Licensed Programs and Licensed Utilities, as more particularly described in Exhibit D (Price List), Exhibit I (Implementation Schedule), and Exhibit J (Installation Services, Training Services and Consulting Services).

**1.08 Designated Equipment:** means the equipment identified in Exhibit B to this Agreement.

**1.09 Enhancements:** means all Lessor Updates, upgrades, additions, and changes to, and future releases for the Licensed Programs and Licensed Materials in whole or in part, including without limitation: (1) updated Versions of the Licensed Programs and Licensed Materials to operate on upgraded Versions of firmware or upgraded versions of Equipment; and (2) updated Versions of Licensed Programs and Licensed Materials that encompass improvements, extensions, maintenance updates, error corrections, or other changes that are logical improvements or extensions of the Licensed Programs and Licensed Materials supplied to Licensee.

**1.10 Functional Requirements:** means Licensee's requirements for the functionality of the Licensed Programs, as defined in Exhibit E.

**1.11 Functionality Acceptance Criteria:** means the performance standards by which to measure the ability of the Licensed Programs to support the functionality described in Subsection 5.03 and Exhibit E of this Agreement.

**1.12 Implementation Schedule:** means the implementation and training plan attached hereto in Exhibit I, which outlines various Installation Services, Training Services and Consulting Services necessary to implement the Licensed Programs and Licensed Utilities at Licensee's sites.

January 14, 2008

**1.13 Installation:** means loading the standard Licensed Programs and Licensed Utilities on the Designated Equipment and verifying accessibility on a User workstation. This does not include any required customization and/or the programming of third parties requirements.

**1.14 Installation Services:** means the installation, set up, testing, and related services relating to the standard Licensed Programs and Licensed Utilities which are required to make the standard Licensed Programs and Licensed Utilities ready for use by Licensee, as outlined in Exhibit D (Price List), Exhibit I (Implementation Schedule) and Exhibit J (Installation Services, Training Services and Consulting Services).

**1.15 Installation Acceptance:** means Licensee's Acceptance of the Licensed Programs and Licensed Utilities upon their Installation on the Designated Equipment.

**1.16 Interfaces:** means Custom Programs described as such in Exhibit K.

**1.17 Installation Acceptance Certificate:** means the form included in Exhibit F.

**1.18 License:** means the rights granted Licensee pursuant to Section 2 hereof.

**1.19 Licensed Materials:** means the user guides, training materials, supplemental materials and other documentation (and all revisions thereto) provided by Licenser to Licensee relating to the Licensed Programs and Licensed Utilities.

**1.20 Licensed Programs:** means all the application software in object code format only, recorded on CD or other media and provided by or through Licenser to Licensee and listed on Exhibits A and D attached hereto. Any third party ownership of these Licensed Programs is set forth in Exhibit A.

**1.21 Licensed Utilities:** means all the software in object code format only, recorded on CD or other media and provided by or through Licenser to Licensee to enable User interface to the Licensed Programs, and listed on Exhibit A and D attached hereto. Any third party ownership of these Licensed Utilities is set forth in Exhibit A.

**1.22 Permitted Purpose:** means the Licensee's own corporate internal use only, of Licensed Programs, Licensed Utilities and Licensed Materials, for purposes outlined in Section 2 of this Agreement. Any consortium of agencies agreement needs to be documented in this General Agreement.

**1.23 Proprietary Information:** means information defined as such in Section 7.

**1.24 Release:** means a sequential product release of the Licensed Programs and Licensed Materials, with additional functionality, and fixes; designated with a numerical Version number. New Releases include bug fixes, as well as requested Enhancements, are issued periodically, and are made commercially available to Licenser's customers by electronic download.

**1.25 Specifications:** means the description of the features and functions of the

January 14, 2008

Licensed Programs set forth in Exhibit E of this Agreement and the Licensed Materials.

**1.26 Support Services:** means the services that Licensor provides to Licensee pursuant to the Support Services Agreement attached hereto as Exhibit C.

**1.27 Training Services:** means the services that Licensor provides to Licensee in order to prepare Licensee to use the Licensed Programs and Licensed Utilities as outlined in Exhibit D (Price List), Exhibit I (Implementation Schedule), and Exhibit J (Installation Services, Training Services and Consulting Services).

**1.28 Update:** means fixes as well as agreed upon changes to Licensed Programs, Custom Programs and Enhancements.

**1.29 Users:** means an employee or agent of Licensee who has concurrent access as defined in Section 2 of this Agreement, to any of the Licensed Programs and Licensed Utilities provided by Licensor to Licensee and listed in Exhibit A and D attached hereto.

## **SECTION 2 LICENSE**

**2.01 License Grant:** Subject to the conditions specified in this Agreement and Licensor's termination rights pursuant to Section 9 of the General Agreement, Licensor hereby grants to Licensee, a royalty free, non-exclusive, non-transferable License for the number of Concurrent Users set forth in Exhibit D, to use the Licensed Programs, Licensed Utilities and Licensed Materials for the length of the term of this General Agreement.

**2.02 Permitted Purpose:** Licensee hereby agrees:

- (a) to access the Licensed Programs, Licensed Utilities and Licensed Materials within the number of Concurrent Users identified in Exhibit D of this Agreement;
- (b) to use the Licensed Programs, Licensed Utilities and Licensed Materials only for its own corporate use and within the scope of Licensee's operations. Use by a consortium of agencies needs to be defined in this General Agreement;
- (c) to install the Licensed Programs and Licensed Utilities only on the Designated Equipment;
- (d) to comply with Licensor's proprietary rights as detailed in Section 7 of this Agreement;

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- (e) to obtain all Lessor's Licensed Programs, Licensed Utilities and Licensed Materials developed by Lessor and/or licensed by Lessor, only through Lessor and no other person or entity;
- (f) to make archival copies of those portions of the Licensed Programs, Licensed Utilities and Licensed Materials that are provided on machine readable media or paper copies, provided such copies are strictly for Licensee's internal use in accordance with this Agreement, and provided such copies are not installed on equipment other than the Designated Equipment; and
- (g) to copy the Licensed Materials as reasonably required for Licensee's internal use of the Licensed Programs and Licensed Utilities, in accordance with this Agreement.

**2.03 Scope of Services:** Lessor shall provide to Licensee:

- (a) Licensed Programs that meet the Functionality Acceptance Criteria as defined in Section 5.03 of this Agreement, only in object code form as detailed in Exhibits A and D of this Agreement;
- (b) approval of Operating System and Designated Equipment as specified in Exhibit B of this Agreement;
- (c) Licensed Materials relating to the Licensed Programs and Licensed Utilities as specified in Exhibit D of this Agreement;
- (d) Installation Services, Training Services and Consulting Services in accordance with the Implementation Schedule, as specified in Exhibits I and J of this Agreement;
- (e) Support Services as set forth in the Support Services Agreement attached hereto as Exhibit C; and
- (f) such other additional services as may be requested by Licensee for data conversion, database partitions, interface customization, or management of projects, that are not defined in Exhibit D, at the negotiated

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rates set forth in Exhibit G.

**2.04 Conditions:** Licensee hereby agrees:

- (a) to use the Licensed Programs, Licensed Utilities and Licensed Materials only for Permitted Purposes, only on the Designated Equipment ;
- (b) to perform with Licenser a system audit on a yearly basis, which will allow Licenser to confirm all Licensed Programs and Licensed Utilities installed on Licensee's Designated Equipment and update the License number of Users assigned to Licensee by Licenser;
- (c) not to copy, reproduce, or modify any of the Licensed Programs and Licensed Utilities, or reproduce any Licensed Materials or other information provided in connection with the Licensed Materials except as authorized in this Agreement;
- (d) not to (i) de-compile, disassemble, or otherwise reverse engineer all or any part of the Licensed Programs and Licensed Utilities, or (ii) create, produce, market, license or sell any product that competes with any of the Licensed Programs and Licensed Utilities, or (iii) permit any other person to do any of the foregoing.
- (e) to make archive copies of the Licensed Programs and Licensed Utilities strictly for Licensee's own corporate internal use. At all times during which any copy of the Licensed Programs and Licensed Utilities in Licensee's possession or under Licensee's control is not installed for use on the Designated Equipment, Licensee shall store such copy of the Licensed Programs and Licensed Utilities in a manner that will reasonably protect the copy from theft or unauthorized disclosure;
- (f) not to take any action that would encumber the Licensed Programs and Licensed Utilities and related Licensed Materials or expose the Licensed Programs and Licensed Utilities and related Licensed Materials to any claims, transfers, conversion, or other form of encumbrance; and

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- (g) to acknowledge that the Licensed Programs and Licensed Utilities may be derived, in part, from the software of third parties. As a condition to Licensee's right to use the Licensed Programs and Licensed Utilities and related Licensed Materials, Licensee shall execute and deliver any other License Agreement, Non-disclosure Agreement and Registration Form that such a third party may require; provided that such other agreement or form shall not (i) preclude Licensee from using the Licensed Programs, Licensed Utilities and Licensed Materials to conduct Licensee's business, or (ii) impose any fee or any obligation more stringent than that set forth in this Agreement.

**2.05 Licensed Programs Updates:** The Licensed Programs and Licensed Utilities shall include all improvements or modifications of the version or versions of the Licensed Programs and Licensed Utilities which Licensor has licensed to Licensee, and implemented or otherwise released by Licensor from time to time during the term of this Agreement, and all related Licensed Materials in written form and/or identified in the Exhibits attached hereto or used in connection with the Licensed Programs and the Licensed Utilities as implemented by Licensor. Licensor shall provide such updates and new releases to Licensee pursuant to the terms of the Support Services Agreement attached hereto as Exhibit C. Licensed Programs updates may also require Equipment upgrades by Licensee.

### **SECTION 3 SALE OF EQUIPMENT**

**Non-Applicable**

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## SECTION 4 CONSIDERATION

**4.01 Licensed Programs Fees:** In consideration for the Licensed Programs to be provided to Licensee under this Agreement, Licensee shall pay Lessor the amounts set forth in Exhibit D attached hereto, representing the aggregate fees for the Licensed Programs ("Licensed Programs Fees"). Payments for Licensed Programs Fees shall be made according to the following schedule:

- (a) fifty percent (50%) of the aggregate amount for Licensed Programs Fees as set forth in Exhibit D upon execution of this Agreement;
- (b) forty percent (40%) of the aggregate amount for Licensed Programs Fees as set forth in Exhibit D upon Installation of the Licensed Programs on the Equipment;
- (c) ten percent (10%) of the aggregate amount for Licensed Programs Fees as set forth in Exhibit D upon Acceptance of the Licensed Programs as set forth in Section 5 of this Agreement.

**4.02 Licensed Utilities Fees:** In consideration for the Licensed Utilities to be provided to Licensee under this Agreement, Licensee shall pay Lessor the amounts set forth in Exhibit D attached hereto, representing the aggregate fee for the Licensed Utilities ("Licensed Utilities Fees"). Payments for Licensed Utilities Fees shall be made according to the following schedule:

- (a) fifty percent (50%) of the aggregate amount for Licensed Utilities Fees as set forth in Exhibit D upon execution of this Agreement;
- (b) fifty percent (50%) of the aggregate amount for Licensed Utilities Fees as set forth in Exhibit D upon Installation of the Licensed Utilities on the Equipment.

**4.03 Interfaces and Conversions:** In consideration for the Interfaces and Conversions to be provided to Licensee under this Agreement, Licensee shall pay Lessor the amounts set forth in Exhibit D attached hereto, representing the aggregate fee for the Interfaces and Conversions (Interfaces and Conversions Fee). Payments for Interfaces and Conversions Fees shall be made according to the following schedule:

- (a) fifty percent (50%) of the aggregate amount for Interfaces and Conversions Fees as set forth in Exhibit D upon execution of this Agreement;

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- (b) fifty percent (50%) of the aggregate amount for Interfaces and Conversions Fees as set forth in Exhibit D upon Acceptance of the Interfaces and Conversions.

**4.04 Installation, Training and Consulting Fees:** In consideration for the Installation, Training and Consulting Services to be provided to Licensee under this Agreement, Licensee shall pay Lessor the amounts set forth in Exhibit D attached hereto, representing the Fees for Installation, Training and Consulting Services and related travel and per-diem fees. Payments for such Fees shall be made according to the following schedule:

- (a) One hundred percent (100%) of the invoiced amount for each set of scheduled Installation, Training and Consulting Services, upon completion of each set, according to the payment terms as described in Subsection 4.05 of this Agreement;
- (b) One hundred percent (100%) of the related travel and per diem invoice according to the payment terms as described in Subsection 4.05 of this Agreement.

**4.05 Payment Terms:** The payments described in Subsections 4.01 (a), 4.02 (a) and 4.03 (a) are due upon execution of this Agreement. The payments described in Subsections 4.01(b), 4.01 (c), 4.02 (b), 4.03 (b) and 4.04 are due upon the occurrence of the events specified therein, and at the latest within thirty (30) days of invoice receipt. Failure to pay as defined in Sections 4.01, 4.02, 4.03 and 4.04 may result, at the option of Lessor in suspension of Implementation, Training, Consulting and/or Support Services, or Termination as defined in Subsection 9.04 of this Agreement; provided that Lessor shall provide Licensee with written notice and an opportunity to cure as set forth in Sections 9.03 and 9.04 of this Agreement.

**4.06 Taxes:** Licensee shall, where obligated by law to do so, directly pay all applicable taxes relating to or assessable against the Licensed Programs, Licensed Utilities, Installation, Training and Consulting services, or any services related thereto, including all personal property taxes and state sales and/or use taxes but excluding taxes based on Lessor's taxable income and excluding any other taxes based on Lessor's business operations. If Licensee elects to challenge the applicability of any such taxes, Licensee shall inform Lessor and will supply Lessor with all relevant documentation substantiating Licensee's right to withhold payment of such taxes. It is contemplated that Licensee will directly pay all sales and use taxes incident to this Agreement; provided, however, Licensee agrees to reimburse Lessor (after receipt by Licensee of appropriate documentation from Lessor) for any payments of sales or use taxes paid by Lessor on behalf of Licensee pursuant to this Agreement or assessed by a taxing authority against Lessor.

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## SECTION 5 FUNCTIONALITY ACCEPTANCE TESTING

**5.01 Implementation Schedule:** Within one (1) month of execution of this Agreement, Licensor and Licensee shall hold an implementation meeting to collaborate, produce and finalize a written Implementation Schedule. The Implementation Schedule will include prioritization of milestones for Acceptance, training and customization services as well as timetables related to payment schedules as set forth in Sections 4.01, 4.02 and 4.03. Upon completion of the Implementation Schedule, Licensor and Licensee shall indicate the agreement to all of its provisions by signing the Implementation Schedule. Upon signing the Implementation Schedule, it shall be incorporated into, and made part of this Agreement under Exhibit I. No provision of the Implementation Schedule shall supersede any part of this Agreement unless it is specifically indicated.

**5.02 Functionality Acceptance Testing:** Within one (1) month of execution of this Agreement, Licensor shall install the Licensed Programs and Licensed Utilities on the Designated Equipment. Licensee shall have nine (9) months in which to conduct Functionality Acceptance Testing from the date Licensee receives written notice from Licensor stating the Licensed Programs have been installed at Licensee's site and are ready for Functionality Acceptance Testing. Functionality Acceptance Testing shall be conducted by Licensee in order to determine that the Licensed Programs have the ability to perform according to the Functionality Acceptance Criteria as defined in Subsection 5.03.

**5.03 Functionality Acceptance Criteria:** Each Licensed Program listed in Exhibit D of this Agreement will have the ability to satisfy the following Functionality Acceptance Criteria:

- (a) each Licensed Program will perform according to the Functionality Acceptance Criteria as set forth in Exhibit E of this Agreement;
- (b) each Licensed Program will operate on the Designated Equipment purchased through Licensor or which Licensor approves in writing as meeting its Specifications, as set forth in Exhibit B of this Agreement;
- (c) each Licensed Program will be delivered with its related sets of Licensed Materials; and
- (d) Licensor will provide all Installation, Training and Consulting Services as set forth in Exhibits D, I and J of this Agreement, unless specifically requested in by Licensee in writing to postpone any Training and/or Consulting Services. In this case, this Section 5.03(d) is no longer valid.

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**5.04 Failure of Functionality Acceptance Testing:** In the event Licensee determines that a Licensed Program fails to meet the Functionality Acceptance Criteria, Licensee shall notify Licensor in writing within ten (10) working days of such determination, specifying in as much detail as possible in which respects the Licensed Program does not have the ability to meet the Functionality Acceptance Criteria. Upon receipt of the written notice of failure from Licensee, Licensor shall, at no additional cost to Licensee, correct, modify or replace each specified Licensed Program (together with the corresponding Licensed Materials) within a mutually agreed upon number of working days from the date of receipt by Licensor of the initial notice from Licensee. Upon completion of the corrections, modifications or replacement, Licensor shall provide Licensee with written notice indicating that a Licensed Program has been corrected, modified or replaced and is ready for retesting. Licensee shall conduct retesting within a mutually agreed upon number of working days after receiving written notice that the Licensed Program has been corrected, modified or replaced and is ready for retesting. Should a Licensed Program continue to lack the ability to meet the Functionality Acceptance Criteria at the end of the Functionality Acceptance Testing period set forth in Subsection 5.02 herein and/or three (3) months after the retesting has commenced, Licensee may elect one of the following options:

- (a) Licensee may elect to continue this Agreement, delete from this Agreement the Licensed Program that has failed to satisfy the Functionality Acceptance Criteria and receive a refund of the License Fee paid to Licensor for such Licensed Program as specified in Section 4.01 of this Agreement; or
- (b) Licensee may elect to conduct further Functionality Acceptance Testing, in which event, Licensor and Licensee shall execute a written addendum to this Agreement setting forth the terms and conditions of further Acceptance Testing and set forth any necessary corrections and/or modifications in as much detail as possible at no additional charge to Licensee to address the respects in which the Licensed Program failed.

**5.05 Functionality Acceptance Certificate:** As soon as Licensee determines that the Functionality Acceptance Testing establishes that the Licensed Programs are performing satisfactorily in meeting the Functionality Acceptance Criteria as set forth in Subsection 5.03 herein, ("Acceptance"), Licensee shall execute the Acceptance Certificate attached hereto as Exhibit F.

**5.06 Refund of Licensed Programs Fees:** In the event Licensee requests a refund of a Licensed Program Fee paid to Licensor as specified in Section 4.01 of this Agreement, as a result of a Licensed Program failing to satisfy the Functionality Acceptance Criteria during Acceptance Testing as specified in Subsection 5.04(a) of this Agreement, then Licensor shall refund within sixty (60) days of receipt of written notification from Licensee, the Licensed Program Fee paid by Licensee pursuant to this Agreement, and as identified in Exhibit D to this Agreement.

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**5.07 Licensee's Tasks Upon Termination After Failure of Retesting of Functionality**

**Acceptance Testing:** Within ten (10) days after the deletion of a Licensed Program from this Agreement by Licensee, Licensee shall either (i) return to Lessor all copies of the Licensed Program, and all related Licensed Materials in Licensee's possession or under its control, or (ii) remove all copies of the Licensed Program and related Licensed Materials and provide a sworn affidavit to Lessor to the effect that all such items have been removed, to the best of Licensee's knowledge and through its best efforts.

**5.08 Payment Upon Successful Completion of Functionality Acceptance Testing:**

Upon successful completion of the Acceptance Testing and after Licensee has executed the Functionality Acceptance Certificate, Licensee shall pay Lessor the amount set forth in Subsection 4.01 in accordance with Section 4.05 of this Agreement.

**5.09 Deemed Acceptance:** If, within the Functionality Acceptance Testing period described in Section 5.02, Lessor does not receive from Licensee written notice specifying in detail any new or continuing failures of the Licensed Programs to satisfy the Functionality Acceptance Criteria, Licensee shall be deemed to have accepted the Licensed Programs.

**SECTION 6  
REPRESENTATIONS AND WARRANTIES**

**6.01 Patents, Copyrights and Trademarks:** Lessor, at its own expense, shall defend or, at its option, settle any claim, suit, or proceeding brought against Licensee on the issue of infringement howsoever arising as a result of or in connection with the supply, Installation, Training or use of the whole or any part of any Licensed Program, Licensed Utility and Licensed Materials of any patent, copyright, trademark service, registered design or any application for the same, and will indemnify and hold Licensee harmless against all costs and damages incurred by Licensee in any such claim, suit, or proceeding, but only if, within ten (10) days of the date on which Licensee is served with the claim, suit or proceeding, Licensee notifies Lessor in writing of the claim, suit or proceeding. If any Licensed Program, Licensed Utility or Licensed Materials, or any part thereof furnished by Lessor to Licensee becomes, or in the opinion of Lessor may become, the subject of any such claim, suit or proceeding or if a court of competent jurisdiction renders a judgment from which no appeal can be taken enjoining the use of all or part of the Licensed Program, Licensed Utility and Licensed Materials, Lessor at its own option and expense, may:

- (a) obtain for Licensee the right under the patent, copyright or trademark to use the infringing part of the Licensed Program, Licensed Utility and Licensed Materials; or
- (b) replace the infringing part of the Licensed Program, Licensed Utility and Licensed Materials; or

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- (c) suitably modify the infringing part of the Licensed Program, Licensed Utility and Licensed Materials so that it is no longer infringing; or
- (d) if the use of the infringing part of the Licensed Program, Licensed Utility or Licensed Materials is prevented by permanent injunction from which no appeal can be taken, remove the infringing part of the Licensed Program, Licensed Utility and Licensed Materials, terminate the License, and refund portion of the License fees paid with respect thereto, subject to the following proration schedule: the foregoing refund shall be reduced to eighty percent (80%) after the first anniversary of Installation, to sixty percent (60%) after the second anniversary of Installation, to forty percent (40%) after the third anniversary of Installation, to twenty percent (20%) after the fourth anniversary of Installation, and to zero after the fifth anniversary of Installation.

The foregoing states Lessor's sole obligation and Licensee's exclusive remedy with respect to any alleged infringement by all or part of the Licensed Programs, Licensed Utilities and Licensed Materials.

**6.02 Disclaimer of Warranty:** The Licensed Programs and Licensed Utilities are licensed on an "AS IS" basis, without warranty, except as defined in Section 6.03 of this General Agreement. LICENSOR DISCLAIMS ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

**6.03 Express Warranty:** Lessor warrants to Licensee that:

- (a) neither the Licensed Programs, Licensed Utilities or Licensed Materials nor Lessor's performance of its obligations under this Agreement (including the Exhibits hereto), infringe, conflict with or constitute an infringement or misappropriation of any patent, copyright, trademark, trade secret or other proprietary right of a third party;
- (b) Licensed Programs meet the Functionality Acceptance Criteria detailed in Section 5.03 of this Agreement;
- (c) after Installation of the Licensed Programs and Licensed Utilities including any revisions or additions

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to the Licensed Programs or the Licensed Utilities provided by Licensor pursuant to Exhibit C hereof on the Designated Equipment and written notice of the same, Licensor warrants that the Licensed Programs and Licensed Utilities and such revisions or additions thereto will be free from significant programming errors and from defects in workmanship and materials;

- (d) Licensor has good title to the Licensed Programs, Licensed Utilities, and Licensed Materials and has the necessary rights, title and interest to grant the rights set forth in this Agreement to Licensee, free of any proprietary claims, liens, or conflicting claims of any third party;
- (e) Licensor has no actual knowledge of any existing circumstances, event, contingency, plan, or other similar situation specific to Licensor that may threaten the initial or ongoing ability of Licensor to consummate and perform its obligations under this Agreement;
- (f) qualified personnel of Licensor shall perform all Installation Services, Training Services, and Consulting Services in a professional manner, in accordance with industry standards. All components of the Licensed Programs and Licensed Utilities will be properly installed on the Designated Equipment, and all of the components of the Licensed Programs and Licensed Utilities will be functionally operable under normal use and in accordance with the Licensed Materials supplied therewith and the Functionality Acceptance Criteria with respect to the Licensed Programs and Licensed Utilities and any update, upgrade, or new release of the same provided by Licensor; and
- (g) all functions of the Licensed Programs set forth in the Functionality Acceptance Criteria shall be present and functional at the time of Acceptance, and the Licensed Programs and Licensed Utilities do not contain any disabling viruses or any logic that disables features at a certain date.

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Licensee shall report to Lessor in writing, any failure of the Licensed Programs and Licensed Utilities to comply with the foregoing warranty. As Licensee's sole remedy for any noncompliance of this warranty, Lessor shall repair, correct, or replace (at its option and cost) the nonconforming Licensed Programs, Licensed Utilities and Licensed Materials.

The foregoing warranty shall not apply to, and Lessor shall have no liability arising from:

- (a) defects resulting from improper or inadequate use, storage, or maintenance by Licensee;
- (b) the combination of all or part of the Licensed Programs and Licensed Utilities with any other product or part not furnished by Lessor to Licensee, except with respect to Commercial Desktop Applications and Commercial Client Server Applications identified in Exhibit B or as otherwise approved by Lessor from time to time,;
- (c) unauthorized modification or misuse and/or operation outside of the functionality described in the Licensed Materials applicable to the Licensed Programs and Licensed Utilities;
- (d) the gross negligence or willful misconduct of Licensee or its employees or agents.

Subsection 5.02 of the Support Services Agreement provides for a continuation of Lessor's Express Warranty which becomes effective ninety (90) days after Installation of the Licensed Programs and Licensed Utilities on the designated Equipment and written notice of the same.

**6.04 Exclusive Remedies:** SUBSECTION 6.03 STATES LESSOR'S SOLE RESPONSIBILITY AND LICENSEE'S EXCLUSIVE REMEDY WITH RESPECT TO ANY FAILURE OF THE LICENSED PROGRAMS AND LICENSED UTILITIES TO COMPLY WITH THE WARRANTIES SET FORTH IN SUBSECTION 6.03. THE WARRANTY AND REMEDIES STATED IN SUBSECTION 6.03 ARE IN LIEU OF ALL OTHER LIABILITIES OR OBLIGATIONS OF LESSOR FOR DAMAGES INCLUDING, BUT NOT LIMITED TO CONSEQUENTIAL DAMAGES ARISING OUT OF, OR IN CONNECTION WITH, THE USE OR PERFORMANCE OF THE LICENSED PROGRAMS AND LICENSED UTILITIES. LESSOR SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON CONTRACT, TORT OR ANY OTHER LEGAL THEORY OR ANY FAILURE OF THE LICENSED PROGRAMS AND LICENSED UTILITIES TO COMPLY WITH THE WARRANTIES SET FORTH IN SUBSECTION 6.03 EVEN IF LESSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT WILL LESSOR BE LIABLE FOR ANY LOSS OF DATA, OR LOST PROFITS. IN NO EVENT WILL LESSOR BE LIABLE FOR ANY ACTUAL DAMAGES IN AN AMOUNT THAT EXCEEDS THE LICENSE FEES PAID BY

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LICENSEE FOR THE LICENSED PROGRAMS AND THE LICENSED UTILITIES UNDER THIS AGREEMENT PER SUBSECTION 4.01 AND 4.02 OF THIS AGREEMENT.

## SECTION 7 PROPRIETARY RIGHTS, DISCLOSURE

**7.01 Client Confidentiality:** Lessor acknowledges that all of Licensee's client-related data is protected by federal and state confidentiality laws and regulations. Lessor shall hold all client-related data in strict confidence and shall not release to a third party any client-related data without the written consent of Licensee or proper legal process. Access of any client related data by Lessor's employees shall be limited to a "need to know" and Lessor shall keep complete and accurate records of all such access by its employees. At the request of Licensee, Lessor shall provide to Licensee the names of Lessor's employees who have or had access to client-related data along with the dates and times of such access. Lessor shall use client-related data for the sole purposes outlined in this Agreement and if client data is in its physical location, shall return or destroy client data upon the completion of the services performed under this Agreement. Lessor shall not copy, reproduce client-related data except as required to perform the services under this Agreement and Lessor shall not retain client-related data beyond the time required to perform the services under this Agreement. Lessor shall notify Licensee in writing within five (5) business days of receipt of any subpoenas, court orders and/or other requests to disclose client-related data. Licensee may at its sole cost and expense contest or defend any court actions related to the disclosure of client-related data and Lessor shall have no duty to do so.

**7.02 Lessor's Proprietary Rights, Inventions, Improvements:** Lessor claims and reserves to itself all rights and benefits afforded under U.S. copyright law and all international copyright conventions in the Licensed Programs and Licensed Utilities and related Licensed Materials as restricted, unpublished works. Licensee agrees that all rights, title and interest in and to the Licensed Programs and Licensed Utilities and Licensed Materials and all improvements and inventions (collectively, "Improvements") made in respect to the Licensed Programs and Licensed Utilities and Licensed Materials made by Lessor and all Third Parties identified in Exhibit A of this Agreement are the sole and exclusive property of Lessor and the Third Parties. This Section 7.02 is in effect whether or not Lessor and Third Parties identified in Exhibit A of this Agreement hold a patent or copyright. Licensee acknowledges and agrees that it shall acquire no right, title or interest in the Licensed Programs and Licensed Utilities and related Licensed Materials by virtue of this Agreement or otherwise.

**7.03 Disclosure:** Lessor and Licensee acknowledge that each party is in possession of valuable trade secrets and confidential information. As such, Lessor and Licensee agree as follows:

- (a) except as expressly provided in this Agreement, neither party, without the prior written consent of the other, shall disclose to any third party (i) any information regarding the terms of this Agreement or exchanged in connection with the negotiation of this

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Agreement or regarding the transactions contemplated hereby, or (ii) any information regarding the actual or anticipated business or technology of the other party, in either case to the extent disclosed by the other party in connection with the transactions contemplated hereby or the performance by the other party of such party's obligations hereunder, including information regarding or which includes clients, customers, business practices, business prospects, financial condition, pricing policies, processes, technical data or specifications, source code (including all software design, architecture and processes), information obtained by disassembling, decompiling or reverse engineering hardware or software, or any other proprietary information (collectively, the "Proprietary Information");

- (b) notwithstanding the foregoing, each party may (i) disclose the Proprietary Information of the other party to such party's employees, directors, advisers, consultants, and representatives with a "need to know" and who agree to be, or are otherwise required to be, subject to the confidentiality restrictions of this Section 7, (ii) disclose all or such portion of the Proprietary Information of the other party as such party shall be ordered to disclose to a judicial or administrative agency of competent jurisdiction, provided that such party shall give the original disclosing party reasonable notice of such order and a timely opportunity to attempt to preclude or limit such production, (iii) disclose the terms of this Agreement to the extent necessary to comply with any applicable securities laws, and (iv) disclose the existence, general terms and the length of term of this Agreement to such party's current and prospective business partners and investors;
- (c) the obligations in this Section 7 shall not apply to any information disclosed by either party to the other party hereunder to the extent that, and after such time as, such information (i) becomes publicly available other than by a breach of this Agreement, (ii) is rightfully received by the non-disclosing party from a third party who is not under an obligation of confidentiality with respect thereto, (iii) can be

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- demonstrated to have been independently developed by the non-disclosing party without access to or use of any of the Proprietary Information of the other party, or (iv) is known to the non-disclosing party at the time of disclosure, provided that the non-disclosing party shall have promptly delivered to the other party written notice of such prior knowledge;
- (d) each party agrees (except to the extent that such party has rights to such Proprietary Information in accordance with this Agreement) to (i) cease using the Proprietary Information of the other party upon the expiration or termination of this Agreement and (ii) promptly return to the other party all materials embodying the Proprietary Information of the other party upon the expiration or termination of this Agreement and, at any time prior thereto, promptly upon written request of the other party (except to the extent the non-disclosing party has rights to such Proprietary Information in accordance with this Agreement); and
- (e) each party shall ensure that its staff and agents respect the obligations of such party under this Section 7.

**7.04 Specific Enforcement:** The parties acknowledge that any breach of their obligations under this Section 7 would constitute a material breach of this Agreement for which there is no adequate remedy at law. Accordingly, the parties agree that, upon any such breach of this Section 7, the non-breaching party shall be entitled to injunctive and other equitable relief, in addition to such remedies as may be available at law.

**7.05 Ownership.** All Proprietary Information shall remain the property of the disclosing party, subject to the rights set forth in this Agreement.

**7.06 Notices:** Each party agrees to maintain, produce, and include all proprietary and/or trade secret notices or legends provided by the other on any copies of the other's Proprietary Information made by that party.

**7.07 Maintenance of Patent, Copyright and Trademark Protection:** Licensee shall respect, and shall not remove, any of Licenser's patent, trademark, copyright or other proprietary notices appearing on any container or display of the Licensed Programs and Licensed Utilities, including Licensed Materials related thereto. Failure by Licensee to observe the foregoing requirements constitutes a material breach of this Agreement.

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## SECTION 8 SOURCE CODE ESCROW

**8.01 Licensed Programs Source Code:** Lessor has placed the source code of those Licensed Programs and related Licensed Materials, which are solely owned by Lessor as detailed in Exhibit A in escrow with Data Securities International, Inc. ("DSI"), an escrow agent, and has signed a Deposit Agreement with DSI effective the 31st Day of October 1990. Lessor shall enroll Licensee as a Subscribed Licensee to the Deposit Agreement. Lessor shall forward to Licensee, at Licensee's request, verification on an annual basis that a Deposit Agreement has been renewed by Lessor with DSI, that Licensee has been registered as a Subscribed Licensee and that Lessor is submitting source code revisions to DSI in a timely manner.

If, at any time hereafter, Lessor shall:

- (a) cease to provide support for the Licensed Programs for reasons other than Licensee's non-compliance with contractual clauses; or
- (b) apply for the appointment of a trustee or receiver for any part of its assets, make an assignment for the benefit of creditors, commence any proceedings relating to it under any Chapter 7 bankruptcy proceeding, dissolution or other liquidation law of any jurisdiction, or any such application is filed, or any such proceedings are commenced against Lessor and Lessor indicates its approval, consent or acquiescence, or an order is entered appointing such trustee or receiver, or adjudicating Lessor bankrupt under a Chapter 7 proceeding, or approving the petition in any such proceedings, or any order is entered in any proceedings against Lessor decreeing the dissolution or division of Lessor or its assets, or any material part of the operations of Lessor shall cease;

then Lessor, Lessor's trustee in bankruptcy, or a directive from a court of competent jurisdiction, shall notify DSI by certified mail, with a copy of the notice to Licensee, to deliver a copy of the Licensed Programs source code to Licensee. Licensee may use, copy, modify and make derivative works based upon such source code and related documentation only as reasonably required for Licensee's internal use and permitted purpose of the Licensed Programs in accordance with this Agreement. Licensee shall pay a registration fee of \$500 upon contract signature, and \$250 at the beginning of each calendar year, to Lessor for this service.

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## **SECTION 9 TERM AND TERMINATION**

**9.01 Terms:** This Agreement is effective from and after the date of its execution until terminated as detailed in this Section 9 of the General Agreement.

**9.02 Termination by Licensee Prior to Installation:** Licensee may terminate this Agreement by written notice to Lessor at any time prior to Installation of Licensed Programs and Licensed Utilities. If Licensee issues written notice of termination under these circumstances, Lessor shall retain, as a cancellation fee, the consideration paid under Section 4.01(a) 4.02(a) and 4.03 (a) of this Agreement.

**9.03 Termination by Licensee Due to Failure of Acceptance Testing:** In the event of Failure of Acceptance Testing, Licensee may terminate this Agreement as detailed in Section 5.04 and Section 5.06 of the General Agreement.

**9.04 Termination by Licensee After Acceptance:** Licensee may terminate this Agreement without cause at any time after Acceptance of the Licensed Programs upon written notice to Lessor, specifying a termination date no earlier than thirty (30) days from the date of such written notice. Upon such termination, Licensee shall remain liable for any accrued but unpaid fees relating to Licensed Programs, Licensed Utilities, Installation Services, Training Services, Consulting Services, and Support Services, but shall incur no further payment obligations under this Agreement. In the event Lessor ceases its business operations, then Licensee may, at its sole discretion, immediately terminate this Agreement upon giving written notice of termination to Lessor.

**9.05 Termination by Lessor:** Failure by Licensee to make payment of any undisputed invoice past due more than sixty (60) days shall constitute default of this General Agreement. Upon such default, Lessor, at its sole discretion, may terminate this General Agreement after delivery of written notice to Licensee and without further obligations or liability. Failure to pay may result, at the option of the Lessor, in suspension of Installation, Training, Consulting and/or Support Services, or at a minimum, the application of a late charge of five percent (5%) per month for each month that payment is not received.

In addition, Lessor may terminate this Agreement in the event of a default by Licensee in the performance of any material obligation under this Agreement or a material breach by Licensee of any provision of this Agreement that is not cured within thirty (30) days after delivery of written notice by Lessor. If Licensee fails to cure such default or breach, Lessor may terminate this Agreement by delivering a written notice to Licensee specifying a termination date no earlier than thirty (30) days from the date of such written notice.

In the event Licensee ceases its business operations, then Lessor may, at its sole discretion, immediately terminate this Agreement upon giving written notice of termination to Licensee.

**9.06 Return of Software:** Within ten (10) days after the termination of this Agreement, Licensee shall either (i) return to Lessor all copies of the Licensed Programs, Licensed Utilities

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and all related Licensed Materials in Licensee's possession or under its control, or (ii) destroy all copies of the Licensed Programs and Licensed Utilities and related Licensed Materials and provide a sworn affidavit to Lessor to the effect that all such items have been destroyed, to the best of Licensee's knowledge and through its best efforts. Except to the extent Licensee is entitled to reimbursement from Lessor pursuant to Section 5.04 or 5.06, all unpaid or accrued License fees and payments provided in Section 4 of this Agreement shall be immediately due and payable upon such termination.

**9.07 Survival:** Sections 4, 6, 7 and 9 of this Agreement shall survive the termination of this Agreement or any License under this Agreement.

## SECTION 10 GENERAL TERMS AND CONDITIONS

**10.01 Amendment and Waiver:** The parties may amend this Agreement (including the Exhibits attached hereto) only upon the written consent of both Lessor and Licensee. A waiver of any provision of this Agreement is effective only if evidenced by a writing signed by the party against whom the waiver is sought to be enforced. The waiver of any provision of this Agreement does not constitute the waiver of any other provision or a subsequent waiver of that provision.

**10.02 Force Majeure:** Neither party to this Agreement shall be responsible, nor shall it be held liable to the other, for any non-performance or delay in performance of its obligations under any term or provision of this Agreement directly or indirectly resulting from any cause or circumstance beyond its control, (including, by way of example, war, strike, riot, or natural disaster) or failure of the other party hereto to fulfill any of its obligations hereunder, provided, that a party's inability to perform due to its own financial difficulties or general economic conditions shall not constitute an excuse for such non-performance or delay in performance by such party.

**10.03 Notices:** Any notice required or permitted to be given pursuant to this Agreement shall be in writing and shall be deemed sufficiently given (a) the following business day after having been timely sent by reputable overnight courier service for priority, next day delivery, or (b) upon confirmation of receipt by the recipient after having been sent by electronic mail or fax, in each case to the applicable party's street address, e-mail address, or fax number as set forth below (as the same may be amended by such party upon written notice to the other), or by such other means as the parties may hereafter agree in writing:

**Licensee:**

Street: 5664 S. W. 60<sup>th</sup> Avenue  
City, State, Zip: Ocala, Florida 34474  
Attn:  
Phone:  
Fax:  
E-mail:

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**Licensor:**

**Street:** 540 N. Tamiami Trail  
**City, State, Zip:** Sarasota, Florida 34236  
**Attn:** May Ahdab, Ph.D., President & CEO  
**Phone:** 941-954-3403, ext. 224  
**Fax:** 941-954-2033  
**E-mail:** may@unicaresys.com

**10.04 Choices of Law:** This Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Florida.

**10.05 Initial Dispute Resolution:** At the written request of either party, the parties will attempt to resolve any dispute arising through the informal means described in this section 10.05. Each party will appoint a senior management representative who does not devote substantially all of his or her time to performance under this Agreement. The representatives will furnish to each other all non-privileged information with respect to the dispute that the parties believe to be appropriate and germane. The representatives will negotiate in an effort to resolve the dispute without the necessity of any formal proceeding. Formal proceedings for the resolution of the dispute may not be commenced until: (i) the designated representatives conclude that resolution through continued negotiation does not appear likely; or (ii) sixty (60) working days after the initial request to negotiate the dispute.

While any such dispute is unresolved, the parties shall, without delay, continue to perform their respective obligations under this Agreement. The parties further agree to use their best efforts in a good faith attempt to resolve said disputes on a timely basis. If the parties fail to resolve the dispute within sixty (60) working days of the initial written notification, then each party may assert its rights and remedies as provided under this Agreement.

**10.06 Arbitration:** In the event the parties fail to resolve a dispute pursuant to the Initial Dispute Resolution procedures set forth in Section 10.05, said remaining controversy, dispute, or claim arising out of or relating to this Agreement, or any waiver or amendment, or any breach hereof, shall be settled by arbitration to be held in Sarasota, Florida. The arbitration shall be conducted in accordance with the rules and procedures then in force of the American Arbitration Association. The parties shall by agreement select one (1) arbitrator who is impartial, experienced and knowledgeable of the following: not-for-profit organization, computer technology and human service providers. In the event the parties are unable to agree, the American Arbitration Association shall select an arbitrator having the above described qualifications. The expenses and fees of any such arbitration proceedings shall be borne equally by the parties; provided that each party shall bear the costs of its own counsel. The parties hereto agree to abide by all awards and decisions rendered in arbitration proceedings, and all such awards and decisions may be filed by the prevailing party with any court having jurisdiction over person or property of the other party as a basis for judgment and the issuance of executions thereon. Service of a petition to confirm the arbitration award may be made by First Class mail or by commercial express mail, to the attorney for the party or, if unrepresented, to the party at its last known business address.

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**10.07 Limitation of Actions:** No proceeding, regardless of form, arising out of or related to the Agreement may be brought by either party more than one (1) year after the accrual of the cause of action, except that (i) proceedings related to violation of a party's proprietary rights or any duty to protect Confidential Information may be brought at any time within the applicable statute of limitations, and (ii) proceedings for non-payment may be brought up to two (2) years after the date the last payment was due.

**10.08 Waiver of Jury Trial:** Each of the parties to this Agreement waives, to the fullest extent permitted by law, any right to a jury trial in any suit, action or other proceeding arising out of this Agreement.

**10.09 Complete Agreement:** This Agreement (including all of the Exhibits attached hereto) contains the final, complete and exclusive expression of the understanding between the parties with respect to the transactions contemplated by this Agreement and supersedes any prior or contemporaneous agreement or representation, oral or written, by either of them. No course of prior dealings between the parties and no custom of usage of trade or course of performance rendered under this Agreement is relevant to supplement or explain any term used in this Agreement.

**10.10 Form and Execution of Agreement:** The titles and headings preceding the text of the sections and subsections of this Agreement have been inserted solely for convenience of reference and do not constitute a part of this Agreement or affect its meaning, interpretation or effect. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unreasonable, the remainder of the provisions of this Agreement shall remain in full force and effect. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same instrument.

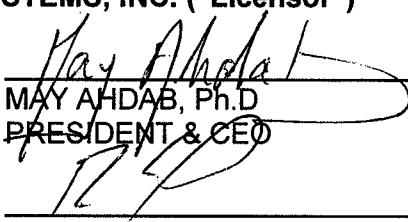
**10.11 Assignment; Binding Effect:** Either party may assign this Agreement in whole as part of a corporate reorganization, consolidation, merger, or sale of substantially all of its assets, provided that any survivor or successor thereupon assumes the obligations and liabilities of such party under this Agreement. Neither party may otherwise assign its rights or delegate its duties under this Agreement either in whole or in part without the prior written consent of the other party, which shall not be unreasonably withheld, and any attempted assignment or delegation without such consent will be void. This Agreement is binding on, and inures to the benefit of, the parties and their successors, legal representatives, and permitted assignees.

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**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the date first above written.

**UNI/CARE SYSTEMS, INC. ("Licensor")**

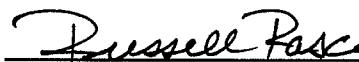
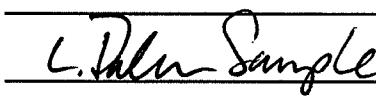
By:

  
MAY AHDAB, Ph.D  
PRESIDENT & CEO

Witness:

**THE CENTERS, INC. ("Licensee")**

By:

Its:

Witness:

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January 14, 2008**EXHIBIT A****LICENSE END-USER AGREEMENT**

The Licensed Programs, Licensed Utilities and Licensed Materials are derived from proprietary software of either Lessor or other Third-Party vendors as distinguished by the ownership designation set forth below. Lessor, the Designated Equipment manufacturer or the other Third-Party vendors retain ownership of their respective Licensed Programs, Licensed Utilities and Licensed Materials. The proprietary rights of Lessor, the Designated Equipment manufacturer or the other Third Party vendors set forth in Section 7 of the General Agreement, are incorporated herein by reference.

LICENSED PROGRAMS	LICENSOR OWNERSHIP
Basic Management	UNI/CARE Systems, Inc.
Billing & Receivables	UNI/CARE Systems, Inc.
Clinical Care	UNI/CARE Systems, Inc.
Scheduling	UNI/CARE Systems, Inc.
Census	UNI/CARE Systems, Inc.
Referral Development	UNI/CARE Systems, Inc.
Managed Care	UNI/CARE Systems, Inc.
Clinical Orders	UNI/CARE Systems, Inc.
Outcomes Management	UNI/CARE Systems, Inc.
Quality Management	UNI/CARE Systems, Inc.

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LICENSED UTILITIES	LICENSOR OWNERSHIP
Custom Data Development Tool	Microsoft Corporation UNI/CARE Systems, Inc.
DSM-IV Codes	American Psychiatric Association
AVIATOR (TM)	UNI/CARE Systems, Inc.

January 14, 2008**EXHIBIT B**

**APPROVED DESIGNATED EQUIPMENT**  
**200 Concurrent Users**

The requirements below are the recommended Equipment configuration to support the number of Concurrent Users listed in the above.

Servers (New) Qty	CPU per server	RAM	HrdDrv Main/SQL	HrdDrv Pagefile/ data files	OS/SQL exe	HrdDrv TempDB	Trans logs	CD / CDR	Additional Notes
Presentation	1	2	32GB	4 x 72GB		-	-	CD	<sup>1</sup> 64bit Server Architecture <sup>2</sup> Win 2008 Standard 64bit
Application	1	2	4GB	4 x 72GB		-	-	CD	<sup>1</sup> 64bit Server Architecture <sup>2</sup> Win 2008 Standard 64bit
Database	1	2	24GB	8 x 120GB	4 x 120GB	4 x 120GB	4 x 120GB	CDR	<sup>1</sup> 64bit Server Architecture <sup>2</sup> Win 2008 Standard 64bit <sup>3</sup> MS SQL Server 2005 64bit <sup>5</sup> 15k RPM HDD

Either high-end PC or standard server (*server configuration shown below*) can be used for the following:

Automation	1	2 CPU	4GB	2x36GB	-	-	CD	Requires VMWare/TS for multi-user <sup>2</sup> Win 2008 Standard
Test/Upgrade	1	2 CPU	4GB	2x36GB	-	-	CD	Requires VMWare / TS for multi-user <sup>2</sup> Win 2008 Standard

All servers have the following common specifications, except as otherwise noted:

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<b>Processors</b>	Minimum Xeon or AMD 2.0Ghz <b>Quad Core</b>
<b>Array Controller</b>	Support for RAID-1, Raid-0 and Raid-10
<b>Hard Drives</b>	<i>As indicated in the Server table</i>
<b>Main:</b>	SCSI RAID-1 drives
<b>Pagefile.sys:</b>	SCSI drive
<b>Tempdb:</b>	SCSI drive
<b>Network Card</b>	10/100/1000 Ethernet NIC ( <i>suggested upgrade: 2 N/C's, teamed</i> )
<b>Network Protocol</b>	Microsoft TCP/IP
<b>Backup Power</b>	Smart UPS sized for emergency shutdown upon power loss
<b>CD Drive</b>	High speed CD or CDR drive ( <i>as indicated</i> )

**Client Workstations:**

Since all of the actual Pro-Filer processing occurs on the tiered servers, the requirements for the individual workstation are minimal. It need only be capable of running the Remote Desktop Protocol (RDP) for the OS version of that particular workstation. Most versions of the MS operating system come standard with the Remote Desktop client.

**Communication Bandwidth Requirements (remote RDP connection):**

25 Kbps per concurrent client workstation.

**Other Recommendations and Notes:**

- Utilize Microsoft Domain Authentication using Microsoft Active Directory at all tiers. It is recommended to have two Windows NT Domain controllers for redundancy.
- Purchase and install a Client Access License (CAL) for each SQL Server attached client.
- Make available a permanent version upgrade environment. This environment is used to install new Pro-Filer™ application releases in a test environment prior to moving the release to the production environment. (See *Test/Upgrade Server above*)
- Designated equipment should be used as **dedicated servers**, with minimal additional software, in order to reduce possible externally conflicts caused performance issues.
- Ensure that any installations of Microsoft BackOffice components on this topology are coordinated with UNI/CARE.
- Make available connectivity to all designated servers in order for UNI/CARE to remotely support the application.
- Make available to UNI/CARE, a terminal server session running a full version of MS Access 2000 or higher. This is used for some non-application utilities (like conversion).
- Ensure the designated operating system is installed on all servers, including latest patches, prior to UNI/CARE software installation (typically on-site).

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- Crystal Reports V11.0 Runtime is bundled with the Licensed Programs. This allows all system users to use the pre-built application reports without purchasing Crystal Reports. In order to create customized reports or modify standard reports, a Crystal Reports Standard or Professional (V11 or higher) must be purchased.
- All standard reports and forms are designed to print on laser printers compatible with the PCL5 code set.

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January 14, 2008**EXHIBIT C****SUPPORT SERVICES****SECTION 1  
LICENSED PROGRAMS UNDER SUPPORT AND CHARGES**

**1.01 Covered Programs and Utilities:** The following Licensed Programs and Licensed Utilities are covered under Support Services. Licensee shall pay the monthly fees as set forth in Section 2.01 of this Exhibit C.

LICENSED PROGRAMS AND UTILITIES ( 200 Users)	FEES/ MONTH
Basic Management	\$ 538.00
Billing & Receivables	\$ 532.00
Clinical Care	\$ 532.00
Scheduling	\$ 397.00
Census	\$ 397.00
Referral Development	\$ 397.00
Managed Care	\$ 538.00
Clinical Orders	\$ 426.00
Outcomes Management	\$ 426.00
Quality Management	\$ 397.00
Custom Data Development Tool	\$ 216.00
AVIATOR	\$ 558.00
<b>TOTAL:</b>	<b>\$ 5,354.00</b>

Licensor agrees to provide and Licensee agrees to accept the Support Services for the Licensed Programs and Licensed Utilities listed above at the monthly fees indicated.

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## **SECTION 2 PAYMENT TERMS**

**2.01 Payment Terms:** From the Execution Date of the General Agreement until ninety (90) days after Installation, Lessor shall provide the Support Services at no cost to Licensee. Licensee will begin paying the monthly fees set forth in Section 1.01 ninety (90) calendar days after Installation.

Licensee agrees to pay the invoiced fees for the Support Services at the rates established hereto. The fees for services are prorated on the first of the month and shall be payable within thirty (30) days after receipt by Licensee of a duly executed invoice. Yearly increases in monthly fees will become applicable at the beginning of each calendar year and will not exceed five percent (5%) per year.

## **SECTION 3 SCOPE OF SERVICES**

**3.01 Support Staff:** The Support Services offered by Lessor will be provided by a team of Lessor's employees who staff the Lessor's Support Center. Support staff are available during Lessor normal business hours (8:00 a.m. to 6:00 p.m. EST) Monday through Friday. An on-call system is also offered after hours on all days and at all times outside Lessor's normal business hours.

**3.02 Support Services:** The following is a list of services ("Basic Support Services") offered under the Support Services Agreement at no additional fees to Licensee, provided Licensee pays the agreed upon monthly Support Services fees:

- (a) processing and resolution of reported Licensed Programs and Licensed Utilities malfunctions;
- (b) written notification of the availability of software updates and/or new releases to Licensee and the forwarding to Licensee of such notices of updates or new releases during the term of the Support Services Agreement period;
- (c) installation via telephone communication or assisting in the installation of updates or new releases at the Licensee's site;
- (d) answers to questions on current release software. Lessor will not correct problems with non-current revisions of installed software if Licensee has not installed current release software within three (3)

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months after the forwarding of the current release notice to Licensee;

- (e) telephone software consulting services which enable Licensee to ask questions regarding specific problems encountered, or to seek advice on the general use of Lessor's Licensed Programs, Licensed Utilities and Licensed Materials; and
- (f) programming and modifications/updates of billing components as required by Third Party payers. Programming and modifications/updates of State and County mandated reports (Client Specific Admission, Discharge and Units of Services). State and County Mandated Reports are eligible for programming under this sub-section if they require the ability to maintain a history of data submitted in order to enable reporting of any additions, changes, or deletions as required by the State or County.

Telephone support services are provided as needed by Licensee under the Exhibit C. Lessor will use its best efforts to answer telephone calls from Licensee within the same business day. When appropriate, Lessor and Licensee may also communicate with each other via e-mail with regard to Support Services. Lessor will use its best efforts to provide substantive responses to e-mails received from Licensee within the same business day.

Licensee may request additional customized assistance outside the scope of the Basic Support Services. In this context, Lessor will provide the requested services on a time and materials basis and Licensee will be charged at the negotiated current rate per hour, plus travel and per diem expenses if on-site consulting is required. All travel and per diem expenses associated with on-site consulting, as well as the number of hours required for each occurrence will require a detailed budget from Lessor and prior written approval by an appropriate Officer of Licensee. Certain negotiated rates for additional services are set forth in Exhibit G to the General Agreement.

**3.03 Performance Standards:** If any of the Licensed Programs or Licensed Utilities fails to conform to the specifications set forth in the Licensed Materials or the Functionality Acceptance Criteria, Lessor agrees to respond according to the following priority schedule:

Priority Level	Priority Level Definition	Required Response
CRITICAL	A problem preventing Users from reasonably continuing work with the Licensed Programs and/or Licensed Utilities	Lessor will begin work on the problem within two (2) hours of notification and continue until an acceptable resolution is achieved
URGENT	Features of the Licensed Programs and/or Licensed	Lessor will begin work on the problem within four (4) hours of

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	Utilities are needed for performing daily functions and no work around is available	notification and continue until an acceptable resolution is achieved
<b>IMPORTANT</b>	Important features of the Licensed Programs and/or Licensed Utilities are needed and no work around is available	Licensor will begin work on the problem within twenty four (24) hours of notification and continue until an acceptable resolution is achieved
<b>NEEDED</b>	Needed features of the Licensed Programs and/or Licensed Utilities are needed and no work around is available	Licensor will begin work on the problem within seventy-two (72) hours of notification and continue until an acceptable resolution is achieved
<b>DESIRABLE</b>	Users have questions about potential enhancements to performance of the Licensed Programs and/or Licensed Utilities (other than normal questions that are handled under the Support Services Agreement)	Licensor will respond as soon as practicable but in no event later than two (2) weeks after notification

**3.04 Licensee's Responsibilities:** In order to receive Support Services, Licensee is expected to perform the following:

- (a) be licensed for all Licensed Programs and Licensed Utilities for which Support Services are requested;
- (b) maintain the system at current releases and load and test new revisions within three (3) months of release date;
- (c) maintain the Operating System and Designated Approved Equipment at releases supported by the Operating System and Equipment manufacturer;
- (d) have documentation of reported malfunction available to Licensor staff for telephone and/or on-site consulting;
- (e) notify Licensor immediately in the event of Licensed Programs and Licensed Utilities malfunctions;
- (f) perform reasonable tests within an agreed upon timetable upon the request of Licensor Support Staff;

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- (g) provide, if required, Licenser with suitable data to investigate Licensee reported questions and problems;
- (h) provide access to a dedicated data communications line and associated communications devices to enable Licenser to employ data communications, diagnostic, support and repair services. This communication link shall be readily available to Licenser at all times;
- (i) maintain daily backups of all data files and directories;
- (j) provide the necessary training to its new employees. Each new employee utilizing the Licensed Programs must be provided a certificate of training, either by Licensee or Licenser; and
- (k) employ technical staff that can provide Industry Standard Network System Management.

#### **SECTION 4 EXCLUSIONS**

**4.01 Exclusions:** Licenser reserves the right to exclude from Support Services coverage any Licensed Programs and Licensed Utilities malfunctions that result from the following:

- (a) improper or inadequate use, storage, or maintenance by Licensee;
- (b) the combination of all or part of the Licensed Programs and Licensed Utilities with any other product or part not furnished by Licenser to Licensee, except with respect to Commercial Desktop Applications and Commercial Client Server Applications identified in Exhibit B or as otherwise approved by Licenser from time to time;
- (c) unauthorized modification or misuse, operation outside of the Functionality Acceptance Criteria applicable to the Licensed Programs and Licensed Utilities;

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- (d) the gross negligence or willful misconduct of Licensee or its employees or agents;
- (e) operation outside of the environmental specifications for the Designated Equipment, as published by the Designated Equipment manufacturer;
- (f) improper Designated Equipment site preparation and maintenance, as published by the Designated Equipment manufacturer;
- (g) lack of training of Licensee's new employees; and
- (h) inadequate backup and/or Network System Management by Licensee.

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**January 14, 2008****EXHIBIT D****PRICE LIST**

The prices listed below reflect the Fees for the Licensed Programs, Licensed Utilities, and Licensed Materials and the budgeted amounts for the initial Implementation Schedule, including all Installation Services, Training Services, and Consulting Services required to effectuate Licensee's migration from its current software system to the Licensed Programs and Licensed Utilities.

LICENSED PROGRAMS* ( 200 Users)	QTY	PRICE
Basic Management	1	\$ 27,311.00
Billing & Receivables	1	\$ 27,017.00
Clinical Care	1	\$ 27,017.00
Scheduling	1	\$ 20,145.00
Census	1	\$ 20,145.00
Referral Development	1	\$ 20,145.00
Managed Care	1	\$ 27,311.00
Clinical Orders	1	\$ 21,614.00
Outcomes Management	1	\$ 21,614.00
Quality Management	1	\$ 20,145.00
<b>TOTAL:</b>		<b>\$ 232,464.00</b>

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LICENSED UTILITIES ( 200 Users)	QTY	PRICE
AVIATOR	1	\$ 34,907.00
Custom Data Development Tool	1	\$ 10,954.00
DSM-IV Codes*	1	\$ 1,500.00
TOTAL:		\$ 47,361.00

\* DSM-IV Codes are licensed without updates. Updates published by the American Psychiatric Association will require a new payment of the \$1,500 License Fee.

INSTALLATION SERVICES	QTY	PRICE
Programs Installation	1	\$ 2,000.00
TOTAL:		\$ 2,000.00

INTERFACE SERVICES	QTY	PRICE	MAINT/MONTH	TRAINING
Financial Integration	1	\$ 7,500.00	\$ 83.00	\$ 1,200.00
HRMS Interface	1	\$ 2,500.00	\$ 28.00	\$ 1,200.00
TOTAL:		\$10,000.00	\$111.00	\$ 2,400.00

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SERVICES	CONSULTING		TRAINING		TOTAL
	DAYS	PRICE	DAYS	PRICE	
How to Sessions	20	\$ 36,000.00			
Implementation Review	9	\$ 16,200.00			
<b>CONSULTING SUB-TOTAL:</b>	<b>29</b>	<b>\$ 52,200.00</b>			<b>\$ 52,200.00</b>
Basic Management					
Billing & Receivables					
Clinical Care					
Census Management					
Scheduling					
Referral Development					
Managed Care					
Clinical Orders					
Outcomes Management					
Quality Management					
Custom Data Development Tool					
Crystal Reports					
Report Writer					
System Administration					
AVIATOR					
<b>TRAINING SUB-TOTAL:</b>			<b>38</b>	<b>\$ 45,600.00</b>	<b>\$ 45,600.00</b>
<b>Implementation Monitoring (15%)</b>					<b>\$ 14,670.00</b>
<b>TOTAL:</b>					<b>\$ 112,470.00</b>

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Consulting Services Price/Day: \$1,800.00 - Training Services Price/Day: \$1,200.00.

The quoted number of Consulting and Training days can be allocated to the Licensed Programs and Licensed utilities, based on need and as agreed upon by both parties. Unused Consulting days can be re-allocated to Implementation Review days as agreed upon by both parties.

Consulting and Training services will be delivered via on-line meetings, unless otherwise requested by Licensee. If on-site training is requested, Licensor will charge an additional charge as defined in the Travel Time Expenses below.

Implementation Review Services will be performed on-site.

Days are from 9:00am to 5:00pm with an hour break for lunch.

Installation, Consulting and Training charges do not include reasonable travel and per diem expenses. Licensor's current travel and per diem charges are as follows:

- |                         |   |
|-------------------------|---|
| • Airfare (coach):      | Cost + 5% administrative fee  |
| • Lodging:              | Cost + 5% administrative fee  |
| • Meals:                | \$45.00 per day   |
| • Rental Car:           | Cost + 5% administrative fee  |
| • Personal Vehicle Use: | Current Federal Rate per mile   |
| • Travel Time Expenses: | Licensor will charge an additional day of training (\$1,200) for each travel session to compensate for travel time. |

Licensee shall reimburse Licensor for all travel and per diem expenses incurred by Licensor while performing installation, training and consulting services at Licensee facilities.

Installation, training and consulting charges as well as related travel and per-diem charges are valid for a period of twelve (12) months after execution of the General Agreement.

#### **ADDITIONAL USERS FEES:**

Additional Users Fees will be \$2,000 per Licensed Program and per Licensed Utility, for a set of 16 Concurrent users, with an additional maintenance Fee of \$35 per Licensed Programs and per Licensed Utility. Licensor shall add additional users per set of 16 Concurrent users. Additional Fees will apply to ALL the Licensed Programs and Licensed Utilities licensed by Licensee, at the time of the addition. This pricing is effective for a period of one year from the date of execution of this General Agreement.

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**EXHIBIT E**

**FUNCTIONALITY ACCEPTANCE CRITERIA**

The following are Functionality Acceptance Criteria specifically designed for Licensee in order to facilitate Functionality Acceptance Testing.

• **BASIC MANAGEMENT**

Ability to:

- Admit client/patients in company(s)
- Pre-register and register clients/patients (demographic and financial)
- Capture family information
- Create an episode for care
- Admit client/patient in multiple cost centers
- Document services provided
- Discharge clients/patients
- Review history of care by episode

• **BILLING & RECEIVABLES**

Ability to:

- Document payer reimbursement requirements
- Review services to be billed
- Monitor payer reimbursement requirements
- Bill third party payers
- Process client/patient statements
- Process payments and adjustments
- Monitor aged receivables by payer and client/patient
- Review and query client/patient accounts

• **CLINICAL CARE**

Ability to:

- Document clinical standards for care
- Document diagnostic information
- Structure clinical team
- Generate treatment plan: problem, goal, objective, intervention, services
- Perform treatment plan reviews, as required
- Review multi-disciplinary treatment plans

• **SCHEDULING**

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Ability to:

- Document location schedule
- Document provider schedule by location
- Schedule provider and co-providers
- Inquire on provider, co-provider schedule
- Schedule client/patient sessions
- Schedule groups sessions
- Schedule blocks of time for special services
- Inquire on clients sessions
- Document no-shows/cancellations
- **CENSUS MANAGEMENT**

Ability to:

- Admit a patient to a Unit/Room/Bed
- Transfer a patient to a different Unit or bed or room
- Discharge a patient
- Schedule an admission/discharge or leave of absence
- Produce per diem charges based on daily census
- Transfer per diem charges to for the purpose of billing
- Monitor length of stay

- **REFERRAL DEVELOPMENT**

Ability to:

- Document referral network
- Document incoming referrals by referral organization and referral contact
- Document needs /problems by referral agency and geographical location
- Document internal and external referrals
- Document disposition outcomes and follow-up
- Monitor contractual timetables for access

- **MANAGED CARE**

- Document payer contracts
- Structure payer contracts by groups, plans, benefits type, coverage and exceptions
- Document negotiated fees per payer contract
- Document requests for authorization
- Document authorizations per client/payer
- Print authorization mailers and denials
- Monitor authorized versus used buckets

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- **CLINICAL ORDERS**

Ability to:

- View, record, and track medication prescriptions.
- Conduct reviews and outcomes of orders.
- View, record, and track labs, tests, and procedures.
- Document and track dispensing of prescriptions and medications
- View, record, and track basic client pharmacy information
- Create tickler files aimed at monitoring review of orders
- View, record, and track allergy information.
- View history of medication and ancillary orders

- **OUTCOMES**

Ability to:

- View, complete, and review instruments and assessments on-line.
- Add custom forms
- Create tickler files aimed at monitoring review of outcome instruments.
- Monitor pre-defined outcomes studies.
- Specify and track instrument category and type.
- Create custom table entries to measure outcomes on instruments and treatment plans.
- Link End-User Assessments to Clients, Providers, and Company Locations.

- **QUALITY MANAGEMENT**

Ability to:

- Document quality issues specifically related to clients, cost centers, providers and agencies
- Assign to selected staff for research
- Document follow-up requirements
- Develop action plan
- Track and monitor compliance with follow-up timetable
- Document solution
- Forward reports through e-mail

January 14, 2008

• **CONVERSION**

If there is a conversion of data involved, Licensee has the option of:

- begin the definition of the data to be converted within three (3) months after contract signature; or
- not including the data conversion as part of the criteria for system acceptance.

January 14, 2008

**EXHIBIT F**

**FUNCTIONALITY ACCEPTANCE CERTIFICATE**

Licensee by the undersigned, does hereby certify that the Licensed Programs provided by Licenser pursuant to the General Agreement dated \_\_\_\_\_ meet the Functionality Acceptance Criteria as set forth in said General Agreement.

Based upon successful completion of Acceptance Testing, as provided in Section 5 of the General Agreement, Licensee tenders to Licenser the aggregate amount for the Licensed Programs as set forth in Section 4.01(c) and Exhibit D of the General Agreement.

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

**THE CENTERS, INC. ("Licensee")**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Witness: \_\_\_\_\_

January 14, 2008

**EXHIBIT G**

**NEGOTIATED RATES**

The following are charges for services that will be applied, if these services are requested by Licensee:

**Interface/Customization Charges:**

Licensor charges the following:

System Analysis	\$175/hr
Programming	\$125/hr

**Project Management Charges:**

Licensor charges the following:

◆ Senior Implementation Consultant	\$1,800/day
◆ Implementation Consultant	\$1,500/day
◆ Senior Quality Management	\$2,000/day

The above charges are valid for a period of twelve (12) months after execution of the General Agreement.

January 14, 2008

**EXHIBIT H**

**BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement between Licensor and Licensee establishes specific legal obligations regarding the terms of the relationship between Licensor and Licensee, as it relates to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and 45 C.F.R. Part 160 and Part 164, Subparts A and E, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule");

**WHEREAS**, Licensor and the Licensee are parties to the General Agreement pursuant to which Licensor provides certain computer software and related support services to the Licensee and, in connection with the provision of those support services, the Licensee discloses to Licensor certain Protected Health Information ("PHI") (as defined in 45 C.F.R. §164.501), that is subject to protection under HIPAA and the Privacy Rule;

**WHEREAS**, the Licensee is a "Covered Entity" as that term is defined in the Privacy Rule;

**WHEREAS**, Licensor, as a recipient of PHI from the Licensee, is a "Business Associate" as that term is defined in the Privacy Rule;

**WHEREAS**, pursuant to the Privacy Rule, all Business Associates of Covered Entities must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI; and

**WHEREAS**, the purpose of this Business Associate Agreement is to comply with the requirements of the Privacy Rule, including, but not limited to, the Business Associate contract requirements at 45 C.F.R. §164.504(e).

**NOW, THEREFORE** in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

**1.** **Definitions.** Unless otherwise provided in this Business Associate Agreement, capitalized terms have the same meanings as set forth in the Privacy Rule.

**2.** **Services.** The services to be provided by Licensor are identified in the General Agreement and its Exhibits.

**SECTION 1  
SCOPE OF USE AND DISCLOSURE**

**1.01 Contractual Obligations:** Licensor shall be permitted to use and disclose PHI that is disclosed to it by the Licensee as necessary to perform its obligations under the Underlying Agreement.

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**1.02 Proper Management and Administration:** Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Business Associate Agreement or required by law, Licensor may:

- (a) **Licensor's Use.** Use the PHI in its possession for its proper management and administration and to fulfill any legal responsibilities of Licensor;
- (b) **Disclosure to Third Party.** Disclose the PHI in its possession to a third party for the purpose of Licensor's proper management and administration or to fulfill any legal responsibilities of Licensor; provided, however, that the disclosures are required by law or Licensor has received from the third party written assurances that:
  - the information will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the third party; and
  - the third party will notify the Licensor of any instances of which it becomes aware in which the confidentiality of the information has been breached.

## SECTION 2 OBLIGATIONS OF LICENSOR

In connection with its use and disclosure of PHI, Licensor agrees to comply with the following standards:

**2.01 Limited Disclosure:** Use or further disclose PHI only as permitted or required by this Business Associate Agreement or as required by law.

**2.02 Safeguards:** Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Business Associate Agreement;

**2.03 Mitigation:** To the extent practicable, mitigate any harmful effect that is known to Licensor of a use or disclosure of PHI by Licensor in violation of this Business Associate Agreement.

**2.04 Report Unauthorized Disclosures:** Report to the Licensee any use or disclosure of PHI not provided for by this Business Associate Agreement of which Licensor becomes aware.

January 14, 2008

**2.05 Agreements With Contractors:** Require contractors or agents to whom Licensor provides PHI to agree to the same restrictions and conditions that apply to Licensor pursuant to this Business Associate Agreement.

**2.06 HHS Access:** Make available to the Secretary of Health and Human Services Licensor's internal practices, books and records relating to the use and disclosure of PHI for purposes of determining the Licensee's compliance with the Privacy Rule, subject to any applicable legal privileges.

**2.07 Accounting of Disclosures:** Upon notice by Licensee that it has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, but not for information created prior to April 14, 2003, Licensor shall make available to Licensee such information then currently in Licensor's possession, custody or control (including such information, if any, in the possession, custody or control of Licensor's subcontractors) that is required for Licensee to make the accounting required by 45 C.F.R. Section 164.528. Licensee shall reimburse Licensor for all time and costs incurred to comply with any such requests made under this section.

**2.08 Designated Record Set:** To the extent that Licensee does not already have in its possession the Consumer's PHI in a Designated Record Set, Licensor shall provide copies to Licensee of all or a portion of the PHI in the Designated Record Set then currently in Licensor's possession within a reasonable time after Licensee's request in order for Licensee to:

- (a) make the PHI in the Designated Record Set available in accordance with 45 C.F.R. Part 164.524; and
- (b) amend the PHI in the Designated Record Set in accordance with 45 C.F.R. Part 164.526. In the event an individual requests access to, or an amendment of, the PHI in a Designated Record Set, such request shall be the responsibility of Licensee. Licensee shall reimburse Licensor for all time and costs incurred to comply with any request made under this section.

**2.09 Compliance With Security Regulations:** No later than April 21, 2005, Licensor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains or transmits on behalf of Licensee as required to comply with the HIPAA Security Regulation.

January 14, 2008

### SECTION 3 OBLIGATIONS OF LICENSEE

Licensee agrees that it will comply with the following standards:

**3.01 Notice of Privacy Practices:** Has included, and will include, in the Licensee's Notice of Privacy Practices required by the Privacy Rule that the Licensee may disclose PHI for Health Care Operations purposes.

**3.02 Consumer Permission:** Has obtained, and will obtain, from Individuals, Authorizations and other permissions necessary or required by laws applicable to the Licensee, for Licensor and the Licensee to fulfill their obligations under the Underlying Agreement and this Business Associate Agreement.

**3.03 Restrictions on PHI:** Will promptly notify Licensor in writing of any restrictions on the use and disclosure of PHI about Individuals that the Licensee has agreed to that may affect Licensor's ability to perform its obligations under the Underlying Agreement or this Business Associate Agreement.

**3.04 Notice of Revocation:** Will promptly notify Licensor in writing of any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes or revocation may affect Licensor's ability to perform its obligations under the Underlying Agreement or this Business Associate Agreement.

### SECTION 4 TERM AND TERMINATION

**4.01 Terms:** This Agreement is effective from and after the date of its execution until terminated as detailed in this Section 4 of the Business Associate Agreement.

**4.02 Termination for Breach:** In the event that the Licensor materially breaches a material term of this Business Associate Agreement, Licensee must provide Licensor with notice of the existence of the alleged material breach and afford Licensor an opportunity to cure the alleged material breach. In the event Licensor fails to cure the breach in a reasonable period of time to the satisfaction of the Licensee, the Licensee may terminate this Business Associate Agreement.

**4.03 Automatic Termination:** This Business Associate Agreement will automatically terminate upon the termination or expiration of the Underlying Agreement, except where otherwise agreed.

**4.04 Effect of Termination:**

- (a) Termination of this Business Associate Agreement will result in termination of the General Agreement.;

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- (b) Upon termination of this Business Associate Agreement or the Underlying Agreement, Licensor will return or destroy all PHI received from the Licensee or created or received by Licensor on behalf of the Licensee that Licensor still maintains and retain no copies of such PHI; provided that if such return or destruction is not feasible as determined solely by Licensor, Licensor will continue to protect the PHI pursuant to the terms of this Business Associate Agreement and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
- (c) Licensee shall reimburse Licensor for all time and costs incurred as a result of identifying and destroying PHI as may be required under this section. Such reimbursement shall include, but not be limited to, the time and cost incurred in the erasure of any PHI embedded in Licensor's computer system or computer backup system.

## **SECTION 5 GENERAL TERMS AND CONDITIONS**

**5.01 Amendment:** Licensor and the Licensee agree to amend this Business Associate Agreement from time to time as is necessary for the Licensee to comply with the requirements of the Privacy Rule.

**5.02 Survival:** The respective rights and obligations of the parties under Section 4 of this Agreement shall survive the termination of this Agreement.

**5.03 No Third Party Beneficiaries:** nothing express or implied in this Business Associate Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

**5.04 Indemnification Provision:** Each party will indemnify and hold harmless the other party to this Business Associate Agreement from and against any and all losses, liabilities, costs and other expenses incurred as a result, or arising directly or indirectly out of, or in connection with, any breach of any obligation on the part of the responsible party under this Business Associate Agreement.

**5.05 Entire Agreement:** This Agreement contains the entire agreement between the parties with respect to the subject matter hereof and supersedes any previous or contemporaneous

January 14, 2008

proposals, understandings, commitments or representations whatsoever oral or written. The parties may only modify or change the terms of this Agreement by a written document signed by duly authorized representatives of both parties.

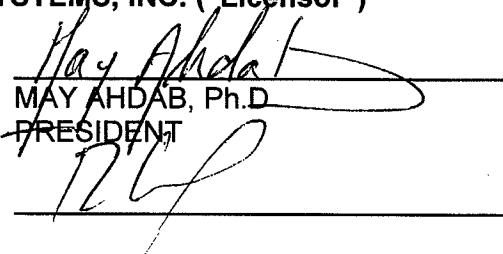
**5.06 Governing Law; Jurisdiction:** This Agreement shall be governed by and construed in accordance with the laws of the state of Florida without regard to Florida's conflict of law principles. The parties agree that Florida shall be the sole proper venue regarding any dispute relating to or arising out of this Agreement.

**5.07 Term:** The Term of this Agreement shall commence on and this Agreement shall be effective as of the date of the General Agreement. This Agreement shall terminate in accordance with the terminations provisions of this Agreement.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the date first above written.

**UNI/CARE SYSTEMS, INC. ("Licensor")**

By:

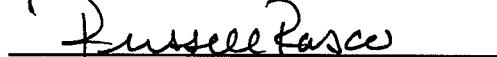
  
MAY AHDAB, Ph.D  
PRESIDENT

Witness:



**THE CENTERS, INC. ("Licensee")**

By:



Its:



Witness:



January 14, 2008

**EXHIBIT I**

**IMPLEMENTATION SCHEDULE**

Upon completion of the Implementation Schedule, Licensor and Licensee shall indicate the agreement to all of its provisions by signing the Implementation Schedule. Upon signing the Implementation Schedule, it shall be incorporated into, and made part of the General Agreement under this Exhibit I.

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**EXHIBIT J**

**INSTALLATION SERVICES, TRAINING SERVICES,  
AND CONSULTING SERVICES**

In connection with the Implementation Schedule, Licensor shall provide the following implementation related services:

• **Installation Services**

Licensor shall provide Installation of the Licensed Programs and Licensed Utilities on the Designated Equipment including set up, testing, and related services which are required to make the Licensed Programs and Licensed Utilities ready for use by Licensee ("Installation Services"). The fixed price for such Installation Services will be as set forth in Exhibit D (Price List).

• **Training Services**

Licensor shall provide training for Licensee's key personnel to prepare them to use the Licensed Programs and Licensed Utilities and to train their fellow staff members ("Training Services"). The number of days of Training Services included in the Agreement will be as set forth in Exhibit D (Price List). The Training Services will include system administration training, content training, training on conversion, interfaces and customized programs.

The Training Services will include the Acceptance Criteria Functionality detailed in Exhibit E. Testing of the trainee's retention, as well as Acceptance of the Licensed Programs are included as integral parts of the training sessions. The fixed price (not including travel and per diem charges) for training of up to eight (8) users of each software module licensed by Licensee will be as set forth in Exhibit D (Price List). Additional training services will be available to Licensee at separately negotiated rates.

• **Consulting Services**

Licensor shall provide Licensee with consulting services necessary to achieve a successful implementation. Consulting Services aim at the development of an understanding of Licensee's implementation strategy and a mapping of the Licensed Programs functionality designed to support the strategy. Consulting Services include business process review, table building, and "go-live" support. The total number of days of Consulting Services included in the Agreement and the fixed price (not including travel and per diem charges) for such Consulting Services will be as set forth in Exhibit D (Price List). Additional consulting services not included in the Consulting Services (e.g., data conversion, data base partition, special projects) will be available to Licensee at separately negotiated rates, including those rates set forth in Exhibit G (Negotiated Rates).

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January 14, 2008

**EXHIBIT K**

**INTERFACES AND CONVERSIONS**

Licensee has identified the following interfaces and conversions:

General Ledger Interface  
HRMS Interface



# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Enter relevant Grant Announcement Title and Number

OMB No. 0920-0428

Exp. 3/2010

**Purpose:** This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions.

## Instructions for Submitting Survey

**If submitting hard copy,** please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it with your application package.

**If submitting electronically,** please include the Number assigned to your e-application in the box above entitled "*Enter relevant Grant Announcement Title and Number*," in addition to the grant announcement title and number. Place and seal the completed survey in an envelope labeled "Applicant Survey" and mail it to the hard copy receipt point for the application. **SEE INSTRUCTIONS ON BACK.**

1. Does the applicant have 501(c)(3) status?

Yes

No

2. How many full-time equivalent employees does the applicant have?  
*(Check only one box).*

3 or Fewer

15-50

4-5

51-100

6-14

over 100

3. What is the size of the applicant's annual budget? *(Check only one box.)*

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

\$1,000,000 - \$4,999,999

\$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes  No

5. Is the applicant a non-religious community-based organization?

Yes  No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes  No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

Yes  No

8. Is the applicant a local affiliate of a national organization?

Yes  No

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An “intermediary” is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **0920-0428**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Paperwork Reduction Act Clearance Officer, U.S. Department of Health and Human Services, Washington, D.C. 20201. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** the Program Official at the Agency where the form was submitted.

### CHECKLIST

**Public Burden Statement:** Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

Included NOT Applicable

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

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

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

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

YES NOT Applicable

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....

2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....

3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? .....

4. Have biographical sketch(es) with job description(s) been provided, when required? .....

5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....

6. Has the 12 month narrative budget justification been provided? .....

7. Has the budget for the entire proposed project period with sufficient detail been provided? .....

8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?

9. For Competing Continuation and Supplemental applications, has a progress report been included? ....

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

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

Prefix: <input type="text"/>	First Name: <input type="text"/> Charles	Middle Name: <input type="text"/> R.
Last Name: <input type="text"/> Powell	Suffix: <input type="text"/>	
Title: <input type="text"/> Chief Executive Officer		
Organization: <input type="text"/> The Centers		
Street1: <input type="text"/> 5664 SW 60th Avenue		
Street2: <input type="text"/>		
City: <input type="text"/> Ocala		
State: <input type="text"/> Florida	ZIP/Postal Code: <input type="text"/> 34474	ZIP/Postal Code4: <input type="text"/> 5677
Email Address: <input type="text"/> cnowell@thecenters.us		
Telephone Number: <input type="text"/> 352-291-5455	Fax Number: <input type="text"/> 352-291-5581	

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

Prefix: <input type="text"/>	First Name: <input type="text"/> Charles	Middle Name: <input type="text"/> R.
Last Name: <input type="text"/> Powell	Suffix: <input type="text"/>	
Title: <input type="text"/> Chief Executive Officer		
Organization: <input type="text"/> The Centers		
Street1: <input type="text"/> 5664 SW 60th Avenue		
Street2: <input type="text"/>		
City: <input type="text"/> Ocala		
State: <input type="text"/> Florida	ZIP/Postal Code: <input type="text"/> 34474	ZIP/Postal Code4: <input type="text"/> 5677
Email Address: <input type="text"/> cnowell@thecenters.us		
Telephone Number: <input type="text"/> 352-291-5455	Fax Number: <input type="text"/> 352-291-5581	

**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)**

## ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

4/1/2013

Date



Signature of Authorized Official

Charles R. Powell, Chief Executive Officer

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

The Centers

Name of Healthcare Facility Receiving/Requesting Funding

5664 SW 60th Avenue

Street Address

Ocala FL 34474

City, State, Zip Code

Please mail form to:  
U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W.  
Washington, DC 20201

**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND  
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Charles R. Powell</i>	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

### Project/Performance Site Location(s)

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.

#### Project/Performance Site Primary Location

Organization Name:	The Centers		
DUNS Number:	94598604		
* Street1:	5664 SW 60th Avenue		
Street2:			
* City:	Ocala	County:	Marion
* State:	Florida		
Province:			
* Country:	United States		
* ZIP / Postal Code:	344745677	* Project/Performance Site Congressional District:	FL-11

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.

#### Project/Performance Site Location 1

Organization Name:	The Centers		
DUNS Number:	094598604		
* Street1:	717 SW Martin Luther King Jr. Avenue		
Street2:			
* City:	Ocala	County:	Marion
* State:	FL		
Province:			
* Country:	United States		
* ZIP / Postal Code:	34471-1435	* Project/Performance Site Congressional District:	FL-11

#### Additional Site:

Organization Name: The Centers  
DUNS Number: 094598604  
Street: 3238 South Lecanto Highway  
Ocala FL 34461-9025  
County: Marion  
Congressional District: FL-11

## Project/Performance Site Location Instructions

### **Enter Project/Performance Site Primary Location (Required):**

Indicate the primary site where the work will be performed. The primary project/performance site location is a required section.

If a portion of the project will be performed at any other site(s), identify the site location(s) in the additional block(s) provided. These additional sites are optional.

<b>Field Name</b>	<b>Input</b>
Organization Name	Indicate the organization name of the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided. (This field is not applicable for applicants using the SF 424 Individual Form Set.)
DUNS	Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not required for applicants using the SF424 Individual Form set.)
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location.
*City	Enter the City for address of the primary performance site location.
County	Enter the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Enter the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of the Primary Project/Performance location in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

**Project/Performance Site Location 1 (Optional):** If more than 2 performance site locations are proposed, this form may be duplicated as necessary.

<b>Field Name</b>	<b>Input</b>
Organization Name	Indicate the organization name of the site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided. (This field is not applicable for applicants using the SF 424 Individual Form Set.)
DUNS	Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not required for applicants using the SF424 Individual Form set.)
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.

*City	Enter the City for address of the primary performance site location. This field is required.
County	Enter the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Enter the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of this Project/Performance site in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

**Internal Revenue Service**

**Date:** January 4, 2006

THE CENTERS INC  
5664 SW 60TH AVE  
OCALA FL 34474-5677

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

**Person to Contact:**

Robert Molloy  
ID# 31-04023

**Toll Free Telephone Number:**  
877-829-5500

**Federal Identification Number:**  
51-0177273

Dear Sir or Madam:

This is in response to your request of January 4, 2006, regarding your tax-exempt status.

In September 1975 we issued a determination letter that recognized you as exempt from federal income tax. Our records indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that you are also classified as a school under sections 509(a)(1) and 170(b)(1)(A)(ii) of the Internal Revenue Code.

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

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

Sincerely,

*Cindy M. Westcott*

Cindy Westcott  
Manager, EO Determinations

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**

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

Organization Name: DUNS Number: \* Street1: Street2: \* City: County: \* State: Province: \* Country: \* ZIP / Postal Code: \* Project/ Performance Site Congressional District: **Project/Performance Site Location 1**

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

Organization Name: DUNS Number: \* Street1: Street2: \* City: County: \* State: Province: \* Country: \* ZIP / Postal Code: \* Project/ Performance Site Congressional District: **Additional Location(s)**

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

<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: <input type="text" value="The Centers, Inc."/> * Street 1: <input type="text" value="5664 SW 60th Avenue"/> Street 2: <input type="text"/> * City: <input type="text" value="Ocala"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="34474"/> Congressional District, if known: <input type="text" value="FL-006"/>		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div>		
<b>6. * Federal Department/Agency:</b> <input type="text" value="Health and Human Services"/>	<b>7. * Federal Program Name/Description:</b> <input type="text" value="Substance Abuse and Mental Health Services_Projects of Regional and National Significance"/> CFDA Number, if applicable: <input type="text" value="93.243"/>	
<b>8. Federal Action Number, if known:</b> <input type="text"/>	<b>9. Award Amount, if known:</b> \$ <input type="text" value="278,000.00"/>	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
<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: <input type="text" value="John OConnor"/> * Name: Prefix: <input type="text"/> * First Name: <input type="text" value="Charles"/> Middle Name: <input type="text" value="R"/> * Last Name: <input type="text" value="Powell"/> Suffix: <input type="text"/> Title: <input type="text" value="CEO"/> Telephone No.: <input type="text" value="352-291-5455"/> Date: <input type="text" value="04/10/2013"/>		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**CHECKLIST**

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

1. Proper Signature and Date on the SF 424 (FACE PAGE) .....  Included  NOT Applicable
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)

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

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

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

- |  | 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"/> | <input type="checkbox"/>            |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....  | <input checked="" type="checkbox"/> | <input 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"/> | <input 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="Charles"/>	Middle Name: <input type="text" value="R"/>
Last Name: <input type="text" value="Powell"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="CEO"/>		
Organization: <input type="text" value="The Centers, Inc."/>		
Street1: <input type="text" value="5664 SW 60th Avenue"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Ocala"/>		
State: <input type="text" value="FL: Florida"/>	ZIP / Postal Code: <input type="text" value="34474"/>	ZIP / Postal Code4: <input type="text" value="1435"/>
E-mail Address: <input type="text" value="cpowell@thecenters.us"/>		
Telephone Number: <input type="text" value="352-291-5455"/>	Fax Number: <input type="text"/>	

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

Prefix: <input type="text"/>	First Name: <input type="text" value="Charles"/>	Middle Name: <input type="text" value="R"/>
Last Name: <input type="text" value="Powell"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="CEO"/>		
Organization: <input type="text" value="The Centers, Inc."/>		
Street1: <input type="text" value="5664 SW 60th Avenue"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Ocala"/>		
State: <input type="text" value="FL: Florida"/>	ZIP / Postal Code: <input type="text" value="34474"/>	ZIP / Postal Code4: <input type="text" value="1435"/>
E-mail Address: <input type="text" value="cpowell@thecenters.us"/>		
Telephone Number: <input type="text" value="352-291-5455"/>	Fax Number: <input type="text"/>	

**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)**