

**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	TITLE
	Martha J. S. Van Scott, Interim Director Office of Sponsored Programs
APPLICANT ORGANIZATION	DATE SUBMITTED
<i>East Carolina University</i>	7/12/2013

Foster, Alania (SAMHSA)

From: Toriello, Paul [TORIELLOP@ecu.edu]
Sent: Tuesday, June 25, 2013 11:35 AM
To: Foster, Alania (SAMHSA)
Cc: Keyes, Anniette; Smith, Wendy; Toriello, Paul
Subject: RE: TI024755 - TCE-TAC - Application Review - Response Requested
Attachments: TI024755 Response to Alania Foster part II 062513.pdf

Importance: High

Hi Alania-

Attached is additional lease and floor plans for our application.

Best,
Paul

Paul Toriello, RhD, CRC, CCS, LCAS, LPCA
Associate Professor, Chair, and Director of Doctoral and Graduate Programs
Interim Assistant Dean for Grants Administration
Department of Addictions & Rehabilitation Studies
College of Allied Health Sciences
East Carolina University
Mailcode #677
Greenville, NC 27858-4353
ph 252-744-6297
fax 252-744-6302
toriellop@ecu.edu
www.ecu.edu/rehb

From: Toriello, Paul
Sent: Friday, June 21, 2013 4:30 PM
To: 'Foster, Alania (SAMHSA)'
Cc: Keyes, Anniette; Smith, Wendy; Toriello, Paul
Subject: RE: TI024755 - TCE-TAC - Application Review - Response Requested
Importance: High

Alania-

Attached is a PDF of our response to your inquiry. Per our conversation, I was able to obtain most of the lease agreements/floor plans; I'll send the remainder to you ASAP.

Please let me know if you have any questions or require additional information.

Have a great weekend.

Paul

Paul Toriello, RhD, CRC, CCS, LCAS, LPCA
Associate Professor, Chair, and Director of Doctoral and Graduate Programs
Interim Assistant Dean for Grants Administration

Department of Addictions & Rehabilitation Studies
College of Allied Health Sciences
East Carolina University
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www.ecu.edu/rehb

From: Foster, Alania (SAMHSA) [<mailto:Alania.Foster@samhsa.hhs.gov>]

Sent: Tuesday, June 18, 2013 3:14 PM

To: Toriello, Paul

Cc: Keyes, Annette

Subject: TI024755 - TCE-TAC - Application Review - Response Requested

Dear Paul,

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. Since your organization is requesting rent costs, the attached questionnaire must be completed.
2. For the PhD tuition and insurance costs. Provide the credit hour rate, # of hours for the tuition, as well as, the total for the insurance costs.
3. Provide a breakdown of how you arrived at \$2,250/site under contractual costs.

The requested items should be submitted to me via e-mail as one PDF attachment by **COB on June 21, 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

www.samhsa.gov



College of
Allied Health Sciences

Health Sciences Building
East Carolina University
Greenville, NC 27834

www.ecu.edu/ah

Dean's Office
252-744-6010
252-744-6018 fax

Biostatistics
252-744-6045
252-744-6044 fax

Clinical Laboratory Science
252-744-6064

Communication Sciences
and Disorders
252-744-6100
252-744-6109 fax

Health Services and
Information Management
252-744-6177
252-744-6179 fax

Occupational Therapy
252-744-6199
252-744-6198 fax

Physical Therapy
252-744-6253
252-744-6240 fax

Physician Assistant Studies
252-744-6271
252-744-1110 fax

Rehabilitation Studies
252-744-6300
252-744-6302 fax

June 18, 2013

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)

RE: Request for information

Dear Alania:

Per your email dated June 18, 2013, I am pleased to provide the requested information.

In regard to rent, this PDF contains the lease agreements and floor plans for four out of the five locations where a portion of our project (information for the fifth location will be submitted ASAP), if funded, will be conducted. Please note that as the applicant, East Carolina University does not own any of these locations. Based on time constraints in assembling our application, in our budget request and justification we estimated rent costs of \$7,500 for year one of the project. This estimate was based on a **maximum** of 100 square feet per location with a **maximum** of \$15 per square foot. The SAMHSA rent questionnaire is contained in this PDF as well.

In regard to PhD student tuition and insurance cost, the cost breakdown is as follows. PhD students' full time status equals 9+ credit hours per semester for \$4,009.00 per year tuition remission; full time (9+ hours) tuition @ \$4,009 = \$445.44.

In regard to \$2,250 per site for contractual costs, these funds will support a staff member (one per each of the five sites) designated by a partnering organization to serve as a liaison to our project and facilitate client's use of the project outreach computers. We arrived at \$2250 for year one based on the liaison providing, on average, 4 hours of effort per week at \$15 per hour for 50 weeks per year which comes to \$3,000 per year; which we adjusted to \$2,250 for year one due to the three month start-up period (\$3,000 x .75=\$2,250).

Please contact me at toriellop@ecu.edu or 252-744-6297 if you need additional information.

Best,

A handwritten signature in black ink, appearing to read "Paul Toriello".

Paul Toriello, RhD, CRC, CCS, LCAS, LPCA

Associate Professor, Chair, and Director of Doctoral and Graduate Programs

Department of Addictions & Rehabilitation Studies

College of Allied Health Sciences

East Carolina University



RENT QUESTIONS TO BE ANSWERED BY THE APPLICANT/GRAANTEE

WHO OWNS THE BUILDING?:

1. **HHS Grants Policy Statement:** Rental costs under a "less-than-arms-length" arrangement is allowable only up to the amount that would be allowed under the applicable cost principles had title to the property been vested in the recipient. A less-than-arms-length lease is one in which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to, those between divisions of an organization; between organizations under common control through common officers, directors, or members; and between an organization and its directors, trustees, officers, or key employees (or the families of these individuals), directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.
2. Identify the owner(s) of the building (e.g. – individuals' or organization's name) for the space costs (rent) included in the budget and describe his/their or its relationship (i.e. - Board member, Officer, related party, related organization, etc..) to the grantee organization, if any. Are there any relationships between the grantee organization and building owner's(s') Board Members and Officers that could be considered a real or apparent conflict of interest.

3. **IF GRANTEE OWNS THE BUILDING:**

- (a) Describe and provide supporting documentation to include: Settlement Statement (HUD 1 Form) for the purchase of the building which reflects the calculation of purchase price attributable to the building; IRS Form 4562 (Depreciation and Amortization); Tax Assessment or Appraisal; documentation supporting estimates for utilities, maintenance, taxes, insurance, etc...). Provided below is a SAMPLE TEMPLATE of the typical depreciation calculations.

Depreciation amount was determined as follows:

Total Cost with settlement expenses

Amount
\$ N/A

Depreciation amount was determined as follows:	Amount
Land Allocation (as reflected on IRS Form 4562, Tax Assessment or Appraisal form)	\$ N/A _____
Basis of Building	\$ N/A _____
Monthly Depreciation (# years of life)	\$ N/A _____
Occupancy expenses for e.g., (9/30/11 – 9/29/12) were:	
Depreciation	\$ N/A _____
Utilities	\$ N/A _____
Insurance	\$ N/A _____
Repairs and Maintenance	\$ N/A _____
TOTAL	\$ 0 _____

ALL GRANTEES MUST PROVIDE:

1. A signed copy of the current lease which specifically identifies the owner of the facility.
2. Whenever rental costs are include in the budget you must provide a copy floor plan to include the following:
 - (a) The method used to determine the base most often used to allocate space costs is square footage; however, full-time equivalents (FTEs) are sometimes utilized and are acceptable. Calculate the space costs using an appropriate base (square footage or FTEs) and provide a copy of the calculation along with documentation supporting the calculation (e.g., lease agreement; documentation supporting estimates for utilities, maintenance, taxes, insurance; FTE or SF analysis; etc.). Other funding sources utilizing space must be identified and included.
 - i. If square footage is selected for multiple programs, a floor plan of the building must be provided that specifically identifies the space used exclusively by the SAMHSA grant program, including common areas, and general and administrative areas. Show the individual's name and position in the space or other identifier. In addition, any other programs supported by the grantee organization must be identified in the floor plan. This will determine SAMHSA's fair share of the space cost(s).
 - ii. If FTEs are selected for multiple programs, a floor plan of the building must be provided that specifically identifies the space used exclusively by the SAMHSA grant program, including common areas, and general and administrative areas. Show the individual's name and position in the space or other identifier. This will determine SAMHSA's fair share of the space cost(s). In addition,

any other programs supported by the grantee organization must be identified in the floor plan.

INDIRECT COSTS:

1. If the budget includes Office space and indirect costs, office space is included in the indirect cost pool therefore the grantee may not charge this expense as a direct cost. It will be disallowed. This may require renegotiating with the Division of Cost Allocation to include all office space.
2. If the space is programmatic/service site expense, the cost may be a direct charge.
3. If budget includes office space, but the grantee has not negotiated and indirect cost rate agreement charging this expense as part of a direct cost is appropriate and will be allowed

ALL QUESTIONS MUST BE ANSWERED CLEARLY AND JUSTIFIED.
EXPLAIN HOW YOUR ORGANIZATION ARRIVED AT THESE FIGURES AND
HOW THE FIGURES CORRESPOND WITH THE APPROVED BUDGET AND
SUBMIT SUPPORTING DOCUMENTATION.

IN ADDITION, CROSS-REFERENCE THE DEPRECIATION, ETC., WITH THE BUDGET AND SUPPORTING DOCUMENTATION.



REALTOR® North Carolina Association
of REALTORS®

AGREEMENT FOR PURCHASE AND SALE OF REAL PROPERTY

THIS AGREEMENT, including any and all addenda attached hereto ("Agreement"), is by and between

a(n) Robert L. Schwarz, Jr. ("Buyer"), and
(individual or State of formation and type of entity)

a(n) Swindell Farms, Inc. ("Seller").
(individual or State of formation and type of entity)

FOR AND IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH HEREIN AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH ARE HEREBY ACKNOWLEDGED, THE PARTIES HERETO AGREE AS FOLLOWS:

Section 1. Terms and Definitions: The terms listed below shall have the respective meaning given them as set forth adjacent to each term.

(a) **"Property":** (Address) 2050 E of Eastgate Commercial Center, app. 6170 sf corner of
Eastgate & Mosley Drive

All A portion of the property in Deed Reference: Book 49, Page No. 94, Pitt County;
consisting of approximately _____ acres.

Plat Reference: Lot(s) _____, Block or Section _____, as shown on Plat Book or Slide
MB 49 at Page(s) 94, Pitt County, consisting of _____ acres.

If this box is checked, "Property" shall mean that property described on Exhibit A attached hereto and incorporated herewith by reference,

(For information purposes, the tax parcel number of the Property is: 53968)

together with all buildings and improvements thereon and all fixtures and appurtenances thereto and all personal property, if any, itemized on Exhibit A.

\$ 410,000 (b) **"Purchase Price"** shall mean the sum of four hundred ten thousand dollars &
.00/100 Dollars,

\$ 10,000 (i) **"Earnest Money"** shall mean ten thousand Dollars
or terms as follows: _____

Upon this Agreement becoming a contract in accordance with Section 14, the Earnest Money shall be
p r o m p t l y d e p o s i t e d i n e s c r o w w i t h
Clark-Branch, Realtors (name of
person/entity with whom deposited), to be applied as part payment of the Purchase Price of the Property at
Closing, or disbursed as agreed upon under the provisions of Section 10 herein.

ANY EARNEST MONEY DEPOSITED BY BUYER IN A TRUST ACCOUNT MAY BE
PLACED IN AN INTEREST BEARING TRUST ACCOUNT, AND: (check only ONE box)

Page 1 of 7



This form jointly approved by:

North Carolina Bar Association

North Carolina Association of REALTORS®, Inc.

STANDARD FORM 580-T

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Buyer Initials [Signature] Seller Initials _____

ANY INTEREST EARNED THEREON SHALL BE APPLIED AS PART PAYMENT OF THE PURCHASE PRICE OF THE PROPERTY AT CLOSING, OR DISBURSED AS AGREED UPON UNDER THE PROVISIONS OF SECTION 10 HEREIN. (Buyer's Taxpayer Identification Number is: _____)

ANY INTEREST EARNED THEREON SHALL BELONG TO THE ACCOUNT HOLDER IN CONSIDERATION OF THE EXPENSES INCURRED BY MAINTAINING SUCH ACCOUNT AND RECORDS ASSOCIATED THEREWITH.

\$ 300,000 (ii) Proceeds of a new loan in the amount of 300,000

Dollars for a term of 15 years, at an interest rate not to exceed 7.25 % per annum with mortgage loan discount points not to exceed 0 % of the loan amount, or such other terms as may be set forth on Exhibit B. Buyer shall pay all costs associated with any such loan.

\$ _____ (iii) Delivery of a promissory note secured by a deed of trust, said promissory note in the amount of _____ Dollars being payable over _____ months in equal monthly installments of principal, together with accrued interest on the outstanding principal balance at the rate of _____ percent (_____) per annum, with the first principal payment beginning on the first day of the month next succeeding the date of Closing, or such other terms as may be set forth on Exhibit B. At any time, the promissory note may be prepaid in whole or in part without penalty and without further interest on the amounts prepaid from the date of such prepayment. (NOTE: In the event of Buyer's subsequent default upon a promissory note and deed of trust given hereunder, Seller's remedies may be limited to foreclosure of the Property. If the deed of trust given hereunder is subordinated to senior financing, the material terms of such financing must be set forth on Exhibit B. If such senior financing is subsequently foreclosed, the Seller may have no remedy to recover under the note.)

\$ _____ (iv) Assumption of that unpaid obligation of Seller secured by a deed of trust on the Property, such obligation having an outstanding principal balance of \$ _____ and evidenced by a note bearing interest at the rate of _____ percent (_____) per annum, or _____. Buyer shall pay all costs associated with any such assumption, including any assumption fee charged by the lender.

\$ 100,000 (v) Cash balance of Purchase Price, at Closing in the amount of one hundred thousand dollars.

Dollars.

(c) "Closing" shall mean the date and time of recording of the deed. Closing shall occur on or before April 16, 2007 or _____.

(d) "Contract Date" means the date this Agreement has been fully executed by both Buyer and Seller.

(e) "Examination Period" shall mean the period beginning on the Contract Date and extending through 4-2-07.

TIME IS OF THE ESSENCE AS TO THE EXAMINATION PERIOD.

(f) "Broker(s)" shall mean:

Lee Ball & Associates ("Listing Agency"),
("Listing Agent"- License # _____)

Acting as: Seller's Agent; Dual Agent

and Clark-Branch, Realtors ("Selling Agency"),

Page 2 of 7

Buyer Initials JY Seller Initials _____

STANDARD FORM 580-T
© 7/2006

(g) **Seller's Notice Address** shall be as follows:

_____ except as same may be changed pursuant to Section 12.

(h) **Buyer's Notice Address** shall be as follows:

1822 S. Glenburnie Rd., Suite 352, New Bern NC 28562

_____ except as same may be changed pursuant to Section 12.

- (i) If this block is marked, additional terms of this Agreement are set forth on **Exhibit B** attached hereto and incorporated herein by reference. (Note: Under North Carolina law, real estate agents are not permitted to draft conditions or contingencies to this Agreement.)

Section 2. Sale of Property and Payment of Purchase Price: Seller agrees to sell and Buyer agrees to buy the Property for the Purchase Price.

Section 3. Proration of Expenses and Payment of Costs: Seller and Buyer agree that all property taxes (on a calendar year basis), leases, rents, mortgage payments and utilities or any other assumed liabilities as detailed on attached **Exhibit B**, if any, shall be prorated as of the date of Closing. Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this Agreement, excise tax (revenue stamps), any deferred or rollback taxes, and other conveyance fees or taxes required by law, and the following:

existing Tenant shall renew a lease at \$8.50 per sf on approx. 1850sf for two years. To be signed by Buyer. Seller will subsidise 1st year's rent at closing of \$3720.00.

Buyer shall pay recording costs, costs of any title search, title insurance, survey, the cost of any inspections or investigations undertaken by Buyer under this Agreement and the following:

_____ Each party shall pay its own attorney's fees.

Section 4. Deliveries: Seller agrees to use best efforts to deliver to Buyer as soon as reasonably possible after the Contract Date copies of all information relating to the Property in possession of or available to Seller, including but not limited to: title insurance policies, surveys and copies of all presently effective warranties or service contracts related to the Property. Seller authorizes (1) any attorney presently or previously representing Seller to release and disclose any title insurance policy in such attorney's file to Buyer and both Buyer's and Seller's agents and attorneys; and (2) the Property's title insurer or its agent to release and disclose all materials in the Property's title insurer's (or title insurer's agent's) file to Buyer and both Buyer's and Seller's agents and attorneys. If Buyer does not consummate the Closing for any reason other than Seller default, then Buyer shall return to Seller all materials delivered by Seller to Buyer pursuant to this Section 4 (or Section 7, if applicable), if any, and shall, upon Seller's request, provide to Seller copies of (subject to the ownership and copyright interests of the preparer thereof) any and all studies, reports, surveys and other information relating directly to the Property prepared by or at the request of Buyer, its employees and agents, and shall deliver to Seller, upon the release of the Earnest Money, copies of all of the foregoing without any warranty or representation by Buyer as to the contents, accuracy or correctness thereof.

Section 5. Evidence of Title: Seller agrees to convey fee simple marketable and insurable title to the Property free and clear of all liens, encumbrances and defects of title other than: (a) zoning ordinances affecting the Property, (b) Leases (if applicable) and (c) matters of record existing at the Contract Date that are not objected to by Buyer prior to the end of the Examination Period ("Permitted Exceptions"); provided that Seller shall be required to satisfy, at or prior to Closing, any encumbrances that may be satisfied by the payment of a fixed sum of money, such as deeds of trust, mortgages or statutory liens. Seller shall not enter into or record any instrument that affects the Property (or any personal property listed on **Exhibit A**) after the Contract Date without the prior written consent of Buyer, which consent shall not be unreasonably withheld, conditioned or delayed.

Section 6. Conditions: This Agreement and the rights and obligations of the parties under this Agreement are hereby made expressly

conditioned upon fulfillment (or waiver by Buyer, whether explicit or implied) of the following conditions:

(a) **New Loan:** The Buyer must be able to obtain the loan, if any, referenced in Section 1(b)(ii). Buyer must be able to obtain a firm commitment for this loan on or before N/A, effective through the date of Closing. Buyer agrees to use its best efforts to secure such commitment and to advise Seller immediately upon receipt of lender's decision. On or before the above date, Buyer has the right to terminate this Agreement for failure to obtain the loan referenced in Section 1(b)(ii) by delivering to Seller written notice of termination by the above date, *time being of the essence*. If Buyer delivers such notice, this Agreement shall be null and void and Earnest Money shall be refunded to Buyer. If Buyer fails to deliver such notice, then Buyer will be deemed to have waived the loan condition. Notwithstanding the foregoing, after the above date, Seller may request in writing from Buyer a copy of the commitment letter. If Buyer fails to provide Seller a copy of the commitment letter within five (5) days of receipt of Seller's request, then Seller may terminate this Agreement by written notice to Buyer at any time thereafter, provided Seller has not then received a copy of the commitment letter, and Buyer shall receive a return of Earnest Money.

(b) **Qualification for Financing:** If Buyer is to assume any indebtedness in connection with payment of the Purchase Price, Buyer agrees to use its best efforts to qualify for the assumption. Should Buyer fail to qualify, Buyer shall notify Seller in writing immediately upon lender's decision, whereupon this Agreement shall terminate, and Buyer shall receive a return of Earnest Money.

(c) **Title Examination:** After the Contract Date, Buyer shall, at Buyer's expense, cause a title examination to be made of the Property before the end of the Examination Period. In the event that such title examination shall show that Seller's title is not fee simple marketable and insurable, subject only to Permitted Exceptions, then Buyer shall promptly notify Seller in writing of all such title defects and exceptions, in no case later than the end of the Examination Period, and Seller shall have thirty (30) days to cure said noticed defects. If Seller does not cure the defects or objections within thirty (30) days of notice thereof, then Buyer may terminate this Agreement and receive a return of Earnest Money (notwithstanding that the Examination Period may have expired). If Buyer is to purchase title insurance, the insuring company must be licensed to do business in the state in which the Property is located. Title to the Property must be insurable at regular rates, subject only to standard exceptions and Permitted Exceptions.

(d) **Same Condition:** If the Property is not in substantially the same condition at Closing as of the date of the offer, reasonable wear and tear excepted, then the Buyer may (i) terminate this Agreement and receive a return of the Earnest Money or (ii) proceed to Closing whereupon Buyer shall be entitled to receive, in addition to the Property, any of the Seller's insurance proceeds payable on account of the damage or destruction applicable to the Property.

(e) **Inspections:** Buyer, its agents or representatives, at Buyer's expense and at reasonable times during normal business hours, shall have the right to enter upon the Property for the purpose of inspecting, examining, performing soil boring and other testing, conducting timber cruises, and surveying the Property. Buyer shall conduct all such on-site inspections, examinations, soil boring and other testing, timber cruises and surveying of the Property in a good and workmanlike manner, shall repair any damage to the Property caused by Buyer's entry and on-site inspections and shall conduct same in a manner that does not unreasonably interfere with Seller's or any tenant's use and enjoyment of the Property. In that respect, Buyer shall make reasonable efforts to undertake on-site inspections outside of the hours any tenant's business is open to the public and shall give prior notice to any tenants of any entry onto any tenant's portion of the Property for the purpose of conducting inspections. Upon Seller's request, Buyer shall provide to Seller evidence of general liability insurance. Buyer shall also have a right to review and inspect all contracts or other agreements affecting or related directly to the Property and shall be entitled to review such books and records of Seller that relate directly to the operation and maintenance of the Property, provided, however, that Buyer shall not disclose any information regarding this Property (or any tenant therein) unless required by law and the same shall be regarded as confidential, to any person, except to its attorneys, accountants, lenders and other professional advisors, in which case Buyer shall obtain their agreement to maintain such confidentiality. Buyer assumes all responsibility for the acts of itself, its agents or representatives in exercising its rights under this Section 6(f) and agrees to indemnify and hold Seller harmless from any damages resulting therefrom. This indemnification obligation of Buyer shall survive the Closing or earlier termination of this Agreement. Buyer shall, at Buyer's expense, promptly repair any damage to the Property caused by Buyer's entry and on-site inspections. Except as provided in Section 6(c) above, Buyer shall have from the Contract Date through the end of the Examination Period to perform the above inspections, examinations and testing. **IF BUYER CHOOSES NOT TO PURCHASE THE PROPERTY, FOR ANY REASON OR NO REASON, AND PROVIDES WRITTEN NOTICE TO SELLER THEREOF PRIOR TO THE EXPIRATION OF THE EXAMINATION PERIOD, THEN THIS AGREEMENT SHALL TERMINATE, AND BUYER SHALL RECEIVE A RETURN OF THE EARNEST MONEY.**

Section 7. Leases (Check one of the following, as applicable):

If this box is checked, Seller affirmatively represents and warrants that there are no Leases (as hereinafter defined) affecting the Property.

If this box is checked, Seller discloses that there are one or more leases affecting the Property (oral or written, recorded or

not - "Leases") and the following provisions are hereby made a part of this Agreement.

- (a) All Leases shall be itemized on Exhibit B;
- (b) Seller shall deliver copies of any Leases to Buyer pursuant to Section 4 as if the Leases were listed therein;

(c) Seller represents and warrants that as of the Contract Date there are no current defaults (or any existing situation which, with the passage of time, or the giving of notice, or both, or at the election of either landlord or tenant could constitute a default) either by Seller, as landlord, or by any tenant under any Lease ("Lease Default"). In the event there is any Lease Default as of the Contract Date, Seller agrees to provide Buyer with a detailed description of the situation in accordance with Section 4. Seller agrees not to commit a Lease Default as Landlord after the Contract Date, and agrees further to notify Buyer immediately in the event a Lease Default arises or is claimed, asserted or threatened to be asserted by either Seller or a tenant under the Lease.

(d) In addition to the conditions provided in Section 6 of this Agreement, this Agreement and the rights and obligations of the parties under this Agreement are hereby made expressly conditioned upon the assignment of Seller's interest in any Lease to Buyer in form and content acceptable to Buyer (with tenant's written consent and acknowledgement, if required under the Lease), and Seller agrees to use its best efforts to effect such assignment. Any assignment required under this Section 7 shall be required to be delivered at Closing by Seller in addition to those deliveries required under Section 11 of this Agreement.

(e) Seller agrees to deliver an assignment of any Lease at Closing, with any security deposits held by Seller under any Leases to be transferred or credited to Buyer at Closing. Seller also agrees to execute and deliver (and work diligently to obtain any tenant signatures necessary for same) any estoppel certificates and subordination, nondisturbance and attornment agreements in such form as Buyer may reasonably request.

Section 8. Environmental: Seller represents and warrants that it has no actual knowledge of the presence or disposal, except as in accordance with applicable law, within the buildings or on the Property of hazardous or toxic waste or substances, which are defined as those substances, materials, and wastes, including, but not limited to, those substances, materials and wastes listed in the United States Department of Transportation Hazardous Materials Table (49 CFR Part 172.101) or by the Environmental Protection Agency as hazardous substances (40 CFR Part 302.4) and amendments thereto, or such substances, materials and wastes, which are or become regulated under any applicable local, state or federal law, including, without limitation, any material, waste or substance which is (i) petroleum, (ii) asbestos, (iii) polychlorinated biphenyls, (iv) designated as a Hazardous Substance pursuant to Section 311 of the Clean Water Act of 1977 (33 U.S.C. §1321) or listed pursuant to Section 307 of the Clean Water Act of 1977 (33 U.S.C. §1317), (v) defined as a hazardous waste pursuant to Section 1004 of the Resource Conservation and Recovery Act of 1976 (42 U.S.C. §6903) or (vi) defined as a hazardous substance pursuant to Section 101 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. §9601). Seller has no actual knowledge of any contamination of the Property from such substances as may have been disposed of or stored on neighboring tracts.

Section 9. Risk of Loss/Damage/Repair: Until Closing, the risk of loss or damage to the Property, except as otherwise provided herein, shall be borne by Seller. Except as to maintaining the Property in its same condition, Seller shall have no responsibility for the repair of the Property, including any improvements, unless the parties hereto agree in writing.

Section 10. Earnest Money Disbursement: In the event that any of the conditions hereto are not satisfied, or in the event of a breach of this Agreement by Seller, then the Earnest Money shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this Agreement, then the Earnest Money shall be forfeited, but such forfeiture shall not affect any other remedies available to Seller for such breach. NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of Earnest Money held in escrow by a licensed real estate broker, the broker is required by state law to retain said Earnest Money in its trust or escrow account until it has obtained a written release from the parties consenting to its disposition or until disbursement is ordered by a court of competent jurisdiction, or alternatively, the party holding the Earnest Money may deposit the disputed monies with the appropriate clerk of court in accordance with the provisions of N.C.G.S. §93A-12.

Section 11. Closing: At Closing, Seller shall deliver to Buyer a general warranty deed unless otherwise specified on Exhibit B and other documents customarily executed or delivered by a seller in similar transactions, including without limitation, a bill of sale for any personality listed on Exhibit A, an owner's affidavit, lien waiver forms and a non-foreign status affidavit (pursuant to the Foreign Investment in Real Property Tax Act), and Buyer shall pay to Seller the Purchase Price. At Closing, the Earnest Money shall be applied as part of the Purchase Price. The Closing shall be held at the office of Buyer's attorney or such other place as the parties hereto may mutually agree. Possession shall be delivered at Closing, unless otherwise agreed herein.



Section 12. Notices: Unless otherwise provided herein, all notices and other communications which may be or are required to be given or made by any party to the other in connection herewith shall be in writing and shall be deemed to have been properly given and received on the date delivered in person or deposited in the United States mail, registered or certified, return receipt requested, to the addresses set out in Section 1(g) as to Seller and in Section 1(h) as to Buyer, or at such other addresses as specified by written notice delivered in accordance herewith.

Section 13. Entire Agreement: This Agreement constitutes the sole and entire agreement among the parties hereto and no modification of this Agreement shall be binding unless in writing and signed by all parties hereto.

Section 14. Enforceability: This Agreement shall become a contract when signed by both Buyer and Seller and such signing is communicated to both parties; it being expressly agreed that the notice described in Section 12 is not required for effective communication for the purposes of this Section 14. This Agreement shall be binding upon and inure to the benefit of the parties, their heirs, successors and assigns and their personal representatives.

Section 15. Adverse Information and Compliance with Laws:

(a) **Seller Knowledge:** Seller has no actual knowledge of (i) condemnation(s) affecting or contemplated with respect to the Property; (ii) actions, suits or proceedings pending or threatened against the Property; (iii) changes contemplated in any applicable laws, ordinances or restrictions affecting the Property; or (iv) governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no pending or confirmed owners' association special assessments, except as follows:

(Insert "None" or the identification of any matters relating to (i) through (iv) above, if any). Seller shall pay all owners' association assessments and all governmental assessments confirmed as of the time of Closing, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows:

Seller represents that the regular owners' association dues, if any, are \$.38 per sf per year.

(b) **Compliance:** To Seller's actual knowledge, (i) Seller has complied with all applicable laws, ordinances, regulations, statutes, rules and restrictions pertaining to or affecting the Property; (ii) performance of the Agreement will not result in the breach of, constitute any default under or result in the imposition of any lien or encumbrance upon the Property under any agreement or other instrument to which Seller is a party or by which Seller or the Property is bound; and (iii) there are no legal actions, suits or other legal or administrative proceedings pending or threatened against the Property, and Seller is not aware of any facts which might result in any such action, suit or other proceeding.

Section 16. Survival of Representations and Warranties: All representations, warranties, covenants and agreements made by the parties hereto shall survive the Closing and delivery of the deed. Seller shall, at or within six (6) months after the Closing, and without further consideration, execute, acknowledge and deliver to Buyer such other documents and instruments, and take such other action as Buyer may reasonably request or as may be necessary to more effectively transfer to Buyer the Property described herein in accordance with this Agreement.

Section 17. Applicable Law: This Agreement shall be construed under the laws of the state in which the Property is located. This form has only been approved for use in North Carolina.

Section 18. Assignment: This Agreement is freely assignable unless otherwise expressly provided on Exhibit B.

Section 19. Tax-Deferred Exchange: In the event Buyer or Seller desires to effect a tax-deferred exchange in connection with the conveyance of the Property, Buyer and Seller agree to cooperate in effecting such exchange; provided, however, that the exchanging party shall be responsible for all additional costs associated with such exchange, and provided further, that a non-exchanging party shall not assume any additional liability with respect to such tax-deferred exchange. Seller and Buyer shall execute such additional documents, at no cost to the non-exchanging party, as shall be required to give effect to this provision.

Section 20. Memorandum of Contract: Upon request by either party, the parties hereto shall execute a memorandum of contract in recordable form setting forth such provisions hereof (other than the Purchase Price and other sums due) as either party may wish to incorporate. Such memorandum of contract shall contain a statement that it automatically terminates and the Property is released from any effect thereby as of a specific date to be stated in the memorandum (which specific date shall be no later than the date of Closing).

The cost of recording such memorandum of contract shall be borne by the party requesting execution of same.

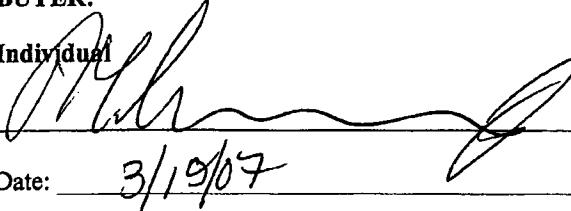
Section 21. Authority: Each signatory to this Agreement represents and warrants that he or she has full authority to sign this Agreement and such instruments as may be necessary to effectuate any transaction contemplated by this Agreement on behalf of the party for whom he or she signs and that his or her signature binds such party.

Section 22. Brokers: Except as expressly provided herein, Buyer and Seller agree to indemnify and hold each other harmless from any and all claims of brokers, consultants or real estate agents by, through or under the indemnifying party for fees or commissions arising out of the sale of the Property to Buyer. Buyer and Seller represent and warrant to each other that: (i) except as to the Brokers designated under Section 1(f) of this Agreement, they have not employed nor engaged any brokers, consultants or real estate agents to be involved in this transaction and (ii) that the compensation of the Brokers is established by and shall be governed by separate agreements entered into as amongst the Brokers, the Buyer and/or the Seller.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. AND THE NORTH CAROLINA BAR ASSOCIATION MAKE NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. IF YOU DO NOT UNDERSTAND THIS FORM OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

BUYER:

Individual



Date: 3/19/07

Date: _____

Business Entity

(Name of Entity)

By: _____

Name: _____

Title: _____

Date: _____

SELLER:

Individual

Date: _____

Date: _____

Business Entity

(Name of Entity)

By: _____

Name: _____

Title: _____

Date: _____

The undersigned hereby acknowledges receipt of the Earnest Money set forth herein and agrees to hold said Earnest Money in accordance with the terms hereof.

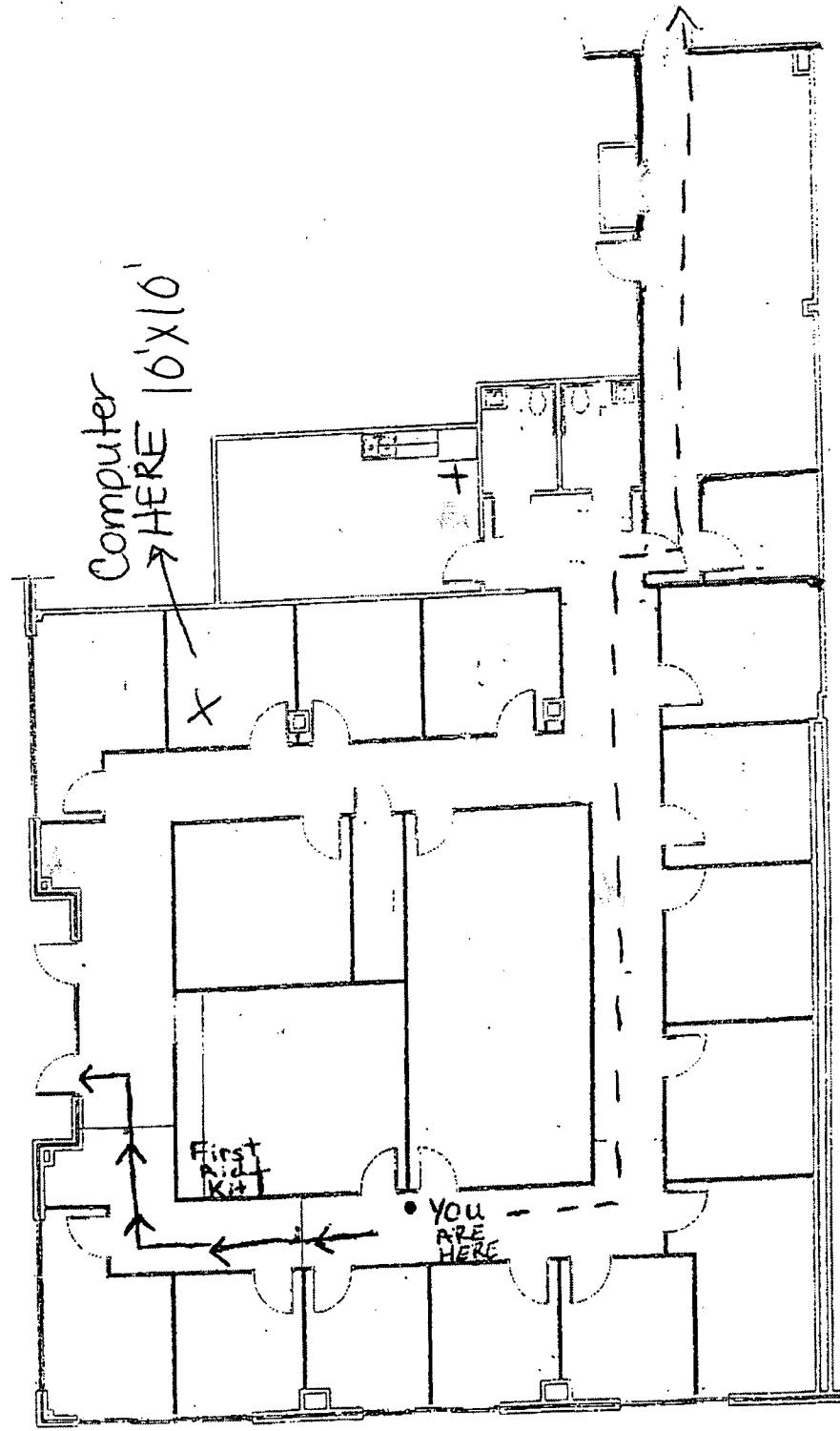
Clark-Branch, Realtors

(Name of Firm)

Date: 3-19-07

By: Connally Branch

2050 Eastgate Drive Ste E
Greenville, NC 27858



FIRE EXIT PLAN

STATE OF NORTH CAROLINA)
)
COUNTY OF CUMBERLAND)

LEASE AGREEMENT

THIS LEASE is made and entered into this 1st day of January 2012 by and between **Caliber Properties, LLC.**, with a mailing address of P.O. Box 1721, Fayetteville, N. C. 28302 (herein "Lessor") and **Alternative Care Treatment Systems, Inc.** with a mailing address of P. O. Box 1261, Fayetteville, NC 28302, (herein "Lessee").

WITNESSETH:

That in consideration of the mutual covenants herein set forth, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Demise of Premises. Lessor leases unto Lessee the premises ("Premises") located at 911 Hay Street, Fayetteville, NC 28305

2. Use of Premises. The Premises shall be used solely as a medical office and for no other purpose except with written permission of Lessor. Lessee agrees not to use or permit the use of the Premises for unlawful or immoral purposes. Lessee agrees to keep the Premises clean, sanitary, and in good order, at its own expense, and agrees not to create or suffer any waste or any nuisances in the premises, and agrees to comply with all laws, ordinances, rules, regulations, and directions of governmental authorities.

3. Term. This Lease shall be for a term of Sixty (60) months, beginning on January 1, 2012 and unless sooner terminated as herein provided, shall exist and continue until December 31, 2017. At the end of the Sixty (60) month term, both parties shall jointly have the option to renew this Lease for an additional Sixty (60) month term, under terms and conditions agreed upon by Lessor and Lessee at the time of exercise of the option to renew. Either party may initiate this procedure within thirty (30) days of the expiration date of this Lease by giving notice to the other party of its interest in exercising the option. The option shall not be exercised without the consent of both parties.

4. Cancellation Privilege. This Lease may be canceled upon the occurrence of any of the following conditions:

(a) If the Premises are found to be in violation of any federal, state, or local law, regulation, or ordinance, thereby substantially limiting Lessee's use of the Premises, including the Americans with Disabilities Act, Occupational Safety and Health Act, and other laws, regulations or ordinances pertaining to handicap access, health, and safety and, after notice of violation from the Lessee, Lessor fails to make necessary repairs or improvements within a reasonable time to conform the Premises to the applicable law, regulation, or ordinance;

(b) At any time by either party upon one and twenty (120) days prior notice to the other party; or

(c) Upon the breach of any covenant or condition of this Lease Agreement.

5. Rent. The annual rent for the term of this Lease is Seventy-Five Thousand and 00/100 Dollars (\$75,000.00), which rent shall be payable without demand or notice in equal monthly installments on the 1st day of each month of the term hereof beginning on the 1th day of January, 2012. The rent specified herein shall be net to Lessor in each month during the Lease term. Accordingly, Lessee shall pay all expenses and obligations relating to the premises, except as otherwise specifically provided herein, that may arise or become due during the Lease term and Lessee shall indemnify and hold Lessor harmless against such expenses and obligations. Rent shall be paid to Lessor without notice or demand and without abatement, deduction or set off, except as otherwise specifically provided herein. All interest and penalties that may accrue on expenses and obligations relating to the premises because of Lessee's failure to pay for such expenses and obligations shall be deemed to be additional rent hereunder, as shall all damages and expenses that Lessor may incur because of Lessee's default or failure to comply with the Lease terms. In the event of Lessee's nonpayment of any of the foregoing, Lessor shall have the same rights and remedies as it has for nonpayment of rent.

6. Purchase Option. Lessee shall pay the Lessor the sum of Six Thousand Two Hundred and Fifty (\$6,250.00), for a purchase option and is not be refundable. This payment will deducted form the purchase price when/if the Lessee purchase the premises. The Lessee shall have first option to purchase the premises.

7. Late Payment Fees and Returned Check Fees. If any rental payment is not received by midnight on the fifth (5th) day after it is due, Lessee shall pay a late payment fee of 1.5% of the rental payment. This late payment fee shall be due immediately without demand therefor and shall be added to and paid with the late rental payment. Lessee also agrees to pay a \$25.00 processing fee for each check of Lessee that is returned by the financial institution because of insufficient funds or because the Lessee did not have an account at the financial

institution.

8. Acceptance of Premises. Lessee acknowledges that the act of taking possession of the Premises shall constitute acceptance thereof and conclusive evidence that Lessee has inspected and examined the entire Premises and utility installations and that the same were, and are, in good and satisfactory condition.

9. Assignment and Subletting. Lessee shall have no right to assign this Lease or to sublet the Premises in whole or in part, without the prior written consent of Lessor.

10. Compliance with Legal Requirements. Lessee shall comply with all legal requirements of any governmental or quasi-governmental body including City, County, State, or Federal boards having jurisdiction thereof, respecting any operation conducted or any equipment, installations or other property placed upon, in or about the Premises. Lessee shall neither create nor permit the creation of any nuisance upon, in or about the Premises, and Lessee shall not make any offensive use thereof.

11. Hazard Insurance. Lessee shall carry at Lessee's expense hazard insurance with extended coverage insuring against loss or damage to Lessor's Premises, furnishings, fixtures, inventory, equipment and other property situated or placed upon, in or about the Premises with such companies and in such amounts as Lessor shall require.

12. Taxes, Dues and Assessments. Lessee shall pay its pro rata share of all ad valorem taxes assessed against the property on which the Premises are located, and shall pay its prorata share of all dues and assessments of whatever kind or nature assessed against the property on which the Premises are located, and shall pay all tax assessments on Lessor's furnishings, fixtures, inventory equipment, leasehold improvements and other property situated or placed upon, in or about the Premises.

13. Utilities. Lessee shall pay for all electricity, gas, water, heat and other utilities consumed or used on the Premises. Lessee shall have said utilities listed in its name during the term of this Lease. Lessor shall not be in any way obligated or responsible for the furnishing of utility services. The lack of availability of or failure of utility services shall not be deemed constructive eviction.

14. Additions, Alterations, Changes and Improvements. Lessee may make any additions, alterations, changes or improvements, structural or otherwise, in or to the Premises upon Lessor's prior written consent, provided that if such consent is given, all such additions, alterations, changes and improvements shall be made in a workmanlike manner, and shall be promptly paid for, allowing no liens to attach either to the Premises or to Lessee's interest therein. Lessor shall have the right to require Lessee to provide such assurances as Lessor

shall reasonably require to protect Lessor against unpaid-for work. In the event that Lessee does make such additions, alterations, changes or improvements, then upon termination of this Lease, Lessor shall have the option either to retain any or all of them or to demand that Lessee remove same at Lessee's expense, returning the Premises to the condition required herein.

15. Maintenance and Repairs. During the term of this Lease, Lessee shall maintain, keep and repair at its own expense the roof and exterior walls (excluding all glass) of the building in which the Premises are located, and the heat and air conditioning systems. Lessee shall keep and maintain the Premises in good order and condition and state of repair, and Lessee shall repair, restore and replace the same when necessary to keep and maintain the Premises, all at Lessee's sole expense. Lessee shall pay its pro rata share of installation and maintenance of all systems requiring a subscription or maintenance fee, including but not limited to fire alarm and security systems as deemed necessary by Lessor. Lessee shall also pay its pro rata share of janitorial and grounds keeping services as deemed necessary by Lessor.

16. Safe and Sanitary Condition. Lessee shall not permit, allow or cause any act or deed to be performed upon, in or about the Premises that shall cause or be likely to cause injury to any person or to the Premises, the underlying real property or improvements located thereon, or to any adjoining property. Lessee shall at all times keep the Premises in good repair and in a neat and orderly condition and keep the Premises and the entryways, both front and rear, parking areas, sidewalks and delivery areas adjoining the Premises in good repair and clean and free from rubbish, dirt, snow, standing water and ice.

17. Trade Fixtures. Lessee may install trade fixtures on the Premises upon prior written consent of Lessor. In addition, Lessee shall be permitted to remove said trade fixtures from the Premises upon the termination of this Lease, provided that if Lessee does so remove such trade fixtures, Lessee shall return the Premises to the same condition as existed at the time of original entry, ordinary wear and tear excepted. This provision is not intended to allow Lessee to remove approved improvements made by Lessee to the Premises in contravention of paragraph 11. If Lessee does not remove the trade fixtures at termination, Lessor shall have the option either to declare such fixtures abandoned and Lessor the owner thereof, or to demand that Lessee remove same at Lessee's expense, returning the Premises to the condition required herein.

18. Lessor Not Liable for Damages or Injuries. Lessor shall not be responsible to Lessee or to any other person, firm, partnership, association or corporation for damages or injuries by virtue of or arising out of burst water pipes, leaks from sprinkler or air conditioning systems, leaks from the roof, or by virtue of earthquakes, riots, windstorms, overflow of water from surface drainage, rains, water, fire or by the elements or acts of God, or by the neglect of any person, firm, partnership, association or corporation. Lessee shall

indemnify and hold Lessor harmless from any and all claims for damages to person or property to the fullest extent permitted by law.

19. Indemnification. Lessee agrees to indemnify and hold Lessor harmless from the claims of any and all persons, firms, partnerships, associations and corporations for personal injury or damage to property or both arising out of or in connection with Lessee's use and/or occupancy of the Premises. In addition, Lessee shall carry public liability insurance in the minimum amount of \$1,000,000.00 with respect to bodily injury, disease, illness or death suffered by any one person, and \$5,000,000.00 per occurrence, and Lessee shall deliver to Lessor certificates of insurance with companies satisfactory to Lessor and naming Lessor as additional insured therein.

20. Damage or Destruction by Fire or Other Casualty. In the event of damage to the Premises by fire or other casualty or act of God, Lessee shall give immediate notice thereof to Lessor who shall, except as provided below, have the damage to the Premises repaired with reasonable speed at Lessor's expense, due allowance being made for reasonable delay that may arise by reason of adjustment of losses under insurance policies on the part of Lessor and/or Lessee or any other cause beyond Lessor's control. To the extent that the Premises are rendered untenable, the rent shall proportionately abate, provided, however, that if the damage to the Premises shall be so extensive that Lessor shall in its sole discretion decide not to repair or rebuild, this Lease, at the option of Lessor, shall be terminated upon written notice to Lessee, and the rent, in such case, shall be paid to or adjusted as of the date of such damage, and in such case Lessee shall thereupon vacate the Premises and surrender the same to Lessor.

21. Waiver of Subrogation. Neither Lessee nor anyone claiming by, through, under or in Lessee's behalf shall have any claim, right of action or right of subrogation against Lessor for or based upon any loss or damage caused by fire, explosion or other casualty (not limited to the foregoing) relating to the Premises or to any property upon, in, or about the Premises, whether such fire, explosion or other casualty shall arise from the negligence of Lessor, its agents, representatives or employees, or otherwise.

22. Condemnation. If the entire Premises are taken or condemned for public or quasi-public use, or if any transfer is made under threat of condemnation, then this Lease shall terminate at the later of the vesting of title in the condemning authority or the acquisition of possession thereby. Rent shall be apportioned as of that date and Lessee shall not be entitled to any portion of the award whether for loss of leasehold, loss of value of the remaining period, loss of fixtures or otherwise. Lessee shall have no claim against Lessor or the condemning authority for any of the foregoing. If any part of the Premises shall be taken or condemned for a public or quasi-public use, or any transfer is made under threat of condemnation, and a part thereof remains which is reasonably suitable for Lessee's use, this

Lease shall not terminate, but the rent payable by Lessee shall be adjusted so that Lessee shall be required to pay for the remainder of the term, rent being equitably reduced by the reduction in tenantability of the Premises. The aforesaid partial condemnation shall be without prejudice to the rights of either Lessor or Lessee to recover compensation directly from the condemning authority for any of its loss or damage caused by such condemnation. Neither Lessor nor Lessee shall have any rights in or to any award made to the other by such condemning authority. Lessee shall have no right to any part of the award paid for loss of leasehold rights.

23. Subordination to Mortgages. This Lease and the rights of Lessee are subordinated to and shall be subordinate to the lien of any mortgage or deed of trust ("Mortgage"), whether such Mortgage is currently a lien on the Premises or hereafter becomes a lien on the Premises, and no further agreements or documents shall be required to render this Lease and Lessee's right subordinate to such Mortgage. At Lessee's request and at Lessee's expense, Lessor shall endeavor to obtain for Lessee a non-disturbance agreement in recordable form providing in substance that Lessee's tenancy shall not be disturbed or affected by any default under the Mortgage, provided that Lessee is not in default under any of the terms, conditions and covenants hereof. Lessee shall at all times upon request of Lessor promptly furnish documents stating that this Lease is in full force and effect, that no defaults of Lessor exist, and such other matters as are customarily contained in what is known as an "estoppel letter" or a "good-standing letter." Should Lessee fail to deliver such documents within 10 days of Lessor's request therefor, Lessor shall be deemed Lessee's attorney-in-fact for the purpose of executing such documents in the name of Lessee unless Lessee has within such period provided written notice to Lessor of Lessee's claim of Lessor's default. Upon cure of such default Lessee shall promptly provide notice of same as requested by Lessor.

24. Inspection. Lessor shall have the right at all reasonable times to enter and inspect the Premises.

25. Condition of Premises Upon Termination. Upon the termination of this Lease, Lessee shall return the Premises to Lessor substantially in the same condition as received, ordinary wear and tear and approved improvements excepted.

26. Holding Over. In the event Lessee remains in possession after the expiration date of this Lease without the execution of a new lease, Lessee shall not acquire any right, title or interest in or to the Premises. In such event, Lessee shall occupy the Premises as a tenant from month to month and shall otherwise be subject to all the conditions, provisions and obligations of this Lease insofar as the same shall be applicable.

27. Default.

a. Any one and all of the following events shall constitute an Event or Default:

i. If Lessee files a petition in bankruptcy or insolvency or for reorganization under any bankruptcy act, or voluntarily takes advantage of any such act or makes an assignment for the benefit of creditors;

ii. If involuntary proceedings under any bankruptcy law, insolvency or receivership action shall be instituted against Lessee, or if a receiver or trustee shall be appointed for all or substantially all of the property of Lessee and such proceedings are not dismissed, or the receivership or trusteeship vacated, within ten (10) days after the institution or appointment;

iii. If Lessee fails to pay any sum due from it in strict accordance with the provisions of this Lease, and does not make the payment within five (5) days after written notice thereof. For the purposes hereof, all sums due from Lessee shall constitute rentals whether denominated as rentals or otherwise elsewhere herein;

iv. If Lessee fails to fully perform and comply with each and every condition and covenant of this Lease, and such failure of performance continues for a period of 10 days after notice thereof; or

v. If Lessee vacates or abandons the Premises.

b. Upon the occurrence of any Event of Default as set forth above, Lessor shall have the right, at its option, to exercise any one or more of the following rights.

i. To make any payment required of Lessee herein or correct any condition required to be corrected by Lessee, and Lessor shall have the right to enter the Premises for the purpose of correcting any such condition and to remain on the Premises until the complete correction of such condition. However, no expenditure by Lessor on behalf of Lessee shall be deemed to waive or release Lessee's breach hereof and Lessor shall retain all rights to proceed against Lessee as set forth herein; and/or

ii. To reenter the Premises immediately with or without order of court and without being guilty of trespass, remove the property and personnel of Lessee, and store such property in a public warehouse or such other location selected by Lessor, all at the expense of Lessee.

28. Governing Law. This Lease is entered into in North Carolina and shall be construed under the laws, statutes and ordinances of such jurisdiction.

29. Severability. The provisions hereof are independent covenants and should any provision or provisions contained in this Lease be declared by a court or other tribunal of competent jurisdiction to be void, unenforceable or illegal, then such provision or provisions shall be severed and the remaining provisions hereof shall remain in full force and effect.

30. Easements, Restrictions and Rights of Way. The Premises are demised subject to all easements, restrictions and rights of way legally affecting the property on which the Premises are located.

31. Binding Effect and Complete Terms. The terms, covenants, conditions and agreements herein contained shall be binding upon and inure to the benefit of and shall be enforceable by Lessor and Lessee and by their respective heirs, successors and assigns. All negotiations and agreements of Lessor and Lessee are merged herein. No modification hereof or other purported agreement of the parties shall be enforceable unless the same is in writing and signed by the Lessor and Lessee.

32. Notices and Written Consents. All notices and written consents required under this Lease shall be in writing and shall only be deemed properly served if posted by certified United States mail, postage prepaid, return receipt requested, addressed to the party to whom directed at the following address or at such other address as may be from time to time designated in writing:

To Lessor: **Caliber Properties, LLC**
 P.O. Box 1721
 Fayetteville, NC 28302

To Lessee: **Alternative Care Treatment Systems, Inc.**
 P. O. Box 1261
 Fayetteville, NC 28302

Notices shall be deemed served upon posting.

33. Rental Payments. All rental payments, until otherwise designated in writing, shall be made to Caliber Properties, LLC. Post Office Box 1721, Fayetteville, North Carolina 28302.

34. Lessor's Performance of Lessee's Covenants. Should Lessee, after seven (7) days' notice from Lessor, fail to do any of the things required to be done by it under the provisions of this Lease, Lessor, in addition to any and all other rights and remedies, may but shall not be required to do the same or cause the same to be done, and the reasonable amount of any money expended by Lessor in connection therewith shall constitute additional rent due from Lessee to Lessor and shall be payable as rent on the date for payment of rent immediately following such expenditure.

35. Covenant of Title. Lessor covenants and warrants to Lessee that Lessor has full right and lawful authority to enter into this Lease for the term hereof.

36. Lessor's Liability. Notwithstanding anything to the contrary contained herein, in the event of any breach hereof by Lessor or failure of Lessor to perform any of its obligations hereunder, Lessor shall have no personal liability for such matters but Lessee shall look solely to Lessor's interest in the Premises for satisfaction.

37. Interpretation. This Lease shall not be construed more strictly against the party that prepared this Lease, regardless of any legal tenet or rule of construction.

[SIGNATURE PAGE TO FOLLOW]

[REST OF THIS PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, Lessor and Lessee have signed and sealed this Lease Agreement, this day and year first above written.

LESSOR:

Caliber Properties, LLC

By: 

LESSEE:

Alternative Care Treatments Systems, Inc

By: 

**REALTORS®
Commercial Alliance**



**REALTOR® North Carolina Association
of REALTORS®**

AGREEMENT FOR PURCHASE AND SALE OF REAL PROPERTY

THIS AGREEMENT, including any and all addenda attached hereto ("Agreement"), is by and between

Schwarz Office Park, LLC

a(n) **LLC** ("Buyer"), and
(individual or State of formation and type of entity)

Jones Onslow EMC

a(n) **corporation** ("Seller").
(individual or State of formation and type of entity)

FOR AND IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH HEREIN AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH ARE HEREBY ACKNOWLEDGED, THE PARTIES HERETO AGREE AS FOLLOWS:

Section 1. Terms and Definitions: The terms listed below shall have the respective meaning given them as set forth adjacent to each term.

(a) **"Property":** (Address) **57 Office Park Drive**
Jacksonville, NC 28546

All A portion of the property in Deed Reference: Book **1601**, Page No. **759**,
Onslow County; consisting of approximately **.81** acres.

Plat Reference: Lot(s) **18&19**, Block or Section **I**, as shown on Plat Book or Slide
27 at Page(s) **48**, **Onslow** County, consisting of **.81** acres.

If this box is checked, "Property" shall mean that property described on **Exhibit A** attached hereto and incorporated herewith by reference,

(For information purposes, the tax parcel number of the Property is: **351H-36**)

together with all buildings and improvements thereon and all fixtures and appurtenances thereto and all personal property, if any, itemized on **Exhibit A**.

\$ **750,000.00** (b) **"Purchase Price"** shall mean the sum of **Seven Hundred Thousand** *750,000.00* **PIPY** Dollars,
\$ **750,000.00** *750,000.00* payable on the following terms:

\$ **10,000.00** (i) **"Earnest Money"** shall mean **Ten Thousand** Dollars or terms as follows: **na**

Upon this Agreement becoming a contract in accordance with Section 14, the Earnest Money shall be promptly deposited in escrow with **Commercial Brokers Unlimited** (name of person/entity with whom deposited), to be applied as part payment of the Purchase Price of the Property at Closing, or disbursed as agreed upon under the provisions of Section 10 herein.

Page 1 of 8



This form jointly approved by:
North Carolina Bar Association
North Carolina Association of REALTORS®, Inc.

Buyer Initials *SAC* Seller Initials *JW*



STANDARD FORM 580-T
Revised 7/2008
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Commercial Brokers Unlimited 1012 Henderson Drive, Jacksonville NC 28540
Sheila Pierce

Produced with ZipForm™ by RE FormsNet, LLC 18070 Fifteen Mile Road, Fraser, Michigan 48028

Phone: 9104551777252 Fax: 9104552466 www.zipform.com

Jones-Onslow B

ANY EARNEST MONEY DEPOSITED BY BUYER IN A TRUST ACCOUNT MAY BE PLACED IN AN INTEREST BEARING TRUST ACCOUNT, AND: (check only ONE box)

ANY INTEREST EARNED THEREON SHALL BE APPLIED AS PART PAYMENT OF THE PURCHASE PRICE OF THE PROPERTY AT CLOSING, OR DISBURSED AS AGREED UPON UNDER THE PROVISIONS OF SECTION 10 HEREIN. (Buyer's Taxpayer Identification Number is: _____)

ANY INTEREST EARNED THEREON SHALL BELONG TO THE ACCOUNT HOLDER IN CONSIDERATION OF THE EXPENSES INCURRED BY MAINTAINING SUCH ACCOUNT AND RECORDS ASSOCIATED THEREWITH.

RJF
637,500.00

\$ 595,000.00 (ii) Proceeds of a new loan in the amount of Five Hundred Ninety-Five Thousand

Dollars

for a term of 15 years, with an amortization period not to exceed 15 years, at an interest rate not to exceed 7.000 % per annum with mortgage loan discount points not to exceed _____ % of the loan amount, or such other terms as may be set forth on Exhibit B. Buyer shall pay all costs associated with any such loan.

\$ na (iii) Delivery of a promissory note secured by a deed of trust, said promissory note in the amount of na Dollars

being payable over a term of na years, with an amortization period of na years, payable in monthly installments of principal, together with accrued interest on the outstanding principal balance at the rate of _____ percent (na %) per annum in the amount of \$ na, with the first principal payment beginning on the first day of the month next succeeding the date of Closing, or such other terms as may be set forth on Exhibit B. At any time, the promissory note may be prepaid in whole or in part without penalty and without further interest on the amounts prepaid from the date of such prepayment. (NOTE: In the event of Buyer's subsequent default upon a promissory note and deed of trust given hereunder, Seller's remedies may be limited to foreclosure of the Property. If the deed of trust given hereunder is subordinated to senior financing, the material terms of such financing must be set forth on Exhibit B. If such senior financing is subsequently foreclosed, the Seller may have no remedy to recover under the note.)

\$ na (iv) Assumption of that unpaid obligation of Seller secured by a deed of trust on the Property, such obligation having an outstanding principal balance of \$ na and evidenced by a note bearing interest at the rate of _____ percent (na %) per annum, and a current payment amount of \$ na. The obligations of Buyer under this Agreement are conditioned upon Buyer being able to assume the existing loan described above. If such assumption requires the lender's approval, Buyer agrees to use its best efforts to secure such approval and to advise Seller immediately upon receipt of the lender's decision. Approval must be granted on or before na. On or before this date, Buyer has the right

to terminate this Agreement for failure to be able to assume the loan described above by delivering to Seller written notice of termination by the above date, *time being of the essence*. If Buyer delivers such notice, this Agreement shall be null and void and Earnest Money shall be refunded to Buyer. If Buyer fails to deliver such notice, then Buyer will be deemed to have waived the loan condition. Unless provided otherwise in Section 3 hereof, Buyer shall pay all fees and costs associated with any such assumption, including any assumption fee charged by the lender. At Closing, Seller shall assign to Buyer all interest of Seller in any current reserves or escrows held by the lender, any property management company and/or Seller, including but not limited to any tenant improvement reserves, leasing commission reserves, security deposits and operating or capital reserves for which Seller shall be credited said amounts at Closing.

\$ 95,000.00 (v) Cash, balance of Purchase Price, at Closing in the amount of Ninety Five Thousand
One Hundred Two Thousand Five Hundred Dollars

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(c) "Closing" shall mean the date and time of recording of the deed. Closing shall occur on or before
na _____ or thirty (30) days after expiration of Examination Period

(d) "Contract Date" means the date this Agreement has been fully executed by both Buyer and Seller.

(e) "Examination Period" shall mean the period beginning on the Contract Date and extending through
sixty days (60) after Contract Date

TIME IS OF THE ESSENCE AS TO THE EXAMINATION PERIOD.

(f) "Broker(s)" shall mean:

Commercial Brokers Unlimited ("Listing Agency"),
Sheila Pierce ("Listing Agent" - License # 63334)

Acting as: Seller's Agent; Dual Agent
and Commercial Brokers Unlimited ("Selling Agency"),
Sheila Pierce ("Selling Agent" - License # 63334)

Acting as: Buyer's Agent; Seller's (Sub) Agent; Dual Agent

(g) "Seller's Notice Address" shall be as follows:

259 Western Blvd. Jacksonville, NC 28546

except as same may be changed pursuant to Section 12.

(h) "Buyer's Notice Address" shall be as follows:

1822 S. Glenburnie Rd. Ste 352, New Bern, NC 28562

except as same may be changed pursuant to Section 12.

(i) If this block is marked, additional terms of this Agreement are set forth on Exhibit B attached hereto and incorporated herein by reference. (Note: Under North Carolina law, real estate agents are not permitted to draft conditions or contingencies to this Agreement.)

Section 2. Sale of Property and Payment of Purchase Price: Seller agrees to sell and Buyer agrees to buy the Property for the Purchase Price.

Section 3. Proration of Expenses and Payment of Costs: Seller and Buyer agree that all property taxes (on a calendar year basis), leases, rents, mortgage payments and utilities or any other assumed liabilities as detailed on attached Exhibit B, if any, shall be prorated as of the date of Closing. Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this Agreement, excise tax (revenue stamps), any deferred or rollback taxes, and other conveyance fees or taxes required by law, and the following:

na

Buyer Initials SJS

Seller Initials J

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Buyer shall pay recording costs, costs of any title search, title insurance, survey, the cost of any inspections or investigations undertaken by Buyer under this Agreement and the following:
costs associated with obtaining financing

Each party shall pay its own attorney's fees.

Section 4. Deliveries: Seller agrees to use best efforts to deliver to Buyer as soon as reasonably possible after the Contract Date copies of all information relating to the Property in possession of or available to Seller, including but not limited to: title insurance policies, surveys and copies of all presently effective warranties or service contracts related to the Property. Seller authorizes (1) any attorney presently or previously representing Seller to release and disclose any title insurance policy in such attorney's file to Buyer and both Buyer's and Seller's agents and attorneys; and (2) the Property's title insurer or its agent to release and disclose all materials in the Property's title insurer's (or title insurer's agent's) file to Buyer and both Buyer's and Seller's agents and attorneys. If Buyer does not consummate the Closing for any reason other than Seller default, then Buyer shall return to Seller all materials delivered by Seller to Buyer pursuant to this Section 4 (or Section 7, if applicable), if any, and shall, upon Seller's request, provide to Seller copies of (subject to the ownership and copyright interests of the preparer thereof) any and all studies, reports, surveys and other information relating directly to the Property prepared by or at the request of Buyer, its employees and agents, and shall deliver to Seller, upon the release of the Earnest Money, copies of all of the foregoing without any warranty or representation by Buyer as to the contents, accuracy or correctness thereof.

Section 5. Evidence of Title: Seller agrees to convey fee simple marketable and insurable title to the Property free and clear of all liens, encumbrances and defects of title other than: (a) zoning ordinances affecting the Property, (b) Leases (if applicable) and (c) matters of record existing at the Contract Date that are not objected to by Buyer prior to the end of the Examination Period ("Permitted Exceptions"); provided that Seller shall be required to satisfy, at or prior to Closing, any encumbrances that may be satisfied by the payment of a fixed sum of money, such as deeds of trust, mortgages or statutory liens. Seller shall not enter into or record any instrument that affects the Property (or any personal property listed on Exhibit A) after the Contract Date without the prior written consent of Buyer, which consent shall not be unreasonably withheld, conditioned or delayed.

Section 6. Conditions: This Agreement and the rights and obligations of the parties under this Agreement are hereby made expressly conditioned upon fulfillment (or waiver by Buyer, whether explicit or implied) of the following conditions:

(a) **New Loan:** The Buyer must be able to obtain the loan, if any, referenced in Section 1(b)(ii). Buyer must be able to obtain a firm commitment for this loan on or before October 22, 2008, effective through the date of Closing. Buyer agrees to use its best efforts to secure such commitment and to advise Seller immediately upon receipt of lender's decision. On or before the above date, Buyer has the right to terminate this Agreement for failure to obtain the loan referenced in Section 1(b)(ii) by delivering to Seller written notice of termination by the above date, *time being of the essence*. If Buyer delivers such notice, this Agreement shall be null and void and Earnest Money shall be refunded to Buyer. If Buyer fails to deliver such notice, then Buyer will be deemed to have waived the loan condition. Notwithstanding the foregoing, after the above date, Seller may request in writing from Buyer a copy of the commitment letter. If Buyer fails to provide Seller a copy of the commitment letter within five (5) days of receipt of Seller's request, then Seller may terminate this Agreement by written notice to Buyer at any time thereafter, provided Seller has not then received a copy of the commitment letter, and Buyer shall receive a return of Earnest Money.

(b) **Qualification for Financing:** If Buyer is to assume any indebtedness in connection with payment of the Purchase Price, Buyer agrees to use its best efforts to qualify for the assumption. Should Buyer fail to qualify, Buyer shall notify Seller in writing immediately upon lender's decision, whereupon this Agreement shall terminate, and Buyer shall receive a return of Earnest Money.

(c) **Title Examination:** After the Contract Date, Buyer shall, at Buyer's expense, cause a title examination to be made of the Property before the end of the Examination Period. In the event that such title examination shall show that Seller's title is not fee simple marketable and insurable, subject only to Permitted Exceptions, then Buyer shall promptly notify Seller in writing of all such title defects and exceptions, in no case later than the end of the Examination Period, and Seller shall have thirty (30) days to cure said noticed defects. If Seller does not cure the defects or objections within thirty (30) days of notice thereof, then Buyer may terminate this Agreement and receive a return of Earnest Money (notwithstanding that the Examination Period may have expired). If Buyer is to purchase title insurance, the insuring company must be licensed to do business in the state in which the Property is located. Title to the Property must be insurable at regular rates, subject only to standard exceptions and Permitted Exceptions.

(d) **Same Condition:** If the Property is not in substantially the same condition at Closing as of the date of the offer, reasonable wear and tear excepted, then the Buyer may (i) terminate this Agreement and receive a return of the Earnest Money or (ii) proceed to Closing whereupon Buyer shall be entitled to receive, in addition to the Property, any of the Seller's insurance proceeds payable on account of the damage or destruction applicable to the Property.

(e) **Inspections:** Buyer, its agents or representatives, at Buyer's expense and at reasonable times during normal business hours, shall have the right to enter upon the Property for the purpose of inspecting, examining, performing soil boring and other testing, conducting timber cruises, and surveying the Property. Buyer shall conduct all such on-site inspections, examinations, soil boring and other testing, timber cruises and surveying of the Property in a good and workmanlike manner, shall repair any damage to the Property caused by Buyer's entry and on-site inspections and shall conduct same in a manner that does not unreasonably interfere with Seller's or any tenant's use and enjoyment of the Property. In that respect, Buyer shall make reasonable efforts to undertake on-site inspections outside of the hours any tenant's business is open to the public and shall give prior notice to any tenants of any entry onto any tenant's portion of the Property for the purpose of conducting inspections. Upon Seller's request, Buyer shall provide to Seller evidence of general liability insurance. Buyer shall also have a right to review and inspect all contracts or other agreements affecting or related directly to the Property and shall be entitled to review such books and records of Seller that relate directly to the operation and maintenance of the Property, provided, however, that Buyer shall not disclose any information regarding this Property (or any tenant therein) unless required by law and the same shall be regarded as confidential, to any person, except to its attorneys, accountants, lenders and other professional advisors, in which case Buyer shall obtain their agreement to maintain such confidentiality. Buyer assumes all responsibility for the acts of itself, its agents or representatives in exercising its rights under this Section 6(e) and agrees to indemnify and hold Seller harmless from any damages resulting therefrom. This indemnification obligation of Buyer shall survive the Closing or earlier termination of this Agreement. Buyer shall, at Buyer's expense, promptly repair any damage to the Property caused by Buyer's entry and on-site inspections. Except as provided in Section 6(c) above, Buyer shall have from the Contract Date through the end of the Examination Period to perform the above inspections, examinations and testing. **IF BUYER CHOOSES NOT TO PURCHASE THE PROPERTY, FOR ANY REASON OR NO REASON, AND PROVIDES WRITTEN NOTICE TO SELLER THEREOF PRIOR TO THE EXPIRATION OF THE EXAMINATION PERIOD, THEN THIS AGREEMENT SHALL TERMINATE, AND BUYER SHALL RECEIVE A RETURN OF THE EARNEST MONEY.**

Section 7. Leases (Check one of the following, as applicable):

If this box is checked, Seller affirmatively represents and warrants that there are no Leases (as hereinafter defined) affecting the Property.

If this box is checked, Seller discloses that there are one or more leases affecting the Property (oral or written, recorded or not - "Leases") and the following provisions are hereby made a part of this Agreement.

(a) All Leases shall be itemized on Exhibit B;

(b) Seller shall deliver copies of any Leases to Buyer pursuant to Section 4 as if the Leases were listed therein;

(c) Seller represents and warrants that as of the Contract Date there are no current defaults (or any existing situation which, with the passage of time, or the giving of notice, or both, or at the election of either landlord or tenant could constitute a default) either by Seller, as landlord, or by any tenant under any Lease ("Lease Default"). In the event there is any Lease Default as of the Contract Date, Seller agrees to provide Buyer with a detailed description of the situation in accordance with Section 4. Seller agrees not to commit a Lease Default as Landlord after the Contract Date, and agrees further to notify Buyer immediately in the event a Lease Default arises or is claimed, asserted or threatened to be asserted by either Seller or a tenant under the Lease.

(d) In addition to the conditions provided in Section 6 of this Agreement, this Agreement and the rights and obligations of the parties under this Agreement are hereby made expressly conditioned upon the assignment of Seller's interest in any Lease to Buyer in form and content acceptable to Buyer (with tenant's written consent and acknowledgement, if required under the Lease), and Seller agrees to use its best efforts to effect such assignment. Any assignment required under this Section 7 shall be required to be delivered at Closing by Seller in addition to those deliveries required under Section 11 of this Agreement.

(e) Seller agrees to deliver an assignment of any Lease at Closing, with any security deposits held by Seller under any Leases to be transferred or credited to Buyer at Closing. Seller also agrees to execute and deliver (and work diligently to obtain any tenant signatures necessary for same) any estoppel certificates and subordination, nondisturbance and attornment agreements in such form as Buyer may reasonably request.

Section 8. Environmental: Seller represents and warrants that it has no actual knowledge of the presence or disposal, except as in accordance with applicable law, within the buildings or on the Property of hazardous or toxic waste or substances, which are defined as those substances, materials, and wastes, including, but not limited to, those substances, materials and wastes listed in the United States Department of Transportation Hazardous Materials Table (49 CFR Part 172.101) or by the Environmental Protection Agency as hazardous substances (40 CFR Part 302.4) and amendments thereto, or such substances, materials and wastes, which are or become regulated under any applicable local, state or federal law, including, without limitation, any material, waste or substance which is (i)

Buyer Initials

Seller Initials

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petroleum, (ii) asbestos, (iii) polychlorinated biphenyls, (iv) designated as a Hazardous Substance pursuant to Section 311 of the Clean Water Act of 1977 (33 U.S.C. §1321) or listed pursuant to Section 307 of the Clean Water Act of 1977 (33 U.S.C. §1317), (v) defined as a hazardous waste pursuant to Section 1004 of the Resource Conservation and Recovery Act of 1976 (42 U.S.C. §6903) or (vi) defined as a hazardous substance pursuant to Section 101 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. §9601). Seller has no actual knowledge of any contamination of the Property from such substances as may have been disposed of or stored on neighboring tracts.

Section 9. Risk of Loss/Damage/Repair: Until Closing, the risk of loss or damage to the Property, except as otherwise provided herein, shall be borne by Seller. Except as to maintaining the Property in its same condition, Seller shall have no responsibility for the repair of the Property, including any improvements, unless the parties hereto agree in writing.

Section 10. Earnest Money Disbursement: In the event that any of the conditions hereto are not satisfied, or in the event of a breach of this Agreement by Seller, then the Earnest Money shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this Agreement, then the Earnest Money shall be forfeited, but such forfeiture shall not affect any other remedies available to Seller for such breach. NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of Earnest Money held in escrow by a licensed real estate broker, the broker is required by state law to retain said Earnest Money in its trust or escrow account until it has obtained a written release from the parties consenting to its disposition or until disbursement is ordered by a court of competent jurisdiction, or alternatively, the party holding the Earnest Money may deposit the disputed monies with the appropriate clerk of court in accordance with the provisions of N.C.G.S. §93A-12.

Section 11. Closing: At Closing, Seller shall deliver to Buyer a general warranty deed unless otherwise specified on Exhibit B and other documents customarily executed or delivered by a seller in similar transactions, including without limitation, a bill of sale for any personality listed on Exhibit A, an owner's affidavit, lien waiver forms and a non-foreign status affidavit (pursuant to the Foreign Investment in Real Property Tax Act), and Buyer shall pay to Seller the Purchase Price. At Closing, the Earnest Money shall be applied as part of the Purchase Price. The Closing shall be held at the office of Buyer's attorney or such other place as the parties hereto may mutually agree. Possession shall be delivered at Closing, unless otherwise agreed herein.

Section 12. Notices: Unless otherwise provided herein, all notices and other communications which may be or are required to be given or made by any party to the other in connection herewith shall be in writing and shall be deemed to have been properly given and received on the date delivered in person or deposited in the United States mail, registered or certified, return receipt requested, to the addresses set out in Section 1(g) as to Seller and in Section 1(h) as to Buyer, or at such other addresses as specified by written notice delivered in accordance herewith.

Section 13. Entire Agreement: This Agreement constitutes the sole and entire agreement among the parties hereto and no modification of this Agreement shall be binding unless in writing and signed by all parties hereto.

Section 14. Enforceability: This Agreement shall become a contract when signed by both Buyer and Seller and such signing is communicated to both parties; it being expressly agreed that the notice described in Section 12 is not required for effective communication for the purposes of this Section 14. This Agreement shall be binding upon and inure to the benefit of the parties, their heirs, successors and assigns and their personal representatives.

Section 15. Adverse Information and Compliance with Laws:

(a) **Seller Knowledge:** Seller has no actual knowledge of (i) condemnation(s) affecting or contemplated with respect to the Property; (ii) actions, suits or proceedings pending or threatened against the Property; (iii) changes contemplated in any applicable laws, ordinances or restrictions affecting the Property; or (iv) governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no pending or confirmed owners' association special assessments, except as follows (Insert "None" or the identification of any matters relating to (i) through (iv) above, if any):
none

Note: For purposes of this Agreement, a "confirmed" special assessment is defined as an assessment that has been approved by a governmental agency or an owners' association for the purpose(s) stated, whether or not it is fully payable at time of closing. A "pending" special assessment is defined as an assessment that is under formal consideration by a governing body. Seller shall pay all owners' association assessments and all governmental assessments confirmed as of the time of Closing, if any, and Buyer shall take title subject to all pending assessments disclosed by Seller herein, if any.

Seller represents that the regular owners' association dues, if any, are \$ 400.00 per year.

Buyer Initials: SAK

Seller Initials: JW

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(b) Compliance: To Seller's actual knowledge, (i) Seller has complied with all applicable laws, ordinances, regulations, statutes, rules and restrictions pertaining to or affecting the Property; (ii) performance of the Agreement will not result in the breach of, constitute any default under or result in the imposition of any lien or encumbrance upon the Property under any agreement or other instrument to which Seller is a party or by which Seller or the Property is bound; and (iii) there are no legal actions, suits or other legal or administrative proceedings pending or threatened against the Property, and Seller is not aware of any facts which might result in any such action, suit or other proceeding.

Section 16. Survival of Representations and Warranties: All representations, warranties, covenants and agreements made by the parties hereto shall survive the Closing and delivery of the deed. Seller shall, at or within six (6) months after the Closing, and without further consideration, execute, acknowledge and deliver to Buyer such other documents and instruments, and take such other action as Buyer may reasonably request or as may be necessary to more effectively transfer to Buyer the Property described herein in accordance with this Agreement.

Section 17. Applicable Law: This Agreement shall be construed under the laws of the state in which the Property is located. This form has only been approved for use in North Carolina.

Section 18. Assignment: This Agreement is freely assignable unless otherwise expressly provided on Exhibit B.

Section 19. Tax-Deferred Exchange: In the event Buyer or Seller desires to effect a tax-deferred exchange in connection with the conveyance of the Property, Buyer and Seller agree to cooperate in effecting such exchange; provided, however, that the exchanging party shall be responsible for all additional costs associated with such exchange, and provided further, that a non-exchanging party shall not assume any additional liability with respect to such tax-deferred exchange. Seller and Buyer shall execute such additional documents, at no cost to the non-exchanging party, as shall be required to give effect to this provision.

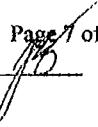
Section 20. Memorandum of Contract: Upon request by either party, the parties hereto shall execute a memorandum of contract in recordable form setting forth such provisions hereof (other than the Purchase Price and other sums due) as either party may wish to incorporate. Such memorandum of contract shall contain a statement that it automatically terminates and the Property is released from any effect thereby as of a specific date to be stated in the memorandum (which specific date shall be no later than the date of Closing). The cost of recording such memorandum of contract shall be borne by the party requesting execution of same.

Section 21. Authority: Each signatory to this Agreement represents and warrants that he or she has full authority to sign this Agreement and such instruments as may be necessary to effectuate any transaction contemplated by this Agreement on behalf of the party for whom he or she signs and that his or her signature binds such party.

Section 22. Brokers: Except as expressly provided herein, Buyer and Seller agree to indemnify and hold each other harmless from any and all claims of brokers, consultants or real estate agents by, through or under the indemnifying party for fees or commissions arising out of the sale of the Property to Buyer. Buyer and Seller represent and warrant to each other that: (i) except as to the Brokers designated under Section 1(f) of this Agreement, they have not employed nor engaged any brokers, consultants or real estate agents to be involved in this transaction and (ii) that the compensation of the Brokers is established by and shall be governed by separate agreements entered into as amongst the Brokers, the Buyer and/or the Seller.

EIFS/SYNTHETIC STUCCO: If the adjacent box is checked, Seller discloses that the Property has been clad previously (either in whole or in part) with an "exterior insulating and finishing system" commonly known as "EIFS" or "synthetic stucco". Seller makes no representations or warranties regarding such system and Buyer is advised to make its own independent determinations with respect to conditions related to or occasioned by the existence of such materials at the Property.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. AND THE NORTH CAROLINA BAR ASSOCIATION MAKE NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. IF YOU DO NOT UNDERSTAND THIS FORM OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

Buyer Initials  _____ Seller Initials  _____

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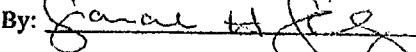
BUYER:**Individual**

Date: _____

Date: _____

Business EntitySchwarz Office Park, LLC

(Name of Entity)

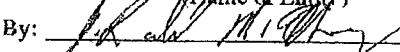
By: Name: Sarah H. SchwarzTitle: Member managerDate: August 22, 2008**SELLER:****Individual**

Date: _____

Date: _____

Business EntityJones Onslow EMC

(Name of Entity)

By: Name: Ron McElheneyTitle: CEO

Date: _____

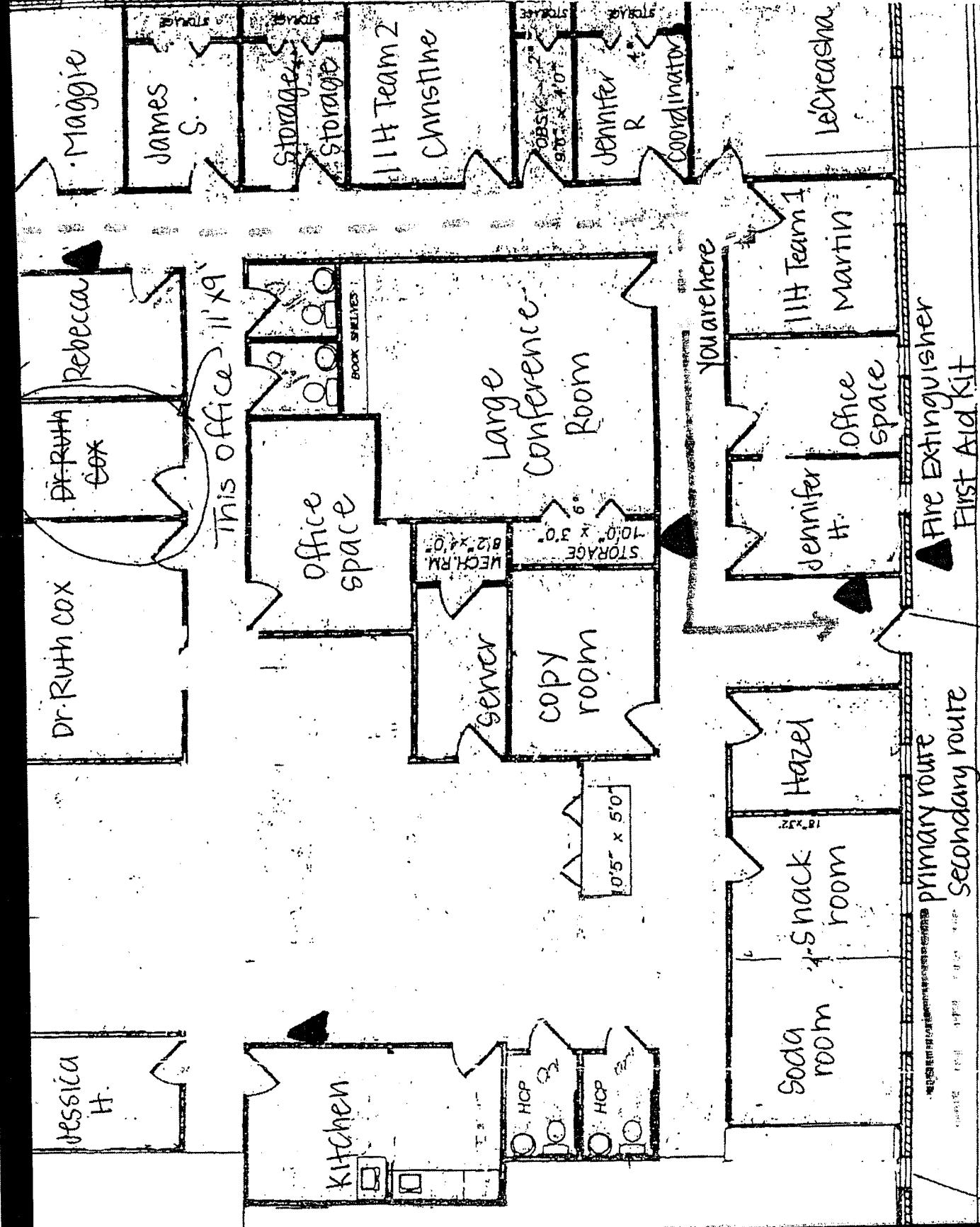
The undersigned hereby acknowledges receipt of the Earnest Money set forth herein and agrees to hold said Earnest Money in accordance with the terms hereof.

Commercial Brokers Unlimited

(Name of Firm)

Date: _____

By: Sheila Pierce



LEASE MODIFICATION
BETWEEN
LE'CHRIS HEALTH SYSTEMS OF NEW BERN, INC.
AND
TFW, INC.
JUNE 5, 2008

- (A) On April 10, 2008 Le'Chris Health Systems, Inc. of New Bern, Inc. (hereinafter referred to as Tenant) extended the Lease with TFW, Inc. on the space located at 1405AS ~~1405~~ Glenburnie Road, New Bern, NC through February 27, 2010 at a rental rate of \$3,887.00 per month.
- (B) Tenant now desires to lease additional space known as 1405B S. Glenburnie Road, New Bern, NC on or before September 1, 2008 at a monthly rate of \$2,751.00. The lease period will coincide with the lease rental period on 1405 S. Glenburnie Road which runs until February 27, 2010. The total monthly rental for the two spaces will be \$6,638.00 per month.
- (C) On February 28th of each year remaining on the lease the rent will be increased by 3%; i.e., February 28, 2009 to February 27, 2010 the rent will be \$6,638.00 + 3% = \$6,837.00 ~~1405~~ ~~1405~~
- (D) All other terms and conditions of the original lease will remain the same except Paragraph 27 which has been changed by mutual consent.

prop. #2833.00
TFW, INC.

NB 4004.00

By: Chuck Tyler 6837
Property manager

LE' CHRIS HEALTH SYSTEMS
OF NEW BERN, INC.

By: Sacchetti 6/5/08
PRESIDENT

By: M.L. 6/5/08
SECRETARY/TREASURER

Fred Webb, Inc.
Post Office Box 20700
Greenville, North Carolina 27858
Phone (252) 439-0922
Fax (252) 439-0925

February 1, 2010

Mr. Robert L. Schwarz, Jr.
Le'Chris Health Systems of New Bern, NC
1405 A S. Glenburnie Road
New Bern, North Carolina 28562

Dear Rob,

It was good to hear from you today. As we discussed, we will extend the existing lease for three (3) more years through February 27, 2013. All terms will remain exactly the same.

Also as we discussed we will give you first option to purchase this building in the event Fred Webb, Inc. decides to sell.

On February 28th of each year of the lease the rent will be increased by 3%:

February 28, 2010 to February 27, 2011 the rent will be \$6,837.00 + 3% = \$7,042.00.

February 28, 2011 to February 27, 2012 the rent will be \$7,042.00 + 3% + \$7,253.00 and February 28, 2012 to February 27, 2013 the rent will be \$7,253.00 + 3% + \$7,471.00.

Please call if I can be of further assistance.

Le'Chris 2918.00

NB/4124.00

3005.00

4248.00

3096.00

4375.00

Sincerely,

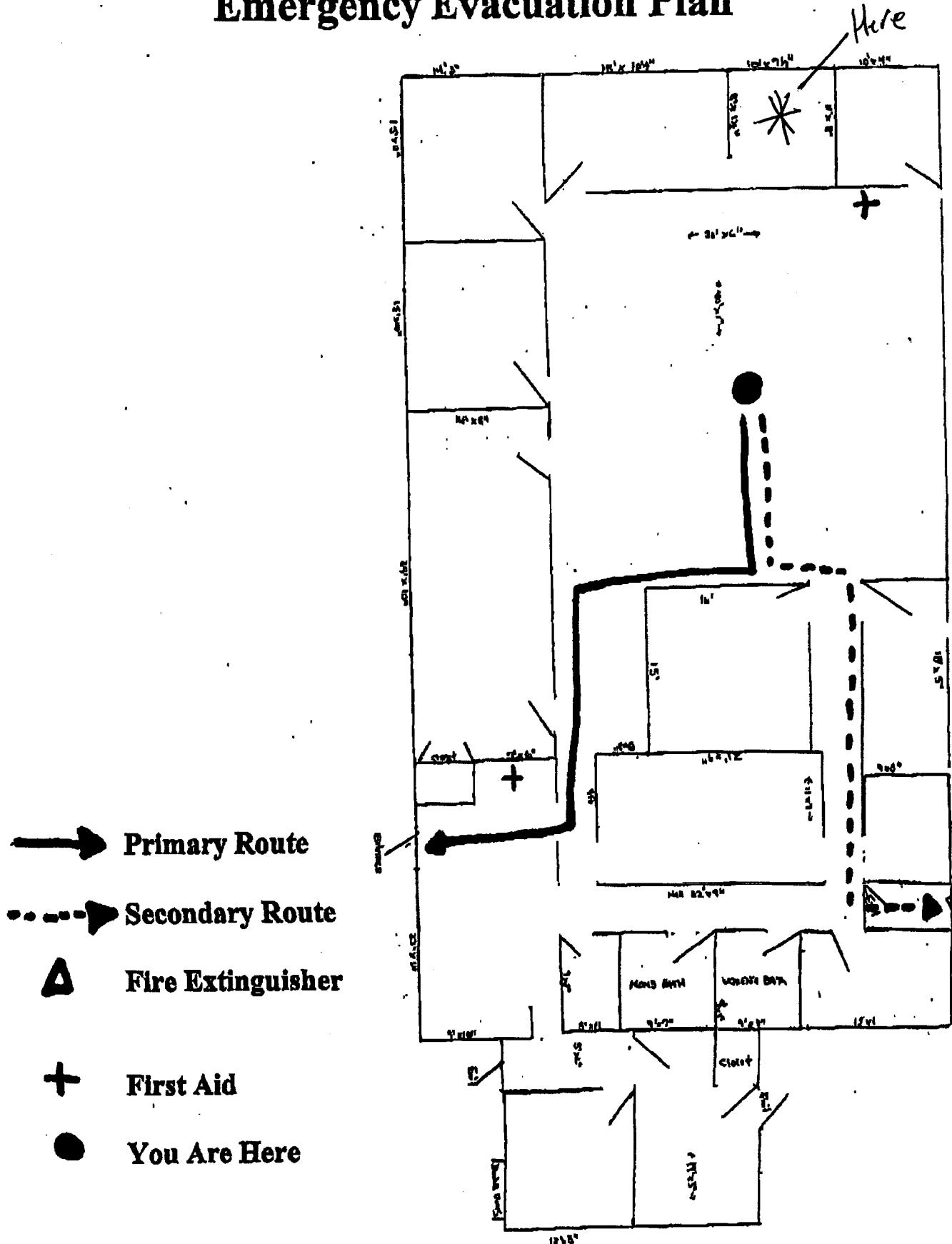
Thomas F. Webb
President

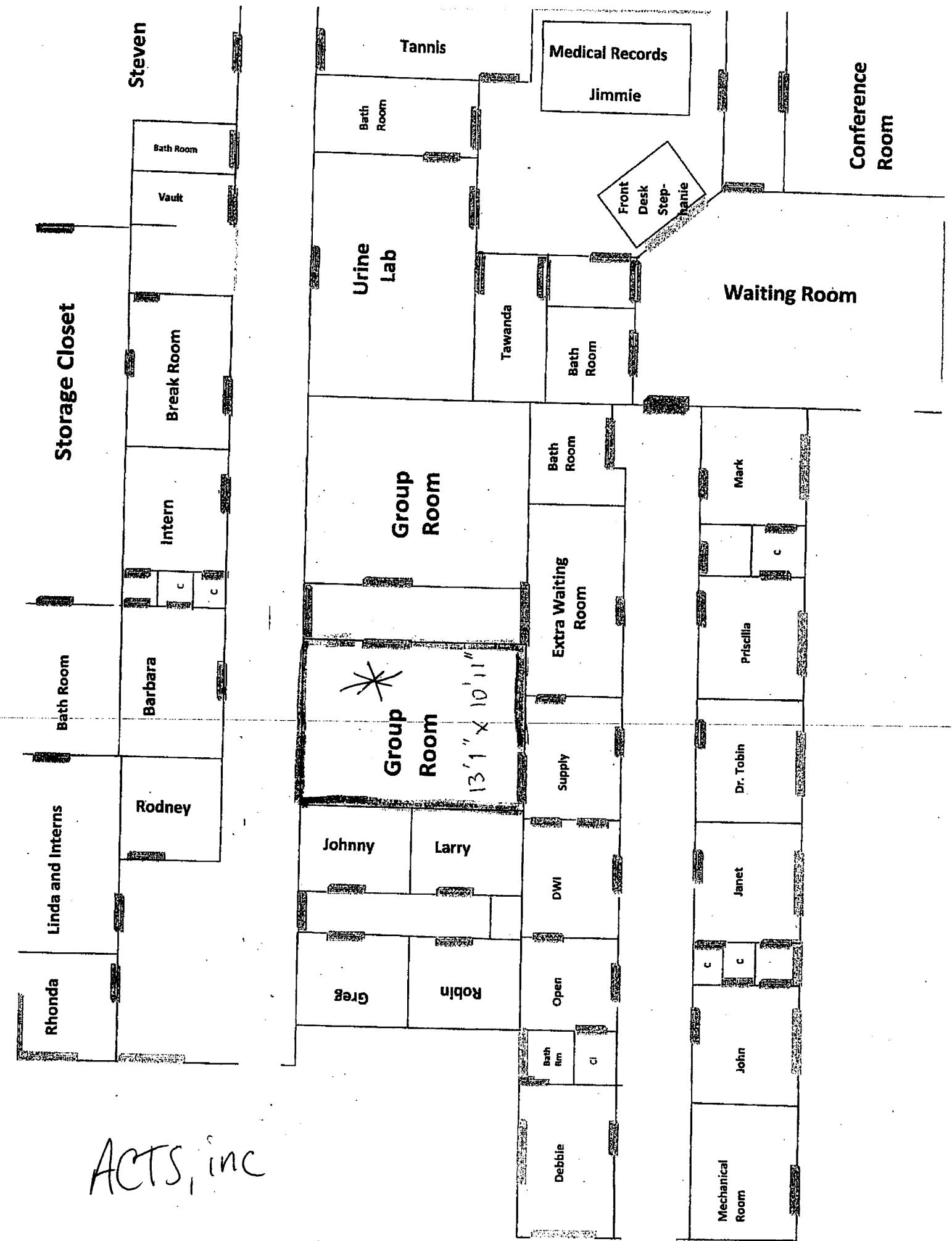
ACCEPTED BY:

Le'Chris Heath Systems of New Bern, Inc.

By:
President

Emergency Evacuation Plan





Dayhoff, Sarah (SAMHSA)

From: Keyes, Anniette [KEYESA@ecu.edu]
Sent: Tuesday, June 04, 2013 1:01 PM
To: Dayhoff, Sarah (SAMHSA)
Subject: RE: TI024755 TI13-008 TCE-TAC- East Carolina University
Attachments: Checklist_Updated_06_04_13.pdf

Hi Sarah-

Please see attached; let me know if you need anything else.

Thanks,
Anniette

From: Keyes, Anniette
Sent: Monday, June 03, 2013 10:36 AM
To: 'Sarah.Dayhoff@samhsa.hhs.gov'
Subject: FW: TI024755 TI13-008 TCE-TAC- East Carolina University

Hi Sarah-

Thank you for notifying us about the oversight. I have checked the appropriate boxes and I am sending in this format. Will this suffice?

Please advise.

Thanks so much for your assistance.

Anniette

From: Mills, Kevin Ray
Sent: Friday, May 31, 2013 4:57 PM
To: Smith, Wendy
Cc: Keyes, Anniette
Subject: RE: TI024755 TI13-008 TCE-TAC- East Carolina University

Good afternoon,

Sorry I missed your call; we were having a staff meeting. We should be able to take care of this on Monday.

Thanks,
Kevin

Kevin Mills CRA
Grant & Contract Officer

(252) 328-9537 voice
(252) 328-4363 fax
millsk@ecu.edu



East Carolina University
Office of Sponsored Programs
2906 Greenville Centre
Greenville, NC 27858-4353

RAMSeS Login – <http://ecu.myresearchonline.org/ramses>

RAMSeS Help – <http://www.ecu.edu/osp/ipfhelp.cfm>

From: Smith, Wendy
Sent: Friday, May 31, 2013 4:40 PM
To: Mills, Kevin Ray
Subject: FW: TI024755 TI13-008 TCE-TAC- East Carolina University
Importance: High

Kevin,

Can you handle this in Anniette's absence?

Thanks.

Wendy

From: Toriello, Paul
Sent: Friday, May 31, 2013 4:36 PM
To: Dayhoff, Sarah (SAMHSA)
Cc: Keyes, Anniette; Foster, Alania (SAMHSA); Smith, Wendy
Subject: Re: TI024755 TI13-008 TCE-TAC- East Carolina University

Thanks Sarah. We will have a revised checklist to you within the time specified.

Best,

Paul Toriello
East Carolina University

On May 31, 2013, at 3:30 PM, "Dayhoff, Sarah (SAMHSA)" <Sarah.Dayhoff@samhsa.hhs.gov> wrote:

Hello,

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

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

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

Thank you,

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

CHECKLIST

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

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

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

Included NOT Applicable

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

<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	01/19/2006
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)	01/19/2006
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86)	01/19/2006
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	01/19/2006
3. Human Subjects Certification, when applicable (45 CFR 46)	<input checked="" 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?
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" value="Ms."/>	First Name: <input type="text" value="Annette"/>	Middle Name: <input type="text" value="Mattocks"/>
Last Name: <input type="text" value="Keyes"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Grant and Contract Officer"/>		
Organization: <input type="text" value="East Carolina University"/>		
Street1: <input type="text" value="2200 S. Charles Boulevard"/>		
Street2: <input type="text" value="Greenville Centre, Suite 2900"/>		
City: <input type="text" value="Greenville"/>		
State: <input type="text" value="NC: North Carolina"/>	ZIP / Postal Code: <input type="text" value="27858"/>	ZIP / Postal Code4: <input type="text" value="4353"/>
E-mail Address: <input type="text" value="keyesa@ecu.edu"/>		
Telephone Number: <input type="text" value="25.328.9535"/>	Fax Number: <input type="text" value="252.328.4363"/>	

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

Prefix: <input type="text" value="Dr."/>	First Name: <input type="text" value="Paul"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Toriello"/>	Suffix: <input type="text" value="Ph.D"/>	
Title: <input type="text" value="Associate Professor, Chair"/>		
Organization: <input type="text" value="East Carolina University"/>		
Street1: <input type="text" value="Department of Addictions & Rehabilitation Studies"/>		
Street2: <input type="text" value="Health Sciences Building"/>		
City: <input type="text" value="Greenville"/>		
State: <input type="text" value="NC: North Carolina"/>	ZIP / Postal Code: <input type="text" value="27834"/>	ZIP / Postal Code4: <input type="text" value="4300"/>
E-mail Address: <input type="text" value="toriellop@ecu.edu"/>		
Telephone Number: <input type="text" value="252.744.6297"/>	Fax Number: <input type="text" value="252.744.6302"/>	

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:	
<input type="text" value="04/10/2013"/>		<input type="text"/>	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
<input type="text"/>		<input type="text"/>	
State Use Only:			
6. Date Received by State:	<input type="text"/>	7. State Application Identifier:	<input type="text"/>
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="East Carolina University"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="56-6000403"/>		* c. Organizational DUNS: <input type="text" value="6075790180000"/>	
d. Address:			
* Street1:	<input type="text" value="2200 S. Charles Boulevard"/>		
Street2:	<input type="text" value="Greenville Centre, Suite 2900"/>		
* City:	<input type="text" value="Greenville"/>		
County/Parish:	<input type="text" value="Pitt"/>		
* State:	<input type="text" value="NC: North Carolina"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="27858-4353"/>		
e. Organizational Unit:			
Department Name: <input type="text" value="Sponsored Programs"/>	Division Name: <input type="text" value="Research & Graduate Studies"/>		
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Middle Name:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Anniette"/>
* Last Name:	<input type="text" value="Mattocks"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Grant & Contract Officer"/>		
Organizational Affiliation: <input type="text" value="East Carolina University"/>			
* Telephone Number:	<input type="text" value="252.328.9535"/>	Fax Number:	<input type="text" value="252.328.4363"/>
* Email:	<input type="text" value="keyesa@ecu.edu"/>		

Application for Federal Assistance SF-424

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

H: Public/State Controlled 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.):

Areasaffected.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Operation Reentry North Carolina:

Veteran Resiliency and Reintegration through Technology (ORNC: R&R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant NC-001

b. Program/Project NC-001

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

Congressionaldistricts.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal	828,956.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	828,956.00

* 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

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:	Ms.	* First Name:	Annette
Middle Name:	Mattocks		
* Last Name:	Keyes		
Suffix:			
* Title:	Grant & Contract Officer		
* Telephone Number:	252.328.9535	Fax Number:	252.328.4363
* Email:	keyesa@ecu.edu		
* Signature of Authorized Representative:	Annette Keyes	* Date Signed:	04/10/2013

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

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

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2) N/A	(3) N/A	(4)	
a. Personnel	\$ 110,508.00	\$ 123,738.00	\$ 122,198.00	\$	\$ 356,444.00
b. Fringe Benefits	19,800.00	24,404.00	24,745.00		68,949.00
c. Travel	1,785.00	1,785.00	1,785.00		5,355.00
d. Equipment	38,340.00	0.00	0.00		38,340.00
e. Supplies	10,750.00	6,000.00	6,000.00		22,750.00
f. Contractual	20,250.00	29,000.00	29,000.00		78,250.00
g. Construction					
h. Other	28,948.00	38,598.00	39,155.00		106,701.00
i. Total Direct Charges (sum of 6a-6h)	230,381.00	223,525.00	222,883.00		\$ 676,789.00
j. Indirect Charges	45,896.00	53,291.00	52,980.00		\$ 152,167.00
k. TOTALS (sum of 6i and 6j)	\$ 276,277.00	\$ 276,816.00	\$ 275,863.00		\$ 828,956.00
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.	\$ []	\$ []	\$ []	\$ []
9.	[]	[]	[]	[]
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

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

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. Operation Reentry North Carolina: Veteran Resiliency and Reintegration through Technology (ORNC: R&R)	\$ 276,277.00	\$ 276,816.00	\$ 275,863.00	\$ []
17.	[]	[]	[]	[]
18.	[]	[]	[]	[]
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 276,277.00	\$ 276,816.00	\$ 275,863.00	\$ []

SECTION F - OTHER BUDGET INFORMATION

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

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Abstract

Operation Reentry North Carolina:

Veteran Resiliency and Reintegration through Technology (ORNC: R&R)

Military veterans (veterans) are at a significantly high risk for substance abuse and co-occurring mental health disorders. This risk is compounded by the facts that veterans and their families (a) have a significantly greater chance of experiencing a homeless episode, (b) are more likely to experience these issues when representing minority sub-populations such as racial/ethnic, gender, and/or sexual orientation minorities, and (c) are unlikely or unable to seek treatment due to a number of barriers including stigma or residing in a rural area. Thus, the mission of ORNC: R&R is to strengthen the resiliency and facilitate the reintegration of veterans through creative and innovative uses of technology. Our project will focus on veterans struggling with substance abuse and co-occurring mental health issues who live in rural, eastern North Carolina.

Eastern North Carolina (NC) is an epicenter for these issues. First, six major military bases are located in four rural, eastern NC counties and approximately 125,000 veterans reside in and around these bases. Second, eastern NC is rural, and rife with poverty, unemployment and limited treatment resources specific to veterans and their families. The goals of ORNC: R&R will include (a) deployment of a clinical team in a technology equipped van in rural, eastern NC to conduct mobile outreach to veterans who are homeless or under-served, (b) coordinate services with the Veterans Affairs homeless and rural health programs and community-based treatment providers and resources, (c) provide state-of-the-art, evidence-based interventions via telehealth, web- and application-based service delivery systems, and (d) share these practices and the results of our project with providers in rural, eastern NC. ORNC R&R's technology-delivered interventions will be based on motivational interviewing, biofeedback training, community reinforcement approach, telepsychiatry consultation, relational health consultation, and vocational counseling. The objectives of ORNC: R&R include (a) increasing the number of veterans and their families who access medical, psychiatric, and behavioral health services, (b) reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc.), (c) reducing the number of veterans and their families experiencing a homeless episode, (d) increasing their social and vocational functioning, and (e) measuring the impact of the use of technology-based delivery mechanisms on these objectives.

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Section A: Population of Focus and Statement of Need (25 points)

Demographic profile

Operation Reentry North Carolina: Veteran Resiliency and Reintegration through Technology (ORNC: R&R) will focus on Military veterans (veterans) who are struggling with substance abuse and co-occurring mental health issues, and who live in rural, eastern NC. In focusing on this population, our first priority will be to serve veterans and their families who are homeless. Our secondary priority will be to serve veterans and their families who currently have a home but are under-served in regards to their substance abuse/mental health and other psychosocial issues (e.g., marital stress, unemployment, and the like). The following demographic profile of the ORNC: R&R population of focus is gleaned largely from reports by the Congressional Research Service (2013) and the US Department of Housing and Urban Development (HUD, 2009); additional sources are when appropriate.

Homelessness. Veterans are over-represented among the US homeless population. While veterans comprise 8% of the total US population, they account for 14% of homeless adults on a given night. For example, in the US during 2009-2012, an average of 70,000 (14%) veterans were counted during annual point-in-time surveys of homeless adults living in a shelter, on the street, or another place not meant for human habitation. Thus, veterans are at a higher risk for homelessness than the civilian population.

Race/ethnicity. While African American veterans comprise 10% of all veterans, they comprise 35% of homeless veterans and 18.9% of veterans that are considered poor. Hispanic veterans comprise 3.4% of all veterans, 5% of homeless veterans and 4.1% of poor veterans. Non-Hispanic White veterans comprise 81% of all veterans, 52% of homeless veterans and 70.3% of poor veterans. Thus, racial/ethnic minority veterans are at a higher risk for homelessness and poverty than non-Hispanic White veterans.

Federally recognized tribe. While data specifying veterans' representation of federally recognized tribes could not be located, reports indicate that approximately 1.5% of homeless veterans are Native American/Alaskan Native.

Language. With our focus on veterans, and since being a US citizen and having a high school diploma are required for military service, we anticipate our population of focus will be English speaking. However, approximately 4% will be fluent in another language.

Gender. Approximately 92% of homeless veterans are male. While women comprise 6.8% of all veterans, they comprise 8% of homeless veterans and 10.2% of poor veterans. Thus, female veterans are at a higher risk for homelessness and poverty than male veterans.

Age. The greatest percentage of homeless veterans is between the ages of 31-61, representing 82% of homeless veterans. Thus, being between the ages of 31-61 represents another risk factor for homelessness.

Socioeconomic characteristics. Homeless veterans' unemployment rate ranges between 19-29% compared to the 8.7% unemployment rate of veterans in general. Thus, unemployed veterans are at a higher risk for homelessness.

Sexual orientation. Even with the repeal of the ban on gays in the military and the subsequent repeal of "Don't Ask Don't Tell," reliable data on the percentage of sexual orientation minority veterans does not exist. Officials *estimate* that 2% of military personnel are gay/lesbian/bisexual/transgender, while others speculate that 2% is an under-estimate because many sexual orientation minority military personnel and veterans are still reluctant to being open about their sexual

orientation. The Williams Institute (2011) reports that approximately 3.5% of US adults identify themselves as gay, lesbian, or bisexual, and .3% identify as transgender.

Rural living. According to the Veterans Affairs' (VA's) Rural Health Program, veterans living in rural areas comprise 41% of those enrolled in the VA system. They also estimate that 39% of enrolled Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are from rural areas (Government Accounting Office, 2011b). While rural living does not increase risk for homelessness, it does increase risk for having untreated substance abuse and mental health issues, which becomes a risk for homelessness (NC Institute of Medicine [IOM], 2011; IOM, 2013).

Marital status. Five to 9% of homeless veterans are married compared to 57% of veterans in general. Sixty-three percent of homeless veterans are divorced/separated/widowed while 30% have never been married. Thus, marital discord resulting in divorce/separation and being widowed increase risk for homelessness.

Disability status. Approximately 25% of homeless veterans have a physical disability such as a mobility impairment, sensory impairment, and/or mild traumatic brain injury (mTBI).

Literacy rate. We could not locate data on veterans' literacy rate. However, with minimum scores on the Armed Forces Vocational Aptitude test required military service; we anticipate most of our population of focus will be literate.

In summary, according to the HUD report, the *typical individual* Veteran in a homeless shelter is likely to be male (95%), equally likely to be a racial/ethnic minority or white, non-Hispanic, likely to be between the ages of 31-50 (45%), and to have a disability (53%). The *typical* Veteran in a homeless shelter *with a family* is likely female (59%), African American (47%), between 31-50 years old (48%), and not disabled (83%).

Relationship of population of focus to overall geographic catchment area & subpopulations

North Carolina has a proud, strong connection to the military. Currently, 35% of the NC population is directly connected (e.g., active duty, veteran) or indirectly connected (e.g., spouse, surviving spouse, or family member) to the military (NC IOM, 2011). North Carolina ranks fourth in the nation in active military duty personnel per capita. The proportion of North Carolinians who are veterans (13%) is higher the national average (10%). There are approximately 800,000 veterans residing in NC, making NC 5th in the nation for military retirees and 9th for veterans (NC IOM, 2011).

A significant proportion of our State's military personnel and veterans are concentrated in rural, eastern NC (US Census Data, 2011). Four rural NC Counties (i.e., Craven, Cumberland, Onslow, and Wayne Counties) are home to six major military installations (i.e., Marine Core Base Camp Lejeune, Marine Core Air Stations Cherry Point and New River, Pope and Seymour Johnson Air Force Bases, and the Fort Bragg Army Base). Approximately 125,000 veterans are estimated to reside in one the four aforementioned or neighboring rural, eastern counties.

According to the NC Rural Economic Development Center (2010), each of the counties within the ORNC: R&R catchment area, except for Cumberland County, has an average population density of 250 per square mile or less. While Cumberland County has a higher population density, the NC Rural Economic Development Center (2013) deems it to still retain significant rural characteristics (e.g., high poverty and unemployment rates). Compared to NC overall, each of these counties have poverty levels and unemployment rates at or higher than the State average, and have median household incomes at or below the State average (NC Department of Labor, 2012). According to the NC Coalition to End Homelessness Point-in-Time survey (2012), while

each of these counties have a less than average proportion of homeless adults, 13% (180) of those homeless adults surveyed self-identified as a veteran, which is on par with national averages of homeless adult veterans.

Health disparities among the civilian population in these counties are significant. Compared to urban NC counties, those residing in rural NC are (a) less likely to have health insurance, (b) more likely to not see a doctor because of cost, (c) less likely to receive dental care, and (d) more likely to experience diabetes, obesity, heart disease, and pulmonary disease (NC Rural Health Research and Policy Analysis Center, 2010). Citizens residing in rural, eastern NC are less likely than their urban counterparts to report behavioral health concerns (e.g., substance abuse, depression, anxiety; NC Behavioral Risk Factor Surveillance System, 2011). This is a clear distinction from the behavioral health concerns of veterans who reside in rural, eastern NC.

Prior to factoring in rural living and other sub-population disparities, veterans are not likely to access or receive services, not only for their medical health issues, but also for their behavioral health issues (IOM, 2013; NC IOM, 2011). For example, researchers have shown that more than half (57%) of those sustaining an mTBI during deployment to OEF/OIF did not seek medical evaluation. Moreover, only 23% to 40% of veterans in need of behavioral health services (e.g., substance abuse, depression, PTSD) actually received services, while more than half were not interested in such services. These findings speak to the stigma attached to military personnel and veterans seeking such services (e.g., Pietrzak et al., 2010).

When factoring in rural living, veterans access to and completion of services becomes dire (IOM, 2013; NC IOM, 2011). First, rural veterans have more physical and behavioral comorbidities and worse health-related quality of life than urban veterans. Second, rural veterans are less likely to access behavioral health services due to greater travel distances than their urban counterparts. Travel distance is (a) the strongest predictor of poor service (McCarthy et al., 2006) and (b) negatively correlated with retention in substance abuse treatment (Fortney et al., 1995). More recently, Brooks et al. (2012) found that rural veterans with PTSD completed significantly fewer outpatient treatment sessions than their urban counterparts. Finally and most poignantly, researchers have shown that rural veterans are at an increased risk of suicide than urban veterans (IOM, 2013). All of these studies have pointed to that fact that rural veterans have reduced access and fewer alternatives to VA care (e.g., West & Weeks, 2006).

The above disparities of rural living are compounded for veterans from racial and ethnic minority groups, and for female veterans. For example, researchers have revealed that racial/ethnic minority veterans are less likely than their non-Hispanic White counterparts to (a) complete behavioral health services, and (b) receive and adhere to pharmacotherapy (Chermack et al., 2008). Researchers studying of OEF/IEF female veterans have revealed higher needs of behavioral health services than female veterans of previous conflicts, especially in regard to PTSD, depression, anger, and relationship issues (IOM, 2013). Of particular concern is the growing relationship between these behavioral health issues and military sexual trauma experienced by female veterans. For example, one research team found that female veteran survivors of military sexual trauma are nine times more likely to develop PTSD than female veterans with no sexual trauma history (Suris & Lind, 2008). Despite these disparities pertaining to gender, female veterans are as likely as male veterans to access and complete behavioral health services (e.g., Maguen et al., 2008).

Finally, what is largely unknown but important to address is the impact of sexual orientation upon veterans' behavioral health. Scientific knowledge about being a sexual orientation minority

military personnel or veteran is essentially non-existent. A thorough search of medical-, psychology-, and sociology-related scientific databases produced scant literature. However, speculating that sexual orientation minority veterans are at even greater risk for behavioral health issues is reasonable, as researchers have clearly indicated this to be the case for sexual orientation minority civilians (CSAT, 2001; Potoczniak, 2007). Such speculation must be appropriately tempered due to cultural differences between military and civilian life. Moreover, with the repeal of “Don’t Ask, Don’t Tell” on September 20, 2011, sexual orientation minority veterans’ long-held understanding of their sexual orientation as being incompatible with serving in the military became, in terms of military rules, obsolete. However, coupling this controversial change with the aforementioned disparities in behavioral health issues experienced by veterans, in general, makes attending to sexual orientation minority issues during ORNC: R&R essential.

Nature of the problem, extent of need, prevalence rates

The most compelling argument for the need for ORNC: R&R is alarmingly simple: Since 2010, suicide has been the second leading cause of death among service members with a war fighter taking his/her own life every 80 minutes (Armed Forces Health Surveillance Center [AFSC], 2012). We believe this is unacceptable. Suicide by military personnel and veterans does not occur in a vacuum, it is the most unfortunate solution enacted by veterans suffering from and struggling with medical, behavioral, social, and employment issues.

Over the past 13 years, veterans have sustained psychological injuries and are presenting with behavioral health disorders at unprecedented rates. Mental illness diagnoses (e.g., depression, substance abuse, anxiety disorders, PTSD) for veterans increased 65% between 2000 and 2011 (AFSC, 2012). An analysis of 456,502 first time users of VA services (between 2001-2010) revealed that 55-75% of those with a substance related diagnosis also received a PTSD or depression diagnosis (Seal et al., 2011). In a sample of 340 veterans evaluated at the Boston VA, 42% presented with *co-occurring* PTSD, chronic pain, and mTBI (Lew et al., 2009). Moreover, these issues are compounded by and significantly related to marital divorce (Allen et al., 2010), higher rates of unemployment (Jacobson et al., 2008) and homelessness (Congressional Research Service, 2013) among veterans.

The purpose of ORNC: R&R is to help overcome the challenges that arise where the above issues intersect with being homeless or under-served while living in a rural area like eastern NC. First and foremost, since rural veterans are (a) at higher risk for suicide and (b) less likely to access and complete psychiatric and behavioral health services (IOM, 2013; NC IOM, 2011), ORNC: R&R will increase rural, eastern NC veterans’ access to such services via innovative technology-based delivery systems, thereby reducing rural veterans’ suicide rate. Second, since veterans’ risk for suicide is predicted by the presence of substance abuse, PTSD, family stress, and/or mTBI issues, ORNC: R&R will increase rural, eastern NC veterans’ access to and completion of technology-delivered and/or community-based services that address these issues. Third, since rural veterans’ incidence of these issues predicts increased experience of and risk for homeless episodes (Congressional Research Service, 2013; HUD, 2009), ORNC: R&R will increase rural, eastern NC homeless and under-served veterans access to and completion of technology-delivered and/or community-based programs geared to reduce homelessness and crime, and increase employment and training. Finally, in accomplishing these goals, ORNC: R&R will account for and address disparity issues pertaining to veterans representing racial/ethnic, gender, and sexual orientation minorities.

Since 125,000 veterans reside in the ORNC: R&R catchment area (US Census Data, 2011) and using a conservative proportion that 20% of veterans have issues with substance abuse and/or mental health (IOM, 2013), suggests that approximately 25,000 veterans in the ORNC: R&R catchment area are struggling with these issues. This number is increasing as the number of newly separated (from service) OEF/OIF veterans increases and OEF/OIF veterans are more likely than other veterans to struggle with these issues (IOM, 2013). Again, upwards of 25,000 veterans residing in rural, eastern NC are struggling with issues that significantly increase their risk for suicide, homelessness, and other medical-psychological-social issues. Meeting this challenge is precisely why the NC IOM (2011) recommended (a) expanding the use of telehealth with rural veterans and their families, (b) increasing the VA-trained substance abuse and mental health service providers in the ORNC: R&R catchment area (as part of Veterans Integrated Service Network [VISN] 6 Rural Health Program), (c) expanding collocation and integration of behavioral health and primary care services, and (d) improving transition and integration of services between veterans and community-based treatment providers and resources.

Section B: Proposed Evidence-Based Service/Practice (10 points)

Mission, goals, objectives, and core aims

The mission of ORNC: R&R is to strengthen the resiliency and facilitate the reintegration of homeless and underserved veterans and their families through innovative uses of technology. Our project will focus on veterans struggling with substance abuse and co-occurring mental health issues who live in rural, eastern NC. Specifically, ORNC: R&R's goals include (a) deployment of a clinical team in a technology equipped van (Mobile Clinic) in our catchment area to conduct mobile outreach to veterans and their families who are homeless or under-served, (b) coordinate services with the Veterans Affairs and community-based treatment providers and resources, (c) provide state-of-the-art, evidence-based interventions via telehealth, web- and application-based service delivery systems, and (d) share these practices and the results of our project with VA and community-bases providers in rural, eastern NC.

By deploying a Mobile Clinic and using state-of-the-art technology, the objectives of ORNC: R&R include (a) increasing the number of rural, eastern NC homeless and under-served veterans and their families who access medical, psychiatric, and behavioral health services, (b) reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc.), (c) reducing the number of veterans and their families experiencing a homeless episode, (d) increasing their social and vocational functioning, and (e) measuring the impact of the use of technology-based delivery systems on these objectives.

We will continuously measure and adjust our project to improve across six core aims. Specifically, ORNC: R&R will (a) enroll from our catchment area a minimum of 320 eastern NC homeless or under-served veterans (clients) across the three year project period, (b) retain 75% of clients in services for at least 90 days, (c) significantly reduce behavioral health symptoms reported by clients from baseline to discharge to 6 months post-baseline, (d) significantly increase clients' employment rates from baseline to discharge to 6 months post-baseline, (e) significantly decrease clients' homeless episodes from baseline to discharge to 6 months post-baseline, and (f) continuously measure and improve how the use of technology-based service delivery systems can positively impact these aims.

Evidence-based services

To accomplish our mission, goals, and objectives, ORNC: R&R will provide a continuum of evidence-based services that will be accessible through both technology-based service delivery

systems and traditional face-to-face means. The ORNC: R&R continuum of care will include Motivational Interviewing, Biofeedback Training, Community Reinforcement Approach, Telepsychiatry Consultation, Relational Health Consultation, Vocational Counseling, as well as Care Coordination between our clients' various service providers.

Our primary task will be to enroll and retain clients. To this end, all of our services will be based on or infused with Motivational Interviewing (MI). ORNC: R&R clients will be exposed to MI during outreach, screening, and ongoing services that will be conducted face-to-face (f2f), and/or via technology on the Mobile Clinic and/or technology clients' possess/access (e.g., smart phone, home computer, public computer). MI (Miller & Rollnick, 2012) is a client-centered and culturally sensitive therapeutic engagement style for addressing client ambivalence to change. MI has shown to be particularly effective in increasing client continuation in treatment (Hettema, Steele, & Miller, 2005; Miller & Rollnick, 2012). MI has also been shown to be a critical intervention in studies examining outcomes pertaining to substance abuse issues (Miller & Rollnick, 2012), co-occurring mental health issues (Arkowitz et al., 2008), and employment outcomes (Coviello, Zanis, & Lynch, 2004). It is a critical intervention included in the VA's clinical practice guidelines for management of substance abuse issues (US Departments of veterans Affairs and Defense, 2009).

To address emotional, behavioral health, psychiatric, relationship, and employment issues, ORNC: R&R clients will have access to, via f2f and/or via technology, biofeedback training, community reinforcement approach, telepsychiatry consultation, relational health consultation, vocational counseling, and care coordination. Each of these is described below.

Biofeedback Training: Researchers suggest that the reason biofeedback is effective in ameliorating symptoms associated with PTSD is because it "exercises" the nervous system thereby increasing its regulatory power and vagal tone (McLay & Spira, 2009). The result of this internal "exercise" is a reduction in symptoms associated with hyper and hypo activity and an increase in autonomic nervous system resiliency. In essence, biofeedback is a training process that involves a person learning to gain control of physiological responses.

In focusing on ORNC: R&R clients with PTSD, the overall objective of biofeedback training is to decrease hyperarousal and improve Autonomic Nervous System (ANS) control and balance. The loss of ANS balance that occurs as a result of combat trauma is a consequence of uncoupling of important biological oscillators (McLay & Spira, 2009). ORNC: R&R clients will learn to control ANS responses to stressful stimuli such as thoughts, memories and images. During biofeedback training, clients' ANS hyperarousal can be captured and displayed in 3D scales, relaxing scenes, and the like. This information will assist clients decrease their ANS arousal. Studies have shown biofeedback training improves functioning as observed by reductions in PTSD symptoms in veterans (Department of Defense, 2007; IOM, 2012).

Community Reinforcement Approach. The community reinforcement approach (CRA) interventions are broad spectrum cognitive-behavioral treatments for co-occurring substance abuse/mental health issues. Fundamental to CRA is that clients' environmental contingencies play a critical role in encouraging or discouraging substance use. The empirical support for CRA extends back to the 1970s with the seminal work of Azrin (1976). In 2005, Meyers, Villaneuva, and Smith noted how across four meta-analytic reviews of 30-50 different treatments for alcohol abuse, CRA placed in the top five for all reviews. CRA studies have shown effectiveness for reducing the use of alcohol (e.g., Smith et al., 1998), cocaine (e.g., Higgins et al., 2003), and opiates (Onken, Blain, & Boren, 1995). Moreover, the CRA has consistently shown to be

effective in outpatient settings (e.g., Miller, Meyers, Tonigan, & Grant, 2001). Since CRA is broad spectrum cognitive-behavioral therapies, the goal is to help ORNC: R&R clients make their environments positively reinforcing to sobriety and recovery, *as well as* other behaviors such as not committing crimes. In essence, the CRA functional analysis of clients' environments is to reinforce recovering and pro-social lifestyles appropriate for various populations, including veterans (Slesnick et al., 2007; VA/DOD, 2009).

Telepsychiatry Consultation. Attending to clients' psychiatric needs will be a critical evidence-based practice (NC IOM, 2011; IOM, 2013; VA/DOD, 2009) of ORNC: R&R. Thus, we are proud that ORNC: R&R's telepsychiatry consultation service will be provided by East Carolina University's Department of Psychiatric Medicine who pioneered the practice of telepsychiatry into an evidence-based practice for rural areas (Saeed et al., 2012).

"Telepsychiatry is used primarily in rural areas...with underserved populations such as veterans with posttraumatic stress disorder..." (Saeed et al., 2012, p. 28). In their review Saeed et al. (2012) found that outcomes from telepsychiatry were comparable to f2f psychiatry consultation. Saeed et al. (2011) also found telepsychiatry improves service access and clients have reported high satisfaction with telepsychiatry.

Relational Health Consultation. Personal relationships can fall victim to the stress and strain that veterans experience (Allen et al., 2010; Eaton et al., 2008). In order to assist veterans in recognizing the complexity of factors that influence their overall health, it is critical to assess for family and social stressors and buffers because relational functioning is a significant aspect of total well-being that is often ignored as a contributor or protective component to veterans' experience of life. Marriage and Family Therapists (MFTs) and Medical Family Therapists (MedFTs) are well suited to provide relational health consultations and services, as they are required to receive intensive training in relational aspects of assessment and treatment for behavioral concerns or behavioral health issues that influence everyday relationships (e.g., with family or friends). In working with ORNC: R&R clients, the relational health consultant (i.e., an MFT or MedFT) will assess for relational health including a brief screening for social and relational support, and gather information on the clients' known biological and psychological diagnoses. Positive screens will be followed by brief interventions utilizing a MI and Solution Focused framework. When goal setting is part of this consultation, goals will be client centered and will be constructed into clients' overall treatment plan. This evidence-based framework comes from Solution-Focused Brief Therapy (SFBT; Berg, 1994) and MI (Miller & Rollnick, 2012). This approach will allow ORNC: R&R clients and their families to take small (or large) steps toward their desired future, rather than focusing on the problems of the past.

Vocational Counseling. Attending to ORNC: R&R clients' employment issues is critical (NC IOM, 2011; IOM, 2013). Employment has shown to predict substance abuse treatment process and outcome variables. For example, researchers have revealed that employed clients were more likely to complete treatment successfully (e.g., Jacobson, Robinson, & Bluthenthal, 2006). In addition to seeking and completing treatment, employment has been found to be a strong predictor of sustained recovery from substance abuse issues (Blevins, 2008; CSAT, 2000). Employment has also correlated with improved self-esteem, hope, and relationships of clients (Salyers et al., 2004), as well as decreased client illegal activity, arrests, physical problems, and homelessness (Hubbard, Craddock, & Anderson, 2003). To this end, ORNC: R&R clients will be able to complete vocational counseling which will include vocational evaluations such as transferrable skills analyses, and interests, values, and aptitudes tests. To conduct such

evaluations, we will use the US Department of Labor's web-based tools on the O*Net website. In particular, we will use the veteran's specific tools (<http://www.mynextmove.org/vets/>), which includes a cross-walk of military experience/training to civilian jobs. ORNC: R&R clients will also have access to Vocational Counselors to assist them in choosing, getting, and keeping a job. These vocational counseling practices are consistent with CSAT's *TIP 38: Integrating Substance Abuse Treatment and Vocational Services* (2000).

Care Coordination. ORNC: R&R Team members will coordinate referrals and services with our partners with VA, community-based treatment providers, vocational rehabilitation, homelessness resources, faith-based communities, and the like. Our partnering community-based providers will meet SAMHSA's credentialing requirements for provider organizations. Moreover, these provider organizations, by their licenses and accreditations, are required to use and show evidence of use of evidence-based practices (e.g., Assertive Community Treatment, MI, Cognitive Behavior Therapy, and the like).

EBPs and health disparities

First, MI is a strength-based, collaborative approach. The clinician using MI attempts to elicit the strengths of clients' multicultural values. Moreover, MI has shown to be particularly effective with ethnic minorities. For example, in their review of over 70 studies of MI, Hettema et al. (2005) found that effect sizes for ethnic minorities were almost twice the size as those for white, non-Hispanic clients. While MI is effective for white, non-Hispanic clients, this difference in effect sizes means that MI has shown to be almost twice as powerful in helping ethnic minorities change. MI will also help clinicians process clients' issues related to ethnicity, sexual orientation, gender, co-occurring disabilities that may be elicited during their participation ORNC: R&R.

Second, to date, the results of over 20 randomized studies of SFBT, most of which included a control group, have been published. Several researchers have reviewed the empirical evidence and authored reviews of the outcome literature in an effort to empirically demonstrate the efficacy of SFBT (Pories, 2011). The cumulative research indicated that SFBT is successful with a range of diverse populations in various treatment settings. Examples include medical issues (Froerer & Smock, 2009), mental health/psychiatric (Knet et.al, 2006), substance abuse (de Shazer & Isebaert, 2003), physical issues (Cockburn, Thomas & Cockburn, 1997), and cognitive/behavioral/ developmental (Franklin, More, & Hopson, 2008) issues.

Third, since female veterans are more likely to be homeless *with* a family, ORNC: R&R's relational health consultation will be well positioned to address this gender-based disparity. Moreover, female veterans' increased likelihood to have experienced military sexual trauma, which increases the likelihood of PTSD, place the ORNC: R&R biofeedback training in a good position to address this disparity.

Fourth, ORNC: R&R will be able to address clients' sexual orientation minority issues that may arise. Specifically, we will offer Lesbian, Gay, Bisexual, and Transgender (LGBT) affirmative counseling (see Pachankis & Goldfried, 2004; Ritter & Terndrup, 2002) which facilitates a safe, therapeutic environment for sexual orientation minorities to address such issues. LGBT affirmative counselors have a comprehensive understanding of (a) sexual orientation, (b) sexual identity development models, (c) coming out processes, (d) same-sex relationships, (e) a seropositive status (HIV+), (f) familial and parenting concerns, and (g) unique experiences of special populations (e.g., veterans). LGBT affirmative counseling at ORNC: R&R will conceptualize clients' sexuality via sexual identity development models (e.g., Morales, 1989) to explore psychosocial conflicts and provide culturally appropriate interventions that

address a variety of common struggles. For example, veterans who are struggling with the decision as to whether they should “come out” will find that LGBT affirmative counseling will provide them support, utilization of a decision matrix of pros and cons, and role-playing experience to help them plan what to say, and then, how to say it, should they choose to do so.

Modifications to EBPS and implications

All modifications to ORNC: R&R’s services will be based on the intent of this RFA: Using technology to expand and improve care. For example, for services delivered in our Mobile Clinic, via telehealth units (i.e., real time, 2-way videoconferencing), the EBP modification is that the client and the clinician are not in the same room. Researchers have revealed no differences in outcomes between f2f and telehealth delivered services (see Anderson et al., 2011; Saeed et al., 2012; van Keulen et al., 2011; Walton et al., 2010).

ORNC: R&R will also use a web-based service to screen all potential clients for services. This screening will be facilitated by a mobile three-dimensional cartoon character (i.e., avatar) programmed to use MI-based strategies to conduct a conversation with the client. This avatar reads each question for the client, acts as conversant and guide throughout the process, and provides occasional comic relief. While this modified use of MI and other web- and application-based delivery mechanisms is innovative, it directly addresses the intent of the RFA and preliminary studies have found clients to be satisfied with such services (see Norman, Osilla et al., 2012; Schaub et al., 2011; Webber, 2008).

The main implication for modifying EBPs for technology-based delivery systems is the reduction in f2f services. However, the trade-off is increased client contact. For example, ORNC: R&R will (a) use East Carolina University encrypted email accounts, infused with MI, to maintain contact with clients and (b) prescribe, when appropriate, smart phone applications (e.g., Prolonged Exposure Coach developed by the National Center for Telehealth & Technology) for clients to stay engaged in their treatment between contacts. Based on the aforementioned studies, the intent of the RFA, and the dire need of homeless and under-served veterans living in rural, eastern NC, we think such modifications will be indispensable for enrolling and retaining clients in ORNC: R&R services.

Section C: Proposed Implementation Approach (30 points)

Support of SAMHSA’s strategic initiative #6

ORNC: R&R will support SAMHSA’s Strategic Initiative #6 by treating substance using populations in several direct ways. To restate, the mission of ORNC: R&R is to strengthen the resiliency and facilitate the reintegration of veterans through innovative uses of technology. Our project will focus on veterans struggling with substance abuse and co-occurring mental health issues who live in rural, eastern NC. Specifically, ORNC: R&R’s goals include (a) deployment of a clinical team in a technology equipped van (Mobile Clinic) in our catchment area to conduct mobile outreach to veterans who are homeless or under-served, (b) coordinate services with the Veterans Affairs and community-based treatment providers and resources, (c) provide state-of-the-art, evidence-based interventions via telehealth, web- and application-based service delivery systems, and (d) share these practices and the results of our project with providers in rural, eastern NC. Accomplishing this mission and goals will support several goals and objectives noted in SAMHSA’s Strategic Initiative #6. Specifically, in support of SAMHSA’s Objective 6.1.1, ORNC: R&R will contribute to the creation of approaches and protocols to protect clients’ privacy and confidentiality when using technology-delivered services. In support of Objective 6.1.3, ORNC: R&R will partner with the VA’s Medical Centers in Durham and Fayetteville to

coordinate primary and behavioral health care for our shared clients. In support of Objectives 6.1.4 and 6.2.2, ORNC: R&R will facilitate regional workshops and webinars with VA and community-based treatment providers to disseminate best-practices for using an EHR and technology-based service delivery to expand and enhance services. In support of Objective 6.2.1, the primary ORNC: R&R provider (i.e., Navigate Counseling Clinic) will upgrade its EHR to a system that, per the requirements of this RFA, is a certified health information technology product (i.e., Epic EHR) listed with the Office of the National Coordinator for Health Information Technology. In support of Objective 6.2.2, ORNC: R&R Team members will publish the results of the project in scientific journals.

Experience treating substance using populations, capacity for technology-assisted care

ORNC: R&R's primary provider (i.e., Navigate Counseling Clinic) has significant experience in using technology for treating substance using populations. Housed in East Carolina University's (ECU's) Department of Addictions and Rehabilitation Studies, since opening in 2007 the Navigate Counseling Clinic (originally named Project Working Recovery) established the infusion of technology into its services as a core organizational value. For example, with limited resources upon opening, Navigate Counseling Clinic (Navigate) partnered with ECU's Department of Health Services Information Management to build a client information database, using Microsoft's Access software, to securely store and access data to facilitate clinical services as well as program evaluation. Navigate has also used computer-based interactive curriculum focused on employment issues of persons with substance abuse issues. This curriculum, called Working It Out, was developed by Inflexxion via a NIDA grant. While the content of the curriculum was excellent, its technological format (CD-ROM) became out of date due to its lack of ability to focus on clients' individual needs. Since then Navigate has evolved with capabilities and services provided by cloud- or web-based computing. For example, Navigate upgraded to a web-based EHR provided by an external vendor (Note: with ORNC: R&R, Navigate will upgrade to Epic EHR, a certified health information technology product). As another example of our development, upon opening, Navigate used the Addiction Severity Index Multimedia Version to assess client's needs, but we needed more functionality in terms of program evaluation, thus we switched to using the Global Appraisal of Individual Needs Assessment Building System (GAIN ABS). The GAIN ABS is a web-based, HIPAA-compliant system for screening and assessing clients' issues. Our experience is that the GAIN ABS is much more nimble and clinically useful (e.g., diagnostic impressions and ASAM placement recommendations are generated automatically), and its program evaluation functionality is quite practical. Furthermore, Navigate offers biofeedback training that involves training clients' autonomic nervous systems to reduce stress, and Navigate's clinicians are increasing the prescription of smart phone applications that help clients reach their treatment goals. Navigate also uses web-based tools to facilitate specialty services. For example, Navigate provides a substance abuse/mental health screening and a vocational evaluation to adults applying to welfare. As part of this service, we use the US Department of Labor's O*Net web-based interests, values, and aptitudes evaluation tools. Over the course of Navigate's infusion of technology, we had to account for clients who were afraid of and/or unskilled in using a computer. Thus, we began to offer basic computing skills sessions as a means to mitigate this concern. Clients' response was favorable and Navigate has offered this service since. As a result of these infusions of technology, Navigate's appointment show rate averages between 70-75%

per month. Our services have resulted in clients' (a) reduced substance use and symptoms pertaining to mental health issues and (b) improved psychosocial functioning.

For ORNC: R&R, Navigate's Clinical Associates are also steeped in technology-based service delivery systems. For example, ORNC: R&R telepsychiatry consultation will be provided by ECU's Department of Psychiatry, who pioneered the use of telepsychiatry in rural locations like eastern NC. This service is available to 13 counties in eastern NC. The Department of Psychiatry will soon be implementing the EHR that ORNC: R&R will use. In fact, ORNC: R&R will be using the very configuration of Epic EHR that is being rolled out to Psychiatry. As another example, ORNC: R&R biofeedback training will be facilitated in partnership with ECU's Psychophysiology Lab and Biofeedback Clinic (PLBC). As a Clinical Associate of Navigate, the PLBC has pioneered the use of biofeedback training as an evidence-based adjunct to standard behavioral health services for military personnel and veterans. For example, in February 2008 ECU and the United States Marine Corps began the Training for Optimal Performance program at the PLBC. This training allows wounded soldiers to recognize and control the symptoms of PTSD and mTBI. The PLBC is also engaged in studies of using casual video games and virtual-worlds (e.g., second life) for reducing clinical depression and anxiety.

For ORNC: R&R, the above experience and infrastructure is weaved into an overall infrastructure at ECU. Specifically, ORNC: R&R will be part of ECU's overall ORNC project. ORNC is a university-wide initiative to address the rehabilitation and re-entry concerns of military personnel, veterans and their families. As part of the overall ORNC project, ORNC: R&R will operate from the foundation of the overall ORNC infrastructure. For example, all Navigate's Clinical Associates are part of this infrastructure. This includes the aforementioned Department of Psychiatry, the PLBC, as well as ECU's Family Therapy Clinic (FTC) housed in ECU's Department of Child Development and Family Relations, and ECU's Office of Innovation and Economic Development (OIED). The FTC supports Navigate with specialized, state-of-the-art, evidence-based family and systems oriented interventions. Of particular importance is that the FTC is pioneering services provided by medical family therapists (MedFTs). MedFTs are specifically trained to assess and treat systemic and relational concerns in the context of illness, loss, trauma, and wellness. Finally, the OIED's contribution to ORNC: R&R will be critical. First, as part of the overall ORNC project, the OIED is building an ORNC website. In support of ORNC: R&R, the OIED will build and maintain a clinical services portal to facilitate ORNC: R&R's web-based services (e.g., secure email, clinical webinars, clinical chat rooms, and the like). Most importantly, the OIED, as the lead office for ORNC, has received a Renaissance Computing Institute (RENCI) van to use on ORNC projects. The OIED will fit this van into a Mobile Clinic that ORNC: R&R will use for outreach and provision of services. The Mobile Clinic will include telehealth units, computer workstations, biofeedback equipment, broadband internet access, and the like. The Mobile Clinic will be up fitted in a manner to maximize client privacy and safety. Adding a clinical services web-based portal and deployment of the Mobile Clinic will significantly ameliorate the most poignant limitation of the above infrastructure: Access. The ORNC: R&R Mobile Clinic will significantly improve veterans' and their families' access to and retention in state-of-the-art, evidence-based behavioral health services provided by Navigate and its Clinical Associates.

Use of technology: Organizational factors

Again, Navigate will serve as ORNC: R&R's primary provider. Currently, Navigate's operations are fairly standard. Generally, a referral is received and screened for eligibility, intake

and assessment follows, and then treatment plans are made and implemented. Depending on clients' needs, Navigate will coordinate specialized services with our Clinical Associates (e.g., Psychiatry, FTC, and PLBC). Services are rendered f2f on an outpatient and/or intensive outpatient basis, treatment plans are updated and/completed, and then discharge plans for made and implemented. Navigate also provides a 24/7/365 crisis intervention service.

ORNC: R&R will significantly expand and enhance the services provided by Navigate and its Clinical Associates. Organizational operations will largely be impacted by the Mobile Clinic. First, an ORNC: R&R team will be assigned to the Mobile Clinic. This will include PhD interns in Clinical Counseling and Medical Family Therapy, Master's interns in substance abuse and clinical counseling, and family therapy, as well as graduate interns in biofeedback. Second, working in collaboration with our partners with the VA homeless programs, community-based providers, and other community-based resources (e.g., homeless resources, county veterans' centers, faith-based institutions, and the like); the Mobile Clinic will be strategically deployed to various locations in our catchment area. For example, the Mobile Clinic may accompany the VA homeless outreach team to Cumberland County on one day, and then to Onslow County on another day. The Mobile Clinic may set-up at the Pitt County Veterans Services Office on one day, and set-up at a church in Wayne County on another day.

The Mobile Clinic team will conduct outreach and screening at these strategic locations. They will build relationships with prospective clients, telling them about ORNC: R&R services. Prospective clients may include adult veterans and adult family members of a veteran who are interested in services. They will be eligible even if the veteran in their family is not interested in services. Family members under the age of 18 will be able to access services in support of and adjunct to the primary client. This will allow ORNC: R&R to address the family members' issues pertaining to substance abuse, mental health, homelessness, and the like. Interested prospective clients will then complete the ORNC: R&R screening using a computer on the Mobile Clinic. The results of the screening will be reviewed with the prospective client, suggestions for services he/she may be interested in will be provided and discussed, and then interested prospective clients will be offered an initial intake appointment. More often than not, the initial appointment will occur immediately following the outreach/screening. Please note that in addition to Mobile Clinic outreach, ORNC: R&R will accept direct referrals of homeless and under-served veterans/family members from our partners with the VA, community-based providers, and other stakeholders we network with.

The Mobile Clinic team will enroll clients in ORNC: R&R via an intake service completed on the Mobile Clinic. This will include completion of a clients' rights/informed consent process, the GPRA interview, a comprehensive clinical assessment (i.e., GAIN ABS and clinical interview), a discussion of assessment results, and some preliminary treatment planning. Preliminary treatment planning will include identification of initial goals, appropriate referrals, setting a next appointment, and establishing a contact plan. The contact plan will be a critical feature of ORNC: R&R. The contact plan will detail how and when the ORNC: R&R team can contact the client between appointments. This may include, but not be limited to, phone calls, text messages, encrypted email contacts, and the like. As part of the contact plan, all clients will receive an ORNC: R&R encrypted email address. Specifically, team members will establish the email account (via the ORNC clinical services portal) and show clients how to access and use it. Clients that do not have internet access will be given information for internet access in their community (e.g., public library computers and the like).

Clients will be able to access all of the ORNC: R&R services with appointment with the Mobile Clinic. This will include comprehensive treatment planning that may involve telepsychiatry consultation, biofeedback training, vocational evaluation, and/or telecounseling sessions with a Navigate community reinforcement approach counselor, relational health consultant, and/or vocational counselor. Clients may also complete telehealth follow-up sessions with their VA primary care physician or VA homeless program staff located at one of our partnering VA medical centers. As clients progress through services, their treatment plans will be updated based on their response to services. ORNC: R&R will seek to retain clients in services for at least 90 days, even if the client is only interested in implementing a contact plan. When feasible, clients will have the option to complete their services f2f at the ORNC: R&R permanent locations (i.e., Navigate). Moreover, clients' care with other providers will be coordinated by ORNC: R&R team members. For example, clients' acute medical and/or psychiatric care will be coordinated with the VA medical centers and regional clinics.

All ORNC: R&R clients will be given access to the clinical services portal on the ORNC website. Using assigned passwords distributed to interested clients' emails, clients will be able to access clinical webinars (e.g., progressive relaxation training or tips on how to best find a job) and participate in clinical chat rooms where an ORNC: R&R team member facilitates a chat on a particular clinical topic. These services will be provided largely on an a la carte basis. However, as clinical trends arise, these services may be indicated on clients' treatment plans. Clients will be able to access the clinical services portal on the Mobile Clinic or other means they may possess (e.g., smart phone, public library computers, and the like).

Clients in need of intensive community-based services will be referred to one of partnering community-based providers. These organizations will assign a staff at their main locations in our catchment area to serve as a liaison to ORNC: R&R in support of service coordination. These organizations will also allow ORNC: R&R to place a computer in one of their offices at each location. The liaison will facilitate ORNC: R&R clients' use of the computer to access the ORNC: R&R services web portal and/or email. The liaison will also distribute bus passes to clients lacking transportation. Finally, the Mobile Clinic will make regular visits to these locations so clients can access ORNC: R&R's specialized services as part of their treatment plan.

During outreach, prospective clients who choose not to enroll in services will be given several options. First, they will be given ORNC: R&R contact information (i.e., business card) if they change their mind. Second, on this business card will be the website and a one-time password for accessing and completing the ORNC: R&R screening. Team members will explain that the screening will be completely anonymous, the individual will be able to look at and print out their results, and to contact ORNC: R&R if they have any questions about their results. Third, the business card will have the clinical services portal website listed for the individual to learn more about ORNC: R&R services. Individuals will also be given information on where there can access the internet in their community (e.g., public library).

To effectively facilitate the above, ORNC: R&R operations will be greatly dependent upon (a) an efficient appointment scheduling system and (b) a flexible allocation of team members. In other words, the plan for team members allocation and appointment slots' designation at the beginning of ORNC: R&R, will need to be continuously adjusted based on the demands (e.g., geographical and clinical) of our clients. For example, we may find that deploying the Mobile Clinic to a different county each day is less efficient than deploying to a specific county for a few days in a row. Upgrading to the Epic EHR will greatly facilitate our capacity to be flexible.

Using Epic EHR will allow us to quickly examine trends in both geographical and clinical demands and then adjust based on these trends. Adjustments will be made with the context of having limited resources (e.g., *one* Mobile Clinic, fuel costs) and safety considerations (e.g., deploying the Mobile Clinic during daylight hours only).

Use of technology: Provider training/competence factors

ORNC: R&R team members are already exceptionally adroit in using technology-based service delivery systems. This is based on our experience in using technology. The graduate and doctoral students that comprise our teams are often the ones who find innovative ways to use technology to improve service efficiency and quality. For example, members of the PLBC have been identified to design the up fit of the OIED van to a Mobile Clinic.

Use of technology: Relationship factors

The ORNC: R&R project team believes the relationship between clients and providers is the most indispensable aspect of our services. Thus, all team members will be trained in MI and how to infuse MI into non-f2f interactions with clients (e.g., email, texting, and the like). By using the Mobile Clinic for outreach, we want to build initial strong relationships in an f2f manner; the Mobile Clinic will allow us to literally meet prospective clients where there are. This initial relationship based on f2f interaction will motivate prospective clients to enroll in services. Client-provider relationships will then be fostered and strengthened by implementing the aforementioned contact plans. Specifically and ideally, the ORNC: R&R team member who makes the initial contact and outreach with a prospective client will also serve as the client's primary point of contact. Thus, clients will have a consistent team member whom to engage with as they also complete other services (e.g., telehealth, community-based treatment). For example, the client may receive, as part of their contact plan, an email from their primary point of contact asking them how they are doing as well as reminding the client of an upcoming biofeedback training appointment on the Mobile Clinic. This continuous contact from a consistent primary point of contact will serve to maintain and strengthen the client-provider relationship, thereby increasing retention in and successful completion of services.

We anticipate many of our clients will be afraid of and unskilled in using technology. Thus, we will offer basic computing skills as part of our services. This will help ameliorate clients' technology concerns, as well as provide an additional opportunity for ORNC: R&R team members to spend f2f time with clients and add to the relationship.

Use of technology: Technical factors

ORNC: R&R will have access to ECU's Information Technology (IT) resources and staff for support. For example, the clinical services portal website and Mobile Clinic will be up fitted and maintained via the overall ORNC project and ECU's OIED. ORNC: R&R's use and maintenance of telehealth units will be supported by ECU's telemedicine center. Specially, this center provides consultation and assistance on using telehealth technologies and practices. These consultation services are available free-of-charge to organizations within the ECU Health Sciences Division.

Use of technology: Financial factors

A vast majority of ORNC: R&R's technology start-up and maintenance costs will be covered via ECU cost-share. This financial commitment will extend beyond the 3-year award period. This includes Navigate's upgrade to the Epic EHR, up fitting and maintaining the clinical services portal and Mobile Clinic, and technology required at the permanent clinic locations. The exceptions to this include the purchase of 4 telehealth units and 5 computer workstations using

grant funds. For the telehealth units, 1 will go to the Mobile Clinic and 1 will go to Navigate and each of its Clinical Associates (i.e., FTC and PLBC); ECU's Psychiatry Clinic already has telehealth units. For the 5 computer workstations, these will be located in a room at one of the offices of Le Chris Health Systems and Alternative Care Treatment Systems, Inc. Since these computers will be property of ECU, they will be supported (e.g., software upgrades) by ECU IT services. Hardware upgrades will be supported by ECU after the 3-year award period.

Effective consent

All ORNC: R&R service providers (i.e., Navigate, Le Chris Health Systems, and Alternative Care Treatment Systems, Inc.) are licensed by the State of NC. These licenses require that all prospective clients complete a thorough informed consent process. For ORNC: R&R, informed consent will occur during the intake process. Specifically, an ORNC: R&R team member, in collaboration with a prospective client, will (a) explain and discuss ORNC: R&R's services using a client handbook as a reference, (b) explain and discuss clients' rights, (c) explain, discuss, and complete a client consent to treatment form and HIPAA notice of privacy practices form, (d) explain, discuss, and complete the IRB consent process for the client to participate in ORNC: R&R evaluation activities, and (e) explain, discuss, and complete pertinent releases of information. ORNC: R&R team members will be trained to be thorough and not rush the informed consent process. They will repeatedly affirm prospective clients' choice to enter or not enter treatment; they will encourage questions and discussion, as well as ensure prospective clients have an understanding of the information covered.

Meaningful and relevant results

We believe the mission, goals, objectives, and core aims of ORNC: R&R will epitomize the purpose of the RFA. Again, the mission of ORNC: R&R is to strengthen the resiliency and facilitate the reintegration of homeless and underserved veterans and their families residing in rural, eastern NC through innovative uses of technology. ORNC: R&R's goals include (a) deployment of a clinical team in a technology equipped van (Mobile Clinic) in rural, eastern NC to conduct mobile outreach to veterans and their families who are homeless or under-served, (b) coordinate services with the VA and community-based treatment providers and resources, (c) provide state-of-the-art, evidence -based interventions via telehealth, web- and application-based service delivery systems, and (d) share these practices and the results of our project with VA and community-bases providers in rural, eastern NC.

ORNC: R&R will meet the RFA's stated expectations. By deploying a Mobile Clinic and using state-of-the-art technology, the objectives of ORNC: R&R include (a) increasing the number of rural, eastern NC homeless and under-served veterans and their families who access medical, psychiatric, and behavioral health services, (b) reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc.), (c) reducing the number of veterans and their families experiencing a homeless episode, (d) increasing their social and vocational functioning, and (e) measuring the impact of the use of technology-based delivery systems on these objectives.

ORNC: R&R will achieve the RFA's stated outcomes. Using a Continuous Quality Improvement approach to accomplish our objectives, we will continuously measure and adjust our project to improve across six core aims. Specifically, ORNC: R&R will (a) enroll from our catchment area a minimum of 320 eastern NC homeless or under-served veterans (clients) across the three year project period, (b) retain 75% of clients in services for at least 90 days, (c) significantly reduce behavioral health symptoms reported by clients from baseline to discharge to

6 months post-baseline, (d) significantly increase clients' employment rates from baseline to discharge to 6 months post-baseline, (e) significantly decrease clients' homeless episodes from baseline to discharge to 6 months post-baseline, and (f) continuously measure and improve how the use of technology-based service delivery systems can positively impact these aims.

Screening/assessment of co-occurring substance use and mental health disorders

Prospective ORNC: R&R clients will complete an initial screening. The screening will be geared to focus on veterans or their family members with co-occurring substance use, mental illness, and/or mTBI issues. Specifically, the ORNC: R&R screening will include the GAIN-Short Screener and the VA' neurobehavioral symptom inventory. This screening package will be web-based through Interva. Specifically, using a computer on the Mobile Clinic, a prospective client will be directed to the Interva website that hosts the screening service. This service was developed using Interva's Computerized Intervention Authoring Software (CIAS) as part of an ECU overall ORNC pilot study. Specifically, Interva provides a secure web app that allows the development and deployment of screenings. CIAS is fully modifiable software designed to allow content experts to create their own computer-delivered intervention packages. It can be presented to subjects using any computer modality (desktop, laptop, or touch-screen). All questions/statements are presented one at a time using a visually attractive screen that provides only the most pertinent information. No keyboarding is required; all answers are provided by choosing responses from a list or by touching a visual analogue scale. Pleasing and relevant graphics change with each screen to maintain interest. A mobile three-dimensional cartoon character (i.e., avatar) capable of over 50 specific animated actions does the "talking" for the entire program. This character reads each item for the subject, acts as conversant and guide throughout the process, and provides occasional comic relief. For ORNC: R&R the avatar will be programmed to facilitate completion of the screening using MI-based strategies. Prospective clients will listen to the narrator via headphones to insure privacy. All data are encrypted in transit to/from Interva.

The results of the screening will be reviewed with the prospective client, suggestions for services will be provided and discussed, and then interested prospective clients will be offered an initial intake appointment. More often than not, the initial appointment will occur immediately following the outreach/screening. The intake will include a comprehensive clinical assessment (i.e., GAIN ABS and clinical interview), a discussion of assessment results, and some preliminary treatment planning. The comprehensive clinical assessment will collect the following information to support treatment planning (a) a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; (b) biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area; (c) a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions; and current medications; (d) a strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history; (e) diagnoses on all five axes of the DSM-IV-TR. Furthermore, the assessment must include (f) evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment, (g) evidence of recipient participation including families, or when

applicable, guardians or other caregivers, and other agency representatives, and (h) documentation of all the above must be recorded in the Client's EHR.

Assessment information will be used to build preliminary and, ultimately, a comprehensive treatment plan. ORNC: R&R team members will ensure clients' participation in the development of their treatment plan and the goals chosen must reflect the areas on which the client has agreed. Based on assessment results, treatment plans must contain the following elements (a) client goals, i.e., problems or needs that the client has agreed to work on, stated in a way that includes the criteria for successful completion; (b) client strategies, i.e., action plans/assignments client will complete to accomplish goals; (c) supports, i.e., natural supports, people who will be involved in helping the client reach goals; (d) interventions to assist clients in achieving their goals including interventions with responsible individuals; (e) a crisis prevention and response plan that is individualized to the client's needs and resources.

Project Timeline

To bring ORNC: R&R to a full operational level, a four-month (maximum) implementation period is anticipated. This period will require the completion of specific tasks. The tasks and timetables for the implementation period, as well as the entire grant period are outlined below.

YEAR 1

Task	Person(s) Responsible	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
Hire staff, establish contracts	Coordinators												
Purchase project equipment	Director												
Configure HER	Director												
Up fit Mobile Clinic	Director/ECU OEID												
Obtain relevant IRB approval	Director & Eval Team												
Develop project log shell	Director												
Develop quality assurance forms	Director/Coordinators												
Develop data collection procedures	Eval Team												
Train staff on operations/services	Director/Coordinators												
Begin project services	Team												
Client focus group	Eval Team												
Quarterly report	Eval Team												
CSAT semi-annual report	Director												
Perf. Imp. Committee meeting	Director												
Staff booster training	Director/Coordinators												
Optimization change(s) study	Change Team												
Client focus group	Eval Team												
Perf. Imp. Committee meeting	Director												
Staff booster training	Director/Coordinators												
Optimization change(s) study	Change Team												

Years 2 and 3 consist of the same schedule of quarterly client focus groups, reports, performance improvement committee meetings, staff booster training, rounds of intervention optimization change(s), as well as Semi-Annual CSAT Reports. Tasks specific to years two through three are outlined below:

Year(s)	Task	Person(s) Responsible	Month											
			1	2	3	4	5	6	7	8	9	10	11	12
2 & 3	Submit presentations	Eval Team												
2 & 3	Prepare manuscripts	Eval Team												
2 & 3	Conduct regional workshop and webinars	Director/ Coordinators												
2 & 3	Submit grant applications	Perf. Imp. Com.												
3	Capital campaign	Perf. Imp. Com.												

Identification, recruitment, and retention of population of focus

The identification, recruitment, and retention of ORNC: R&R clients will be facilitated by an infrastructure including the Mobile Clinic, the VA's homeless and rural health programs, our partnering community-based providers, as well as relevant local offices and resources. If funded, ORNC: R&R and the VA's homeless and rural health programs will establish memorandums of agreement that result in mechanisms to (a) facilitate receiving/making referrals from/to our respective programs, (b) facilitate coordination of care of shared clients, and (c) exchange information on best practices (e.g., strategies for engaging homeless Veterans, increasing treatment completion rate, etc.). These mechanisms will also co-location of outreach services. For example, on a given day, the VA homeless program team and Mobile Clinic will convoy and make the same stops at particular homeless areas in particular counties. This coordination of outreach will also include (a) scheduled stops at counties' veterans' services offices and veterans' regional medical clinics, (b) convoying with VA's benefits enrollment outreach service, (c) and scheduled stops at community- and faith-based resources for the homeless and under-served.

This infrastructure will include referrals to/from and service coordination with our partnering community-based providers (i.e., Le Chris Health Systems or Alternative Care Treatment Systems, Inc.). For example, Alternative Care Treatment Systems, Inc. is developing a veterans' court in collaboration with the Cumberland County Court; this will result in potential referrals to and service coordination with ORNC: R&R. The Mobile Clinic will also make regular stops at our community-based providers' sites to maximize consistency of client contact. Additionally, clients without transportation means will be given local bus passes so they can attend their appointments at Le Chris Health Systems or Alternative Care Treatment Systems, Inc.

While this infrastructure is important from a logistical perspective, from our experience, the key to our success in identifying, recruiting, and retaining clients will be based on our ability to earn veterans' trust, particularly as it relates to the stigma of substance abuse/mental treatment services for veterans. To this end, ORNC: R&R will implement several strategies. First, the Mobile Clinic team will include a veteran who is qualified for the clinician position. Second, all ORNC: R&R team members will complete training on veteran cultural and treatment stigma. Third, MI will be infused throughout ORNC: R&R services. Fourth, ORNC: R&R language will be veteran-friendly. For example, military personnel and veterans often express resistance to being in "therapy." Thus, ORNC: R&R services will be based on "training" and "consultation."

Input from clients in assessing, planning and implementing project

ORNC: R&R clients will be integrally involved in project planning, implementation, and evaluation. This involvement includes quarterly client focus groups. Involving clients in this capacity will increase their sense of empowerment, self-respect, and responsibility for change.

Specifically, over the course of ORNC: R&R, quarterly focus groups will be facilitated with a group of seven to ten ORNC: R&R clients who are at different stages of the treatment process. The purpose of these focus groups will be to elicit clients' feedback on the effective and ineffective components of ORNC: R&R's services, with a special focus placed on social and cultural barriers encountered by clients. Moreover, two ORNC: R&R alumni clients will be recruited to serve on the Performance Improvement Committee to assist the ORNC: R&R director, coordinators, and co-investigators with improving the project.

Community-based providers

ORNC: R&R will collaborate with Le Chris Health Systems (Le Chris) and Alternative Care Treatment Systems, Inc. (ACTS). Both of these organizations will serve ORNC: R&R clients who need more intensive, community-based treatments. Both of these organizations have offices across the ORNC: R&R catchment area. ORNC: R&R clients will be able to access intensive services such as, but not limited to, substance abuse intensive or comprehensive outpatient programming, assertive community treatment, and/or psychosocial rehabilitation. All of these services are NC statute defined to include evidence-based practices, staffing and qualifications, and the like. Le Chris and ACTS will take responsibility for seeking reimbursement (e.g., Tricare, NC State integrated payment and reporting system fund, Medicaid, and the like) for these services. Le Chris and ACTS will designate a staff member at each of main locations to serve as liaison to ORNC: R&R. These liaisons will help coordinate services and facilitate clients' access to ORNC: R&R clinical services web portal via the static outreach computers.

Veterans' Affairs (VA)

ORNC: R&R will collaborate with the VA's homeless and rural programs that serve our catchment area. This includes the Durham and Fayetteville VA medical centers. We will also collaborate with the VA's VISN 6 Rural Health Program. If funded, ORNC: R&R will work with our VA partners to establish mechanisms to (a) facilitate receiving/making referrals from/to ORNC: R&R, (b) to facilitate coordination of care of shared clients, (c) to facilitate co-location of events with ORNC: R&R's Mobile Clinic, (d) to exchange information on best practices (e.g., strategies for engaging homeless Veterans, increasing treatment completion rate, etc.), and (e) to facilitate collaboration and accomplishing our respective and shared goals.

Community-based resources

ORNC: R&R will build relationships with community resources as a means to identify, recruit, and retain clients. For example, ORNC: R&R will work with the Pitt County (and other regions) Regional Committee on the Balance of State Continuum of Care to connect clients to homelessness resources. These committees will work with ORNC: R&R to accept referrals for clients to access homeless benefits.

Dissemination of results

ORNC: R&R will collaborate with Eastern Allied Health Education Center (EAHEC) to conduct regional workshops/webinars on the results of the project. If awarded, the EAHEC will sponsor a 1-day workshop/webinar on the "Strategies and Ethics of Using Technology to Facilitate Substance Abuse and Mental Health Treatment" during the 2013-2014 academic year and repeated during the 2014-2015 academic year. EAHEC will market this workshop to providers in rural, eastern NC and abroad.

Number of unduplicated individuals to be served

ORNC: R&R will serve at least 320 different individuals over the course of the three-year project. Eighty individuals will be served during year one (i.e., an average of 10 admissions per

month for eight months), 240 individuals will be served across years two and three (i.e., an average of 10 admissions per month for 24 months).

Health disparities impact statement

With our primary focus on homeless veterans, the over-representation of African Americans, Hispanics, and females within the homeless veteran population represents a significant behavioral health disparity concern. We have prioritized the service needs of these subpopulations for this grant and propose to serve the following numbers which are based on each subpopulation's proportion of homeless veterans. Sexual orientation status is based on estimated national proportions (Williams Institute, 2011).

	Total	FY1	FY2	FY3
Direct Services: Number to be served	320	80	120	120
By Race/Ethnicity				
African American	112	36	42	42
Hispanic or Latino	16	4	6	6
White	167	41	63	63
American Indian/Alaska Native	20	4	8	8
Asian/Native Hawaiian/Other Pacific Islander	5	1	2	2
Two or more Races	unknown	unknown	Unknown	unknown
By Gender				
Female	26	6	10	10
Male	294	74	110	110
By Sexual Orientation/Identity Status				
Lesbian	4	1	1	2
Gay	4	1	1	2
Bisexual	4	1	1	2
Transgender	1	<1	<1	<1

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. All ORNC: R&R clients will have access to outpatient services via the Mobile Clinical or f2f means, and/or intensive outpatient, comprehensive outpatient, and day-treatment services provided via Navigate, Le Chris, or ACTS. Regardless of services received, ORNC: R&R will strive to retain 75% of clients in services for at least 90 days, with subpopulations being consistent with the access to services projections noted above (e.g., we will retain 75% of the 112 African Americans we anticipate to enroll in ORNC: R&R). ORNC: R&R outcomes will include (a) significant reductions in behavioral health symptoms reported by clients from baseline to discharge to 6 months post-baseline, (b) significant increases in clients' employment rates from baseline to discharge to 6 months post-baseline and (c) significant decreases in clients' homeless episodes from baseline to discharge to 6 months post-baseline. The aforementioned subpopulations will be represented in accomplishing these outcomes in proportion to the access to services projections noted above.

Per-unit cost

The total project support requested for ORNC: R&R is \$828,956. Multiplying this amount by .8 (i.e., subtracting 20%) equals \$663,164. Thus, with ORNC: R&R planning to serve at least 320 individuals over the course of the project, the per-person cost is \$2,072.

Section D: Staff and Organizational Experience (20 points)

East Carolina University (ECU).

ECU is the third largest campus in the 16-campus University of North Carolina system, having approximately 27,700 students: 21,700 undergraduate and 6,000 graduate students. Along with UNC Chapel Hill, ECU is the only other UNC-system campus with a health sciences center including a medical school, dental school, colleges of nursing and allied health sciences. Approximately half of ECU's graduate students are enrolled in health-related fields, both clinical and research. In addition to having a long and successful record of receiving and conducting grant-based research and services funded by Federal, State, and local governmental and private foundations, ECU is a leader in research and services focused on the needs of military personnel and Veterans. Specifically, ORNC: R&R will be part of ECU's overall ORNC project. ORNC is a university-wide initiative to address the rehabilitation and re-entry concerns of military personnel, veterans and their families. The approach is to mobilize the university's talent and resources – particularly in research, workforce training, clinical services, telemedicine & advanced technology, and statewide planning – to assist combat veterans and their families. ORNC is collaborating with military institutions and the VA on clinical care and research projects, and expanding access to quality health care on and off base using the latest developments in telemedicine and advanced technology. Like ECU, military and VA institutions have advanced telemedicine capabilities for delivering clinical services to remote sites through secure computer connections. However, there is a lack of connectivity and interoperability that limits the efficient delivery of clinical services and the conduct of clinical research across these civilian and military platforms. A major focus of ORNC is to build the infrastructure necessary to provide continuity and clinical services to those in greatest need. ORNC is working closely with its military and VA partners to establish and expand collaborative telemedicine capabilities. Specifically, through ORNC, we will (a) expand the use of telemedicine and advanced technology to address issues of psychological health and traumatic brain injury, (b) utilize ECU's extensive telemedicine network to expand services and explore new capabilities, (c) build upon ECU's telemedicine experience in psychiatry and other areas, and (d) train our military and VA partners in the latest approaches in telemedicine and advanced technology. Thus far, the ORNC has been funded with a \$2.4 million grant from the Department of Defense to support 10 pilot studies as well as build the aforementioned infrastructure. As a comprehensive demonstration program, ORNC sets a national model for how to mobilize civilian academic expertise to honor those who have put their lives on the line for our country.

Navigate Counseling Clinic (Navigate).

Through the leadership of Dr. Paul Toriello, Navigate was started in 2007 with a grant from the Katherine B. Reynolds Charitable Trust Foundation. Housed in ECU's Department of Addictions and Rehabilitation Studies, Navigate is a faculty-directed, student-operated counseling clinic that is licensed by the State of NC with the capacity to provide 120 hours of clinical services per week. Navigate's services have always been evidence-based and infused with technology. Its services have improved using continuous quality improvement philosophy and practices that focus on access and retention. For example, Navigate's appointment show rate averages 70-75% per month. Navigate has consistently conducted program evaluation activities including baseline, discharge, and follow-up surveys. For example, results from one study of Navigate's services found that the employment status of clients with substance abuse issues improved significantly as a function of participating in Navigate's employment counseling

services (Atherton & Toriello, 2011). Navigate receives referrals from over 20 different community-based organizations and currently has an agreement with the Pitt County Department of Social Services to provide vocational evaluation to all welfare applicants. Currently, Navigate's clinical services are provided in five individual counseling rooms and two group counseling rooms. These rooms are state-of-the-art counseling rooms, each containing digital recording equipment to facilitate clinical supervision and service evaluation. Services are also provided in a large career services laboratory that has 17 computers with internet access, printing and fax capabilities. Finally, Navigate is housed in a building that is fully compliant with the Americans with Disabilities Act, with emergency routes and exits clearly identified.

Navigate's Clinical Associates.

Since Navigate is licensed by the State of NC, any required services that cannot be provided with Navigate's resource structure, must be provided by qualified Clinical Associates. As the licensed organization, Navigate has the responsibility to ensure its Clinical Associates are qualified to provide the services in which they are sought and agreed to provide. In this regard, Navigate has an agreement for ECU's Department of Psychiatry's telespsychiatry service (telespsychiatry). ECU's telespsychiatry has pioneered the use of telespsychiatry in rural, eastern NC and is considered a national model for improving rural psychiatric services. For family counseling, Navigate has an agreement with ECU's Family Therapy Clinic (FTC) housed in the Department of Child Development and Family Relations. FTC clinicians provide state-of-the-art systems-oriented services. The FTC is also pioneering the "Medical Family Therapist (MedFT)." MedFTs are specifically trained to assess and treat systemic and relational concerns in the context of illness, loss, trauma, and wellness. For specialized biofeedback training, Navigate has an agreement with ECU's Psychophysiology Lab and Biofeedback Clinic (PLBC) housed in the Department of Recreation and Leisure Studies. The PLBC has pioneered the use of biofeedback training as an evidence-based adjunct to standard behavioral health services for military personnel and veterans. For example, in February 2008 ECU and the United States Marine Corps began the Training for Optimal Performance program at the PLBC. This training allows wounded soldiers to recognize and control the symptoms of PTSD and mTBI.

With Navigate and its Clinical Associates being housed in ECU's academic departments, constant recruitment of quality staff is not an issue as graduate and doctoral students matriculating through the degree programs offered in these departments are plentiful. Of particular interest are the students completing Master's degrees in substance abuse and clinical counseling, family therapy, recreation therapy and administration, doctoral degrees in rehabilitation counseling, and medical family therapy, and/or certificate programs in biofeedback training or military and trauma counseling.

Moreover, Navigate and its Clinical Associates provide services on a fee-for-service, sliding scale basis but no one is turned away for inability to pay.

Veterans' Affairs (VA).

ORNC: R&R will partner with the VA's VISN 6 Rural Health Program (RHP), and the Fayetteville and Durham VA medical centers' homeless programs and teams. Since its inception, the VA RHP has funded well over 500 projects/programs across the VA health care system to accomplish its mission of increasing access and improving the quality of health care for enrolled rural and highly rural veterans. In the 2010-2014 RHP strategic plan, six major goals were outlined: (a) improve access and quality of care through the establishment of new access points, by supporting new and ongoing transportation solutions to VA facilities and by supporting

initiatives such as the home based primary care program, (b) optimize the use of available and emerging technologies such as telemedicine, web-based networking tools, and the use of mobile devices to deliver care to and monitor the health of rural and highly rural veterans, (c) maximize utilization of existing and emerging studies and analyses to impact care delivered to rural and highly rural veterans, and (d) improve availability of education and training for VA and non-VA health care providers to rural and highly rural veterans.

As part of the of VA's initiative to end veteran homelessness by 2015, the Fayetteville and Durham medical centers have homeless program teams that serve the ORNC: R&R catchment area. These teams provide the following services (a) housing and supportive services in partnership with the Department of Housing and Urban Development and its regional and local grantees, (b) home loan guaranty service, (c) prevention services to help veterans and their families who are at risk of homelessness stay in their homes or find permanent housing, (d) job training, employment, and income benefits, (e) education benefits through the GI Bill, and (f) medical and health treatment services including mental health care, dental care, substance use treatment and other services.

Community-based providers

ORNC: R&R will partner with Le Chris Health Systems (Le Chris) and Alternative Care Treatment Systems, Inc. (ACTS). Both Le Chris and ACTS are NC State licensed and certified as "Critical Access Behavioral Health Agencies." As such, they are required to have a full-time medical director, quality assurance and training directors, as well as national accreditation (e.g., Commission on the Accreditation of Rehabilitation Facilities). ORNC: R&R clients will be able to access intensive services such as substance abuse intensive or comprehensive outpatient programming, assertive community treatment, and/or psychosocial rehabilitation. All of these services are NC statute defined to include evidence-based practices, minimum staffing and qualifications, and the like. Between Le Chris and ACTS, the entire ORNC: R&R catchment area will be covered. Both organizations have significant experience in serving veterans from rural, eastern NC and accessing reimbursement for said services (e.g., Tricare, NC State integrated payment and reporting system fund, and the like). Both organizations have extensive partnerships with other community-based providers and resources. Of particular interest is that ACTS is currently developing a "veterans' court" with Cumberland County Courts. This court will focus on adjudicating veterans charged with crimes and efficient coordination of treatment services when indicated.

Project team members.

The ORNC: R&R team will include 1 project director/principal investigator, 3 coordinators (1 at Navigate, 1 at the FTC, and 1 at the PLBC), 1 VA liaison, 2 senior clinicians, 5 associate clinicians, 2 project evaluation assistants, and 9 Performance Improvement Committee Members.

Dr. Paul J. Toriello, RhD, CCS, LPC-A, LCAS, CRC will serve ORNC: R&R as the project director and principal investigator (PI). Dr. Toriello will oversee all aspects of the project's start-up, implementation, and evaluation; and he will serve as Chair of the Performance Improvement Committee. He will generate all quarterly and CSAT reports, oversee GPRA data collection and submission, as well as maintain the ORNC: R&R Log. Dr. Toriello will also develop workshop/webinar presentations and manuscripts for publication in scientific journals. Dr. Toriello will provide expert consultation, technical assistance and training on MI and the infusion of MI into technology-based service delivery systems, the community reinforcement approach, and the rapid cycle change model. Currently, Dr. Toriello is the founder and current

clinical director of Navigate. He is the PI on a Department of Defense funded project (i.e., ECU's overall ORNC project) to develop a veteran-specific, computer-based substance abuse, mental health, and mTBI screening service using the CIAS from Interva. Previously, Dr. Toriello was the PI on a CSAT project examining a treatment organization's use of the rapid cycle change model. He has completed training in advanced MI and is a member of the international Motivational Interviewing Network of Trainers. As PI or consultant, Dr. Toriello has participated in over \$5 million dollars of projects funded by CSAT, National Institute on Alcohol Abuse and Alcoholism, the Department of Defense, and other funding organizations. Dr. Toriello will provide a 20% effort on the project.

Jim Menke, MSHS will serve ORNC: R&R as a liaison to the VA, as well as a member of the Performance Improvement Committee. Currently, Mr. Menke serves as the overall ORNC project manager and military liaison. In this role, he is responsible for developing partnerships between ECU, ORNC and outside military and VA. Mr. Menke has extensive knowledge and understanding of the military and VA Health System, including policy development and implementation, strategic planning, metrics development, and leadership required during the delivery of outstanding client and family centered care. He has a proven thirty-year history of highly successful and honorable military service and leadership which lead to quality improvements from deck-plate to corporate levels. Mr. Menke has demonstrated abilities in policy and program development as well as strong leadership during the implementation phases. Mr. Menke will provide a 10% effort on the project.

Coordinator- Navigate (1 to be hired). This position will serve as an ORNC: R&R coordinator representing Navigate, as well as a member of the Performance Improvement Committee. Currently, the Department of Addictions and Rehabilitation Studies, under Dr. Toriello's leadership, is conducting a search for a Navigate program director that will start July 1, 2013. The person in this position will support ORNC: R&R by coordinating the day-to-day functions (e.g., Navigate-specific team schedules, clients' appointments, deployment of Mobile Clinic, supervision of services, and the like) of ORNC: R&R in conjunction with the other coordinators. The person in this position will provide a 20% effort on the project.

Dr. Lisa Tyndall, PhD, LMFT will serve ORNC: R&R as a coordinator representing the FTC, as well as a member of the Performance Improvement Committee. Dr. Tyndall will coordinate the day-to-day functions (e.g., FTC-specific team schedules, clients' appointments, deployment of Mobile Clinic, supervision of services, and the like) of ORNC: R&R in conjunction with the other coordinators. Dr. Tyndall is a licensed marriage and family therapist and an American Association of Marriage and Family Therapy Approved Supervisor Candidate. As the Clinic Director for the ECU FTC for the last three years, she has utilized her leadership, administrative, clinical and supervisor skills on a daily basis. Dr. Tyndall will provide a 20% effort on the project.

Coordinator- PLBC (1 to be hired). This position will serve as an ORNC: R&R coordinator representing the PLBC, as well as a member of the Performance Improvement Committee. Currently, the Department of Recreation and Leisure Studies, under Dr. Carmen Russoniello's leadership, is conducting a search for a PLBC director that will start July 1, 2013. The person in this position will support ORNC: R&R by coordinating the day-to-day functions (e.g., PLBC-specific team schedules, clients' appointments, deployment of Mobile Clinic, supervision of services, and the like) of ORNC: R&R in conjunction with the other coordinators. The person in

this position will provide a 10% effort on the project during years 1 and 2, and a 7% effort during year 3.

Senior Clinicians (2 to be hired). One doctoral student in rehabilitation counseling and administration and 1 doctoral student in medical family therapy will be hired to serve ORNC: R&R as senior clinicians. Senior clinicians' will coordinate, schedule, and provide mobile outreach clinical and case management services, administratively and clinically supervise/schedule associate clinicians, oversee program schedules and client appointments, oversee clients' EHRs. Senior clinicians will provide a 100% effort on the project.

Associate Clinicians (5 to be hired). Associate clinicians will be hired from masters students in the ECU departments represented on this project. Associate clinicians will provide mobile outreach clinical and case management services with Senior and other Associate Clinicians, complete clients' EHR keeping. Associate clinicians will provide a 100% effort on the project.

Mr. Mathew Putts, MS, CRC, LPCA and Jeffry R. Thomas, MS, CRC, LPC-A will both serve ORNC: R&R as project evaluation assistants. Mr. Putts and Mr. Thomas will assist Dr. Toriello with project evaluation activities including IRB approval, data collection and extraction from EHRs, analyses, report and manuscript writing, and the like. Both Mr. Putts and Mr. Thomas are doctoral students in rehabilitation counseling and administration with research interests in veterans with substance abuse/mental health issues. Mr. Putts has research experience with the co-occurrence of PTSD and psychosis. Mr. Thomas has experience practicing affirmative counseling. Both Mr. Putts and Mr. Thomas will provide a 100% effort on the project.

Performance Improvement Committee. To guide the development, evaluation, and continuous quality improvement of ORNC: R&R, a Performance Improvement Committee will be constituted and meet quarterly to review project data, trends, and reports, and make policy and procedural recommendations based on said information. Each member will make a 3% effort on the project. In addition to the ORNC: R&R PI, coordinators, and VA liaison, below is a list of members and select qualifications for their membership on the Performance Improvement Committee:

Dr. Carmen Russoniello, PhD, LPC will serve ORNC: R&R as a co-investigator. Currently, Dr. Russoniello is an ECU professor and creator of the PLBC. Dr. Russoniello has pioneered the use of biofeedback training for veterans with PTSD and other behavioral health issues. His research has been supported by over \$3 million in grants largely from the Department of Defense. Dr. Russoniello is a highly decorated Vietnam War veteran.

Dr. Angela Lamson, PhD, LMFT will serve ORNC: R&R as a co-investigator. Currently, Dr. Lamson is an ECU professor and director of the MedFT doctoral program. She has been a co-investigator on 19 externally funded grants that focus on healthcare with families totaling approximately \$1.4 million. Additionally, Dr. Lamson has been funded by the Department of Defense on a research project implementing an experimental design with military couples comparing a control group to those receiving integrated care.

Dr. Jennifer Hodgson, PhD, LMFT will serve ORNC: R&R as a co-investigator. Currently, Dr. Hodgson is an ECU professor and co-pioneer of the MedFT doctoral program. Dr. Hodgson recently completed a substance abuse SBIRT study conducted in rural, eastern NC community health clinics where over 5,000 patients participated.

Dr. Sy Saeed, MD will serve ORNC: R&R as a co-investigator. Currently, Dr. Saeed is an ECU professor and chair of the Department of Psychiatric Medicine and Chief of Psychiatry at

Vidant Medical Center (i.e., the rural, eastern NC regional medical hub). Dr. Saeed pioneered the use of telepsychiatry in rural, eastern NC.

Dr. Thomas Penders, MD will serve ORNC: R&R as a co-investigator. Currently, Dr. Penders is an ECU clinical associate professor of psychiatry. As a psychiatrist, he is board certified in addictions psychiatry.

Dr. Ted Morris, PhD will serve ORNC: R&R as a co-investigator. Currently, Dr. Morris is the PI of the overall ORNC project and director of ECU's Office of Innovation and Economic Development.

Dr. Damon Rappleyea, PhD, LMFT will serve ORNC: R&R as a co-investigator. Currently, Dr. Rappleyea is an ECU assistant professor and director of the Master's in marriage and family therapy.

ORNC: R&R Alumni Clients (2 to be recruited). Two ORNC: R&R alumni clients will be recruited to serve on the Performance Improvement Committee. Their feedback for improving the project will be solicited, especially in regard to clients' subpopulation health disparities.

Key staff experience/qualifications to serve population of focus

In addition to the experience and qualifications noted above, the ORNC: R&R team members have a plethora training, clinical, research, and leadership experiences making them expert with veterans and/or individuals with substance abuse/mental health issues. ORNC: R&R team members average 17 years of experience in working with these populations. Moreover, all team members have completed extensive training in cultural sensitivity and multicultural competency practices in behavioral health settings, and have conducted extensive research into culturally related issues. ORNC: R&R team members are diverse by gender, ethnicity, culture, age, recovery status, and sexual orientation. Additionally, to support ORNC: R&R's services sensitivity to the health disparity issues of veterans, two ORNC: R&R alumni clients will be recruited to serve on the Performance Improvement Committee.

Section E: Data Collection and Performance Measurement (10 points)

Ability to collect and report on GPRA and other performance measures

Collection of GPRA data will be conducted at baseline (i.e., intake into ORNC: R&R), discharge from ORNC: R&R services (i.e., after a minimum of 90-days being enrolled and upon completion of treatment plan, or no contact with ORNC: R&R for 30 days), and 6 months post-baseline. In order to ensure required collection and reporting of GPRA data, ORNC: R&R will utilize the Epic EHR. This EHR will monitor the collection points and data of all project participants. This system will have an option to print out "GPRAAs due" and will therefore serve as a reminder to the evaluation team (i.e., PI and project evaluation assistants) to make sure that all GPRAAs will be completed on time. ORNC: R&R will strive to achieve a minimum 80% completion rate for the 6 months post-baseline GRPA interviews, thus ORNC: R&R will utilize a similar system used during other projects facilitated by team members. Using this system on previous grants, an 80% or greater return rate was achieved. This system has four components. First, two doctoral students will be designated to monitor client contact information, conduct the 6 months post-baseline GPRA interviews, as well as enter the required data in the EPIC EHR and then upload it to SAMHSA's Services Accountability Improvement System. Having staff designated to these tasks streamlines and increases the efficiency of the follow-up GPRA data collection. Second, accurate client contact information will be on file prior to the discharge of any client. Client contact information will include all relevant addresses, phone numbers, and family/friends that a client chooses to list as a means to be contacted for the 6 months post-

baseline GPRA interview. Third, at discharge, all clients will receive a card that will serve as a reminder to complete the 6 months post-baseline GPRA interview. The card will contain an ORNC: R&R phone number and email they can contact if their contact information has changed since discharge. Fourth, all clients that complete the discharge and/or 6 months post-baseline GPRA interviews will receive a \$20 incentive for each interview completed.

Using the Epic EHR, the ORNC: R&R evaluation team will collect and report (a) the number of ORNC: R&R clients who have access to and are using technology-based service delivery systems (e.g., telehealth, email, smart phone apps, clinical services portal, and the like), (b) the number of ORNC: R&R clients who we train on how to effectively use the aforementioned technology-based service delivery systems, and (c) the number of technology-based service delivery systems expanded or enhanced as part of ORNC: R&R.

Continuous Quality Improvement

The rapid cycle change model will be used as the means to continuously improve the process and outcomes of ORNC: R&R, as well as involve our clients. The rapid cycle change model is based on five factors that research has shown to distinguish organizations that successfully adopt evidence-based interventions and improve versus those that do not: (a) select key problems, (b) involve the client, (c) involve outside experts, (d) use rapid cycle testing, and (e) pick a powerful change leader (Gustafson, 2002). For ORNC: R&R, these five factors will be present in that:

Key problems: The ORNC: R&R six core aims will serve as the key problems. Specifically, the six core aims will serve as the target behaviors guiding all project services' optimization and evaluation efforts. Changes made to increase optimization will be based primarily on improving performance. For example, core aim trend data may show that female clients are leaving treatment too early. This finding may be coupled with client focus group feedback that our appointment scheduling needs to better account for clients with child care needs.

Involve clients: ORNC: R&R clients will be integrally involved in planning, implementing, and evaluating ORNC: R&R. This involvement includes quarterly client focus groups, and membership on the ORNC: R&R Performance Improvement Committee. Involving the population of focus in these capacities will increase their sense of empowerment, self-respect, and responsibility for change.

Outside experts: As part of ORNC: R&R, we will collaborate with the VA homeless and rural health programs, and community-based providers. Based on core aim trend data and client feedback, additional feedback from these collaborators will be elicited to identify and evaluate changes that may result in improving ORNC: R&R's performance across the six core aims. Anticipated changes include Mobile Clinic deployment schedules, modifying the technology-based delivery system, intervention sequencing, contact frequency, and/or resource intensification for multicultural considerations. When appropriate, our external collaborators will provide technical assistance and training that accompany the identified changes.

Rapid cycle testing: Changes to the ORNC: R&R services that are identified via the above process will be implemented and studied for up to three months. After a study period, the ORNC: R&R Performance Improvement Committee will again review that latest core aims' trend lines and client feedback to identify a new set of changes or slight modification(s) to previous changes. This process will continue as the six core aims' trend lines move in the desired direction, indicating progressive optimization of ORNC: R&R.

Powerful change leaders: At the heart of the ORNC: R&R rapid cycle change model are Change Leaders. Change Leaders are those who will serve as "champions" or "cheer leaders" of

a particular change or set of changes pertaining to a particular component of ORNC: R&R. Change Leaders will facilitate the rapid cycle change process from a position of influence and respect within the project. For example, the ORNC: R&R coordinators may serve as Change Leaders for specific services' changes related to increasing the motivation of clients to stay in treatment. Here, Change Leaders will form a "Change Team", consisting of several clinicians, whose purpose will be to implement and study the specific changes. Subsequently, Change Leaders will report the results of the changes to the ORNC: R&R Performance Improvement Committee. Other Change Leaders and Change Teams may be charged with implementing and studying changes related to other ORNC: R&R issues, such as the impact of Mobile Clinic deployment schedule changes, multicultural issues, intervention sequencing, and the like.

To support the above rapid cycle change process, formal communication mechanisms will be critical. Thus, the following mechanisms will be in place. These communication mechanisms are consistent with the rapid cycle change" Continuous Quality Improvement model: (a) the ORNC: R&R project director will facilitate a weekly meeting with the coordinators. The purpose of this meeting will be to identify potential issues and changes that may make ORNC: R&R more effective; (b) coordinators and clinicians will communicate weekly regarding clients' treatment progress. The purpose of this communication will be to ensure that the multidisciplinary treatment team is on the "same page" regarding clients' progress or regression; (c) a project log of performance trend lines of the ORNC: R&R core aims will be updated and distributed monthly to ORNC: R&R team members. This will provide staff with current feedback on the progress of the project; (d) quarterly focus groups will be facilitated with a group of seven to ten ORNC: R&R clients who are at different stages of the treatment process. The purpose of these focus groups will be to elicit clients' feedback on the effective and ineffective components of ORNC: R&R services; (e) as part of the project log, the project director will distribute quarterly ORNC: R&R progress reports to project staff. The purpose of these reports will be to keep staff informed on the longer term progress of the project, as well as the impact of changes and modifications that were identified and implemented for improving ORNC: R&R's performance; and (f) an ORNC: R&R Performance Improvement Committee, comprised of the ORNC: R&R project director, coordinators, project evaluation assistants, co-investigators, and alumni clients will meet quarterly to discuss potential ORNC: R&R changes based on the six core aims' trend lines, client focus group feedback, and progress reports.

Local performance assessment: Process & outcome evaluation

ORNC: R&R will incorporate a comprehensive performance assessment to continuously answer pertinent outcome and process questions. These questions will be answered while accounting for the context of technology-based service delivery systems:

Outcome Questions: What was the effect of services on key outcome goals? What program/contextual factors were associated with outcomes? What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)? How durable were the effects? Was the intervention effective in maintaining the project outcomes at 6-month follow-up? How did the aggregate and specific use of technology-based delivery systems impact all of the above results?

When appropriate, data will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

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

Methods, Collection, and Instruments. To assess ORNC: R&R's performance, a mixture of qualitative and quantitative methods will be used. Qualitative research methods will be used to complement quantitative data captured during the project. With project data coming from various sources, this mixture of qualitative and quantitative evaluation methods will allow for a complementary performance assessment. The particular procedures and methods utilized during ORNC: R&R's will not only support the process and outcome performance assessment, but will also serve as a means to optimize the project interventions via generating data for staff and the Performance Improvement Committee's consumption. Specifically, the qualitative and quantitative data generated will be used to continuously improve the processes and outcomes of ORNC: R&R's via the aforementioned Rapid Cycle Change model.

Qualitative methods will include the quarterly client focus groups facilitated by the PI, Dr. Toriello. The focus group will elicit answers to guiding questions: *What motivates you to stay in treatment...what are your experiences in using technology...what are your future goals...what is ORNC: R&R doing well...how can ORNC: R&R improve...how do multicultural issues (e.g., ethnicity, gender, disability, etc.) impact your answers to these questions?* Focus groups will be audio taped into digital files. These files will then be entered into "ATLAS.ti" qualitative analysis software that aids in the management and interpretation of textual, graphical, audio and video data; and also exports SPSS data files that can be linked to quantitative data. Dr. Toriello will review focus group summaries, develop a coding scheme and code those data with particular attention to themes that reflect clients' answers to the focus group guiding questions. ATLAS.ti is used to retrieve coded information in multiple ways. ATLAS.ti can be used to combine data from the same codes across focus group interview summaries. When coding is complete, reports of text related to key codes are created and interrelationships are explored. This information can then be used by the ORNC: R&R Performance Improvement Committee as a platform to interpret ORNC: R&R core aims' trend lines and other quantitative data.

Data Management & Analysis. In addition to using the GAIN ABS, all ORNC: R&R evaluation data will be entered and stored in the Epic EHR. All data extracted from the EHR will be de-identified data prior to analysis and report generation. Dr. Toriello will utilize the ATLAS.ti software to analyze qualitative data as described above. He will use SPSS to analyze quantitative data. Specifically, Chi-Square tests, Welch-Aspin t-tests and linear regression will be appropriate for these data. Here, statistical significance will be set at a p-value of .05, and effect sizes will be reported when appropriate. Additional inferential analyses, such as time series modeling, will be considered, but only used if careful consideration of the data and the methodological assumptions indicate these analyses are valid. From these analyses, Dr. Toriello will generate quarterly, annual, and final performance reports. These reports will be used by the

ORNC: R&R Performance Improvement Committee, via the rapid cycle change model process, to interpret data, as well as identify changes that may improve the performance of ORNC: R&R.

Monitoring Intervention Fidelity & Deviations. ORNC: R&R will utilize several mechanisms to ensure fidelity to the interventions. These mechanisms are based on on-going clinical supervision and training, as well as adjustments for technology-based service delivery systems.

To ensure adherence to MI, ORNC: R&R coordinators will observe one individual counseling session (via telehealth or f2f) per quarter between each clinician and a client. The director will code these sessions using the MI Treatment Integrity (MITI) coding system (see attachment 2). The MITI is a short and reliable instrument that measures integrity to MI (Moyers et al., 2010). Coordinators will also examine clinicians' emails/texts to clients for the use of MI-based strategies. This information will guide the clinical supervision and quarterly booster trainings provided to the project staff.

To ensure quality assurance to ORNC: R&R other services (i.e., biofeedback training, relational health consultation, vocational counseling, community reinforcement approach), clinicians will complete (after one designated session/week) a to-be-developed quality assurance form that accompanies the respective service. This information will also guide the clinical supervision and quarterly booster trainings. These forms will also account for technology-based delivery.

ORNC: R&R's ability to conduct the performance assessment

Dr. Toriello and the ORNC: Performance Improvement Team has vast experience in conducting performance assessments on par with the scope of that proposed with ORNC: R&R. Their experience in administering six- and seven-figure grant projects in that past has helped them develop and maintain a performance assessment infrastructure. Key to their success has been the utilization of an EHR, as well as employing program evaluation assistants. Dr. Toriello's experience largely comes from being PI on projects funded by CSAT, the National Institute on Alcohol Abuse and Alcoholism, the Department of Defense, and other funding organizations. For example, Dr. Toriello, as the PI, conducted a CSAT "Strengthening Treatment Access and Retention (STAR)" grant. This experience deeply inculcated the values of continuous quality improvement (via the rapid cycle change model) in the performance assessment practices of evaluation. Moreover, being a STAR grantee facilitated the experience of being a member of a national collaborative with other grantees; a means to support a national level performance assessment. Thus, based on the above, ORNC: R&R is positioned for success.

Section F: Electronic Health Record (EHR) Technology (5 points)

Navigate currently uses an EHR that is not certified per the requirements of the RFA. Thus, if ORNC: R&R is awarded, we will upgrade to the Epic EHR, which is certified. For the past several years, Epic has been rolled out for use by ECU's Brody School of Medicine's various clinics. This roll out has been in collaboration with Vidant Medical Center, ECU's regional partner. If funded, ORNC: R&R will be included in this process and will specifically have access to the configuration being rolled out to ECU's Psychiatry Clinic. Attachment 5 contains a scope of work for rolling out Epic to ORNC: R&R if funded.

ORNC: R&R's use an EHR is critical as rural veterans, ORNC: R&R clients will receive services from the VA and non-VA providers. Thus, the Epic EHR will support with transfer of health records.

Please note that an “*” denotes budget item pertaining to evaluation activities.

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director – PI	Paul Toriello	\$90,000	7%	\$6,300*
	Paul Toriello	In-kind cost	13%	0
(2) Co-PI	Carmen Russoniello	In-kind cost	3%	0
(3) Co-PI	Angela Lamson	In-kind cost	3%	0
(4) Co-PI	Jennifer Hodgson	In-kind cost	3%	0
(5) Co-PI	Sy Saeed	In-kind cost	3%	0
(6) Co-PI	Lisa Tyndall	\$60,720	15%	\$9,108
	Lisa Tyndall	In-kind cost	5%	0
(7) Co-PI	Ted Morris	In-kind cost	3%	0
(8) Co-PI	Jim Menke	\$80,000	7%	\$5,600
	Jim Menke	In-kind cost	3%	0
(9) Co-PI	Tom Penders	In-kind cost	3%	0
(10) Co-PI	Damon Rappleyea	In-kind cost	3%	0
(11) Biofeedback Director	To be named	\$100,000	10%	\$10,000

(12) Navigate Director	To be named	\$70,000	15%	\$10,500
	To be named	In-kind cost	5%	0
(13) PhD students – two	To be named	\$48,000	100%	\$48,000
PhD students – two	To be named	In-kind cost	100%	0*
(14) Master students - seven	To be named	\$21,000	100%	\$21,000
			TOTAL	\$110,508

Justification:

- (1) The Project Director will provide daily oversight of the grant, serve as the principal investigator on the project evaluation*, and will be considered key staff. He will also serve on the will serve on the Performance Improvement Committee.
- (2) Co-PI Carmen Russoniello will serve on the Performance Improvement Committee and will be considered key staff.
- (3) Co-PI Angela Lamson will serve on the Performance Improvement Committee and will be considered key staff.
- (4) Co-PI Jennifer Hodgson will serve on the Performance Improvement Committee and will be considered key staff.
- (5) Co-PI Sy Saeed will serve on the Performance Improvement Committee and will be considered key staff.
- (6) Co-PI Lisa Tyndall will serve as a coordinator of the project. Her duties will include coordinating and supervising Relational Health Consultations services, staff schedules and other project activities including training, communication and information dissemination. Dr. Tyndall will also serve on the Performance Improvement Committee.
- (7) Co-PI Ted Morris will serve on the Performance Improvement Committee and will be considered key staff
- (8) Co-PI Jim Menke will serve as the VA/Military Liaison.
- (9) Co-PI Tom Penders will serve on the Performance Improvement Committee and will be considered key staff.
- (10) Co-PI Damon Rappleyea will serve on the Performance Improvement Committee and will be considered key staff.
- (11) Biofeedback Lab Director will serve as a Coordinator of the project. Duties will include coordinating and supervising Biofeedback Training ting services, staff schedules and other project activities including training, communication and information dissemination. This person will also serve on the Performance Improvement Committee.

- (12) Navigate Director will serve as a Coordinator of the project. Duties will include coordinating and supervising Mobile Clinical and Navigate's services and staff schedules, and other project activities including training, communication and information dissemination. This person will also serve on the Performance Improvement Committee.
- (13) PhD students will provide Mobile Clinic services as well as service via Navigate, FTC, and the PLBC. *Cost share PhD students will engage in project evaluation duties.
- (14) Master students will provide Mobile Clinic services as well as service via Navigate, FTC, and the PLBC.

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
Social Security - FICA	7.65%	\$110,508	\$8,453
Retirement	12.36% for University employees only	\$41,508	\$5,130
Insurance	\$5,192 University employees \$709 semester for PhD students	\$110,508	\$6,217
		TOTAL	\$19,800

Justification: Fringe reflects current rate for University

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Joint Grantee Meeting	Washington, DC	Airfare	\$400/flight x 2 persons	\$800
		Hotel	\$180/night x 2 persons x 2 nights	\$720

Purpose of Travel	Location	Item	Rate	Cost
		Per Diem (meals and incidentals)	\$38.75/day x 2 persons x 2 days	\$155
		Ground transport, parking	\$55/2 persons	\$110
			TOTAL	\$1,785

Justification:

- (1) Two staff (Project Director and a Coordinator) to attend mandatory grantee meeting in Washington, DC.

D. Equipment:

FEDERAL REQUEST

Item(s)	Cost
(1) Four (4) Polycom HDX4500 systems at \$7,880 each	\$31,520
(2) Four (4) Polycom premier 3 year warranties at \$1,705 each	\$6,820
TOTAL	\$38,340.00

Justification:

- (1) Four Polycom systems for telehealth services via Mobile Clinic.
(2) Warranties on Polycom/telehealth systems.

E. Supplies:

FEDERAL REQUEST

Item(s)	Rate	Cost
Computer Software	\$4,000	\$4,000
Mobile Clinic Supplies	\$2,250	\$2,250
Static Outreach Computers	\$3,000	\$3,000
Smart-phone/iPads	\$1,500	\$1,500
	TOTAL	\$10,750

Justification:

- (1) Computer software includes 2 licenses of the HRV Live 2.0 Biofeedback software.
- (2) Mobile Clinic supplies include general office supplies, copies, and the like
- (3) A total of 5 static outreach computers will be placed in offices of our community-based provider partners. ORNC: R&R clients will have access to these computers so they can access ORNC: R&R specialized services while they concurrently complete community-based services.
- (4) Two smart-phones and 2 iPads, and cellular contracts are needed for the ORNC: R&R Mobile Clinic team members to communicate with the permanent clinical sites, clients, as well as complete web-based outreach (e.g., screening).

F. Contractual Services:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) Alternative Care Treatment Systems	Veteran clients	ACTS Inc. staff \$2,250 per site x 2 sites		\$4,500
(2) Le Chris Health Systems	Veteran clients	Le Chris staff \$2,250 per site x 3 sites		\$6,750
(3) ECU Psychiatric Services	Veteran clients	\$150 per hour		\$9,000
			TOTAL	\$20,250

Justification:

- (1) Alternative Care Treatment Systems will receive referrals from ORNC R&R for veterans in need of more intensive, community-based services located within their home county. They will designate a staff member (2 total) to serve as a liaison to ORNC: R&R and facilitate client's use of the static outreach computers.
- (2) Le Chris Health Systems will receive referrals from ORNC R&R for veterans in need of more intensive, community-based services located within their home county. They will designate a staff member (3 total) to serve as a liaison to ORNC: R&R and facilitate client's use of the static outreach computers.
- (3) ECU psychiatric services will provide telepsychiatry services at the rate of \$150/hour (prorated to the half-hour when appropriate).

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent	\$15/sq.ft x 100 sq. feet x 5 locations	\$7,500
(2) Van maintenance	Rate will vary	\$1,500
(3) Client Incentives	\$20/client GRPA interviews x 160 interviews	\$3,200*
(4) PhD student tuition	\$4,009 per year per PhD student	\$8,018
(5) Fuel	Fuel rate will vary	\$6,480
(6) Electronic health records system	In-kind cost	0
(7) Client bus passes	\$1 single ride bus passes x 2250	\$2,250
	TOTAL	\$28,948

Justification:

- (1) Alternative Care Treatment Services and Le Chris will be compensated up to \$15/square foot of the rooms where the static outreach computers are located. This includes three rooms for Le Chris and 2 rooms for Alternative Care Treatment Service.
- (2) Estimated annual costs for van (i.e., Mobile Clinic) mechanical maintenance and repairs.
- (3) *The \$20 incentive is provided to encourage attendance in GRPA interviews at discharge and 6-month follow-up. We are estimating 160 interviews during year 1.

- (4) PhD student tuition for Fall and Spring semesters only. Also includes student health insurance. This does not include student fees.
- (5) Fuel for van estimated at \$120/tank, 1.5 tanks/week, and thus, \$180/week.
- (6) For start-up and licensing of Epic/Healthspan EHR system.
- (7) Clients without transportation means will be given bus passes to attend community based services' appointments.

For Requested Future Years:

A. Personnel:

- A standard 3% cost increase is calculated for years two and three for salary as per standard University Office of Sponsored Programs practice.
- Cost share reductions in years two and three (i.e., *Paul Toriello – Project Director (PI), Lisa Tyndall – Co-Principal Investigator, Jim Menke – Co-Principal Investigator, To Be Named – Navigate Director) are due the sponsor funds needed in year 1 only; sponsor's share of years 1 and 3 of these personnel being increased because will be the same as year 1.
- Cost share increases in year three (To Be Named – Biofeedback Director) due to reduced effort on project during year 3.

B. Fringe Benefits:

- A standard 3% cost increase is calculated for years two and three for benefits as per standard Office of Sponsored Programs practice.

D. Equipment:

- Equipment is required in year one only.

E. Supplies:

- Van supplies needed in year one only
- Static outreach computer needed in year one only
- Smart-phones/iPads during years 2 and 3 are due to the cellular contracts being in place during the entire year (i.e., year 1 had a 3-month start-up period)

F. Contractual Services:

- Contractual services during years 2 and 3 are due to the contracts being in place during the entire year (i.e., year 1 had a 3-month start-up period)

H. Other:

- Rent increases during years 2 and 3 are due to the space being in use during the entire year (i.e., year 1 had a 3-month start-up period).
- Van maintenance increases during years 2 and 3 are due to the van being in use during the entire year (i.e., year 1 had a 3-month start-up period).
- *We are estimating the number of GPRA interviews to double during years 2 and 3, thus we budgeted \$6400 in each of those years.
- Fuel expenses increase during years 2 and 3 are due to the van being in use during the entire year (i.e., year 1 had a 3-month start-up period).

- Bus passes increase during years 2 and 3 due the services being offered the entire year (i.e., year 1 had a 3-month start-up period).

The East Carolina University in-kind contributions delineated in this justification and accompanying project narrative are provided for additional context for the University's contributions to the project and for planning the University's use of said resources within the broader scope of the institution. This does not constitute a formal cost sharing commitment on behalf of East Carolina University and will not be reported on financial statements/reports.

Proposed Project Period

a. Start Date:	10/1/2013	b. End Date:	09/30/2016
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Indirect Cost Rate Agreement:

DHHS on 11/02/11; Other Sponsored Activity Off-Campus 26%

BUDGET SUMMARY

Category	Year 1	Year 2	Year 3	Total Project Costs
Personnel	\$110,508	\$123,738	\$122,198	\$356,444
Fringe	\$19,800	\$24,404	\$24,745	\$68,949
Travel	\$1,785	\$1,785	\$1,785	\$5,355
Equipment	\$38,340	0	0	\$38,340
Supplies	\$10,750	\$6,000	\$6,000	\$22,750
Contractual	\$20,250	\$29,000	\$29,000	\$78,250
Other	\$28,948	\$38,598	\$39,155	\$106,701
Total Direct Charges	\$230,381	\$223,525	\$222,883	\$676,789
Indirect Charges	\$45,896	\$53,291	\$52,980	\$152,167

Category	Year 1	Year 2	Year 3	Total Project Costs
Total Project Costs	\$276,277	\$276,816	\$275,863	\$828,956

TOTAL PROJECT COSTS: \$828,956

Section G: Literature Citations.

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Section H: Biographical Sketches and Job Descriptions.

NAME Paul John Toriello, RhD, LPC-A, LCAS, CRC, CCS	POSITION TITLE Associate Professor of Addictions &Rehabilitation Studies		
INSTITUTION AND LOCATION Wright State University, Dayton, Ohio Wright State University, Dayton, Ohio Southern Illinois University at Carbondale	DEGREE BA MRC RhD	MM/YY 06/93 06/95 12/98	FIELD OF STUDY Psychology Sub Abuse Counseling Sub Abuse Rehab

Credentials

- Licensed Clinical Addictions Specialist
- Licensed Professional Counselor- Associate
- Certified Clinical Supervisor
- Certified Rehabilitation Counselor

Positions and Employment (Select)

1998-2000	Training Director , Cornell Abraxas of Ohio Substance Abuse Treatment for Adjudicated Adolescent Males.
2000-2001	Clinical Director , Cornell Abraxas of Ohio Substance Abuse Treatment for Adjudicated Adolescent Males.
2001-2005	Assistant Professor , Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center- New Orleans.
2005-2008	Assistant Professor , Department of Addictions & Rehabilitation Studies Counseling, East Carolina University.
2007-	Clinical Director , Navigate Counseling Clinic, East Carolina University.
2008-	Associate Professor , Department of Addictions & Rehabilitation Studies Counseling, East Carolina University.
2009-	Director of Doctoral Studies , Department of Rehabilitation Studies Counseling, East Carolina University.

Honors (Select)

2003	Outstanding Alumni Award . Dept of Human Services, Wright State University, Dayton, OH.
2005	Research Award , American Rehabilitation Counseling Association.
2007-2012	Secretary/Treasurer of the American Rehabilitation Counseling Association.
2012-	President-Elect of the American Rehabilitation Counseling Association.

Selected Peer-reviewed Publications (Select)

1. Sligar, S. R., & **Toriello, P. J.** (2007). Improving services to clients with addiction issues: New paradigms for vocational evaluation practice. *Vocational Evaluation & Career Assessment Professional Journal*, 4, 17-25.

2. **Toriello, P. J.**, Pedersen-Wasson, E., Crisham, E. M., Ellis, R., Morse, P., & Morse, E. V. (2007). Surviving hurricane Katrina: Winds of change transform a New Orleans' addiction treatment agency. *Journal of Addictions & Offender Counseling*, 28, 44-59.
 3. **Toriello, P. J.**, Leierer, S. J., Sheaffer, B., & Cubero, C. G. (2007). Threat and Visibility Impact of Disabilities and Other Conditions on Social Distance Preferences. *Rehabilitation Education*, 21, 159-168.
 4. Sheaffer, B. L., Sias, S. M., **Toriello, P. J.**, & Cubero, C. G. (2008). Ego development and preferred social distance from persons with disabilities. *Rehabilitation Education*, 22, 147-157.
 5. Atherton, W. L., Toriello, P. J., Sligar, S. R., & Campbell, T. E. (2010). Use of the addiction severity index in vocational evaluation for persons with substance use disorders. *Vocational Evaluation and Work Adjustment Bulletin*, 37, 18-25.
 6. Sligar, S. R., Atherton, L., **Toriello, P. J.**, & Schwiebert, S. (2010). The influence of post-acute withdrawal syndrome on instruments used in vocational evaluation. *Vocational Evaluation and Work Adjustment Bulletin*, 37, 26-36.
 7. **Toriello, P. J.**, Atherton, W. L., & Sligar, S. R. (2010). Motivational interviewing by rehabilitation professionals: Enhancing contemporary attitudes towards consumers with substance abuse issues. *Vocational Evaluation and Work Adjustment Bulletin*, 37, 37-44.
 8. Ager, R., Roahen-Harrison, S., **Toriello, P. J.**, Kissinger, P., Morse, P., Morse, E., Carney, L., & Rice, J. (2011). Predictors of adopting motivational enhancement therapy. *Research on Social Work Practice*, 21, 65-76.
 9. Atherton, W., & **Toriello, P. J.** (2011). A vocational counseling based substance abuse intensive outpatient program: Preliminary results of Project Working Recovery. *Journal of Rehabilitation Administration*, 35, 61-72.
 10. Stanton, M R., Atherton, W. L., & **Toriello, P. J.**, Hodgson, J., L. (in-press). Implementation of a "Learner Driven" Curriculum: An SBIRT Interdisciplinary Primary Care Model. *Substance Abuse*.

Ongoing Research Support (select)

US Army Medical Research and Materiel Command

Toriello (PI)

Re-entry with recovery: Supporting Veterans' recovery from substance abuse, mental illness, and mild traumatic brain injury.

Completed Research Support (select)

Katherine B. Reynolds Charitable Trust

Toriello (PI)

08/07-07/10 Project Working Recovery (PWR)

Goal: Examine the use of motivational interviewing to help adults with substance abuse issues find employment.

5QBITI15651-02 SAMHSA/CSAT 10/03-9/06

Toriello (PI)

Increasing substance abuse treatment access and retention in New Orleans.

Goal: Use an organizational change model to increase treatment admissions, retention and reduce treatment wait-time and no-shows.

Carmen Vincent Russoniello, Professor and Director,
Psychophysiology and Biofeedback Lab
Department of Recreation and Leisure Studies
East Carolina University

Education

- Gonzaga University: Doctor of Philosophy (1991) Educational Leadership
- Eastern Washington University: Master of Science (1988) Interdisciplinary Studies (Alcohol and Drug Studies & Recreational Therapy)
- Eastern Washington University: Bachelor of Arts (1985) Recreational Therapy

Credentials

- Licensed Professional Counselor. North Carolina #3454. (2013).
- Licensed Recreational Therapist. North Carolina #1141 (2012).
- Certified in General Biofeedback. Fellow, Biofeedback Certification International Alliance, #4163 (2013).
- Certified in Neurofeedback. Fellow, Biofeedback Certification International Alliance #1318 (2012).
- Certified Therapeutic Recreation Specialist. National Council for Therapeutic Recreation, #178425196 (2015).

Software Manuals

- Heart Rhythm Scanner. Heart Rate Variability Analysis System (1998-2000). User Manual and Online Help. Pougatchev, V., **Russoniello, C. V.** & Ferris, M. Poulsbo, WA: Biocom Technologies.
- Heart Tracker: RSA Trainer. (1998-2000). User Manual and Online Help. Pougatchev, V., **Russoniello, C. V.** & Ferris, M. Poulsbo, WA: Biocom
- Heart Rhythm Scanner. Heart Rate Variability Analysis System (2000-2002). User Manual and Online Help. Pougatchev, V., **Russoniello, C. V.** & Ferris, M. Poulsbo, WA: Biocom Technologies.
- Heart Tracker: RSA Trainer. (2000-2002). User Manual and Online Help. Pougatchev, V., **Russoniello, C. V.** & Ferris, M. Poulsbo, WA: Biocom

Relevant Peer Reviewed Journal Articles (Select)

1. Russoniello, C.V., Zirnov, Y., Pougatchev, V. & Gribkov, E. (2012). Maximum Variability of Heart Rate as a Marker of Accelerated Aging in Humans. *Journal of Cyberpsychology*. (in print)
2. Murray, N. & Russoniello, C. V. Acute Physical Activity on Cognitive Function: A Heart Rate Variability Examination. *Applied Psychophysiology and Biofeedback* (In print).
3. Russoniello, C. V. Fish, M., Maes, T., Paton, H. & Styron, R. A. (2012). The Use of Biofeedback in Recreational Therapy Practice. *The American Journal of Recreation Therapy* (In Print).
4. Russoniello, C. V. Extreme Stress: Wounded Warriors. *Cleveland Clinic Journal of Medicine*, 18, Sppl. 1. 861-863.

5. Russoniello, C.V, Pougatchev, V., Zirnov, E. & Mahar, M.T. (2010). A comparison of electrocardiography and photoplethysmography in measuring heart rate variability. *Applied Psychophysiology and Biofeedback*; 35, 257-259.
6. Tran B, W., Papoiu A. D., Russoniello C. V., Wang H., Patel T. J., Chan Y. H., Yosipovitch, G. (2010). The effect of itch, scratch, and mental stress on autonomic function in atopic dermatitis. *ACTA Dermatology*, 90, 354-361. doi: 10.2340/00015555-0890 Journal Compilation © 2010 Acta Dermato-Venereologica. ISSN 0001-5555.
7. Spira, J. L. Johnston, S., McLay, R., Popović, S., Russoniello, C. & Wood, D. (2010) .Future Directions of Technological Advances in Prevention, Assessment, and Treatment for Military Deployment Mental Health. An Expert Panel. *Journal of CyberPsychology, Behavior and Social Networking*, 13(1), 1-9.
8. Russoniello, C. V. O' Brien, K. & Parks, J. M. (2009). The Effectiveness of Casual Video Games in Improving Mood and Decreasing Stress. *Journal of CyberTherapy and Rehabilitation*, 2 (1), 53-66.
9. Russoniello, C. V., Obrien, K., & Parks, J. M. (2009). EEG, HRV and Psychological Correlates While Playing Bejeweled II. *Annual Review of CyberTherapy and Telemedicine*, pp. 189-92. The Interactive Media Institute and IOS Press. Doi:10.3233/978-1-60750-017-9-189.
10. Russoniello, C. V. (2008). The Effectiveness of Prescribed Recreation in Reducing Biochemical Stress and Improving Mood in Alcoholic Patients. *American Journal of Recreation Therapy*, 7(3), 23-33.
11. Russoniello, C. V., O'Brien, K., McGhee, S. A., Bingham-Alexander, D. & Skalko, T. K. (2008). The Effectiveness of a Recreational Therapy Intervention in Reducing Symptoms of Posttraumatic Stress in Children after a Natural Disaster Annual in Therapeutic Recreation, 13, 16-30.

Recent Honors and Awards

- 2012 College of Health and Human Performance “Service Award” for work with Wounded Warriors and Flood Victims.
- 2011 East Carolina University’s “Scholarship of Engagement” Award for Sustained Community Involvement. This is 1st time the award was offered.
- 2011 Accelerator Award: “Provides early stage seed funding for development and validation of selected university inventions”. Development of a biofeedback controlled video game. East Carolina University.

Military Service

1968-1971 United States Marine Corps (0331-Machine Gunner) Honorable Discharge

- Combat Action Ribbon (Fox Company, Second Battalion, 1st Marines)
- Vietnam Campaign Medal ****
- National Defense Medal
- Vietnam Service Medal
- Vietnam Gallantry Cross Unit Citation with Palm (Fox Company, Second Battalion 1st Marines)
- Meritorious Unit Civil Actions Citation (Kilo Company 3rd Battalion 26th Marines).

NAME	POSITION TITLE		
Saeed, Sy Atezaz	<i>Professor and Chairman, Department of Psychiatric Medicine, Brody School of Medicine, East Carolina University Chief of Psychiatry, Vidant Medical Center</i>		
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
Dow Medical College, Karachi, Pakistan M.S. Mental Health Counseling Illinois State Psychiatric Institute, Chicago American Board of Psychiatry and Neurology American Psychiatric Association	M.B., B.S. (equivalent to M.D.) M.S. Mental Health Counseling Residency Certified Certified	1975-1982 1985-1987 1988-1992 1993 1998	Medicine Clinical Psychology Psychiatry Psychiatry Psychiatric Administration & Management

Positions and Employment (Most Recent)

- 1998 - 2004 Clinical Director, Comprehensive Community Mental Health Service, netWork of North Central Illinois (concurrent with UICOMP positions)
 1999 - 2004 Chairman, Department of Psychiatry & Behavioral Medicine, UICOMP
 2004 - Present Chairman, Department of Psychiatric Medicine, Brody School of Medicine @ECU
 2004 – Present Chief of Psychiatry, Vidant Medical Center, Greenville, North Carolina

Honors (Most Recent)

- 2003 Elected Distinguished Fellow, American Psychiatric Association.
 2005-2006 Chair, APA Committee on Psychiatric Administration and Management .
 2007-2010 North Carolina Psychiatric Association. Founding Chair, Clinical Committee.
 2008 Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education, awarded by the American Psychiatric Association.
 2010-Present Editor-in-Chief, Journal of Psychiatric Administration and Management (JPAM)
 2012 Elected member, Group for Advancement of Psychiatry (GAP)
 2013 Elevated to Fellow, American College of Psychiatrists
 2013 Recipient of the Administrative Psychiatry Award, American Psychiatric Association

Selected peer-reviewed publications

1. Saeed SA, Bloch RM, Diamond J. (2012). Telepsychiatry: Overcoming barriers to implementation. *Current Psychiatry*: Vol. 11, Number 12, pp 28-31.
2. Penders T, Saeed SA. Synthetic Cannabinoids and “Bath Salts” Should Be Considered Drugs of Abuse. *American Family Physician*. 2012 May 1; 85(9): 852.

3. Saeed SA, Diamond J, Bloch RM. (2011) Use of telepsychiatry to improve care for people with mental illness in rural North Carolina. *North Carolina Medical Journal*: Vol. 72, Number 3, pp 219-222.
4. Antonacci DJ, Davis CE, Bloch RM, Manuel C, Saeed SA, (2010). CAM for your anxious patient: What the evidence says. *Current Psychiatry*: Vol. 9, Number 10, pp 43-52.
5. Saeed SA. (2009). Social Anxiety Disorder: An Update on Evidence-Based Treatment Options. *Psychiatric Times* 26 (5): 37-41.
6. Saeed SA. (2008). Working with Individuals with Mental Illness and Developmental Disabilities: Synthesizing the Best Information for the Practicing Clinician. Springer: *Psychiatric Quarterly* 79:153-155.
7. Antonacci DJ, Bloch RM, Saeed, SA, Yildirim Y, Talley J. (2008). Empirical Evidence on the Use and Effectiveness of Telepsychiatry via Videoconferencing: Implications for Forensic and Correctional Psychiatry. *Behavioral Sciences and the Law*: 26:253-269

Sources of support (Select)

2011- Present Operation Re-Entry North Carolina (ORNC)

Lead PI: Ted Morris, Ph.D.
 Funding: \$2,094,686.30 for the 2011-12 year
 \$10,480,188.60 for 2011-16

2011- Present NC Academic Consortium for Cost Effective Pharmacologic Treatment (NC-ACCEPT).

PI: Sy Atezaz Saeed, M.D.
 Funding: \$ 46,500/year

2008-2010 Predoctoral Clinical Psychology Internship. Funded by Kate B. Reynolds Trust.

Co PIs: Kim Dixon, Ph.D. and Sy Atezaz Saeed, M.D.
 Funding: \$75,250/ year

2006- Present Enhancing the Quality, Access, and Availability of Psychiatric Services in Eastern North Carolina.” Multi-year grant, awarded by Eastern Area Health Education Center

PI: Sy Atezaz Saeed, M.D.
 Funding: \$129,410/year.

2004- Present Multi-year grant awarded by Eastern Area Health Education Center (EAHEC) to focus on public and community psychiatry and to place general psychiatry resident physicians and post graduate child psychiatry residents “fellows” in various stages of their training at several community training sites.

PI: Sy Atezaz Saeed, M.D.
 Funding: \$106,300/ year

NAME Angela L. Lamson	POSITION TITLE East Carolina University Associate Professor and Program Director		
eRA COMMONS USER NAME			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education,			
INSTITUTION AND LOCATION	DEGREE	MM/YY	FIELD OF STUDY
Iowa State University	B.A.	05/95	Psychology
Iowa State University	M.S.	05/96	Human Development and Family Studies
Iowa State University	Ph.D.	05/99	Human Development and Family Studies; Marriage and Family Therapy
University of Rochester	Certificate	05/02	Medical Family Therapy

Positions and Employment (select)

- 2006-2010 Family Therapy Clinic Director, ECU, Greenville NC
 2006-2012 Program Director -Master's of Marriage and Family Therapy, ECU, Greenville, NC
 2005-2012 Associate Professor, Department of Child Development and Family Relations, Greenville, NC
 2006-present Medical Family Therapy PhD Program Director, ECU, Greenville, NC
 2011-present Director-Medical Family Therapy Research Academy, ECU, Greenville, NC
 2012-present Full Professor, Department of Child Development and Family Relations, Greenville, NC

Other Experience and Professional Memberships

- 1998-Current Member, American Association for Marriage and Family Therapy
 1999-Current Member, North Carolina Association for Marriage and Family Therapy
 1999-Current Member, Collaborative Family Healthcare Association
 1998-Current Member, National Council on Family Relations

Honors

- 1999 Research Excellence Award-Earned for Doctoral Dissertation
 2002 Robert L. Jones Scholar-teaching Award, ECU
 2009 Inducted into Membership for Phi Kappa Phi Honor Society
 2009 Servire Society, ECU
 2009 David and Vera Mace Award, North Carolina Association for Marriage and Family Therapy
 2010-present Servire Society, ECU (awarded annually at ECU)

Selected Peer-Reviewed Publications

1. Phelps, K., Howell, C., Hill, S., Seeman, T., **Lamson, A.**, Hodgson, J., & Smith, D. 2009. A collaborative care model for patients with type II diabetes. *Families, Systems, & Health*, 27(2), 131-140.

2. Pratt, K. & **Lamson, A.** (2011). Supervision in Behavioral Health: Implications for students, interns, and new professionals. *Journal of Behavioral Health Services and Research*. DOI 10.1007/s11414-011-9267-6. Impact factor: 1.309.
3. Pratt, K., **Lamson, A.**, Lazorick, S., Collier, D., White, C., White, M., & Swanson, M. (2011). Conceptualizing Care for Childhood Obesity through Clinical, Operational, and Financial Procedures. *Journal of Children's Services*, 6(3), 1156-1171.
4. Pratt, K., **Lamson, A.**, Lazorick, S., Swanson, M., Cravens, J., & Collier, D. (2011). A Biopsychosocial Pilot Study of Overweight Youth and Care Providers' Perceptions of Quality of Life. *Journal of Pediatric Nursing*, 26(6), e61-e68.
5. Pratt, K., **Lamson, A.**, Swanson, M., Lazorick, S., & Collier, D. (2011). The Importance of Assessing for Depression with HRQOL in Treatment Seeking Obese Youth and their Caregivers. *Quality of Life Research*. Impact factor: 2.985. DOI: 10.1007/s11136-001-0042-1.
6. Lewis, M., **Lamson, A. L.**, & Lesueur, B. (2012) Health dynamics of military and veteran couples: A biopsychorelational overview. *Contemporary Family Therapy*, 34(2), 259-276. (DOI: 10.1007/s10591-012-9193-7.)
8. Marlowe, D., Hodgson, J., **Lamson, A.L.**, White, M., & Irons, T. (2012). Medical family therapy in a primary care setting: A framework for integration. *Contemporary Family Therapy*, 34(2), 244-258. (DOI: 10.1007/s10591-012-9195-5).
9. **Lamson, A.L.**, Pratt, K., Sumner, S., & Earles, J. (under review since 11-12-2012). Military youth & obesity: A review of the existing literature 1990-2012. *Child: Care, Health & Development*

Ongoing Research Support

Contract Number (Principal Investigator)
\$117,222

Source: Department of Defense

Title of Project (or Subproject) Integrated Care for Military Couples

The major goals of this project is to assess a baseline versus an experimental group using integrated care with military couples as the unit of analysis.

Role: PI

Dates of Project (September 2011 –August 2012)

Contract Number (Principal Investigator)
\$206,385

Dates of Project (August 2011–July 2014) (Year 3)

Source: Greene County Health Care, Inc

Title of Project (or Subproject) Greene County Health Care Integrated Care Project: Snow Hill and Kate B. Reynolds Medical Centers

Name: Jennifer Hodgson

Rank & Department: Professor of Child Development and Family Relations

1. Education:

The University of Akron, Akron, OH	BA	1992	Psychology
Northern Illinois University, DeKalb, IL	MS	1994	Marriage & Family Therapy
Iowa State University, Ames, IA	PhD	1997	Marriage & Family Therapy
University of Rochester, Rochester, NY	Post Doc	1998	Medical Family Therapy

2. Professional work experience:

- 1998-2000 Assistant Professor, Department of Social and Systemic Studies, Family Therapy and Medical Family Therapy Programs,
- 1999-2000 Clinical Instructor, Department of Behavioral Medicine, Nova Southeastern University, Fort Lauderdale, FL
- 2000-2006 Associate Professor, Department of Child Development and Family Relations, East Carolina University
- 2002-present Adjunct Professor, Department of Family Medicine, Brody School of Medicine, East Carolina University
- 2003-2006 Director, Marriage and Family Therapy Master's Program, East Carolina University
- 2004-2006 Interim Director, Medical Family Therapy Doctoral Program, East Carolina University
- 2008-2012 Associate Professor, Head of Behavioral Medicine, Department of Family Medicine, Brody School of Medicine, East Carolina University
- 2012-present Professor, Department of Child Development and Family Relations, East Carolina University

3. Total number of peer-reviewed publications to date: 36

4. Number of peer-reviewed presentations (international, national and regional): 102

5. Other achievements (list as needed, awards and honors, editorial boards, etc):

- 2006-present North Carolina Marriage and Family Therapy Licensure Board, Member (Vice-Chair, 2011; Chair, 2012-present)
- 2006-2012 Commission on Accreditation for Marriage and Family Therapy Education, Elected Member (Elected Chair 2012)
- 1995-present Collaborative Family Healthcare Association, member since
- 1995 Board member 2009-2013; President, 2011; Research Committee Co-Chair 2012-present)
- 2007-present *The Qualitative Report*, Editorial Board Member
- 2006-present *Journal of Couple & Relationship Therapy*, Editorial Board Member
- 2003-present *Journal of Feminist Family Therapy*, Editorial Board Member
- 2003 Scholar-Teacher Award, East Carolina University
- 2002-present *Journal of Marital and Family Therapy*, Reviewer (Advisory Board Member since 2012)
- 1999-present *Families, Systems, and Health*, Editorial Board Member (Co-Editor for "Collaboration in Action" Department since 2001)

II. Examples of current and past funded external grants

Hodgson, J., & Harsh, J. 2011 “North Carolina Center of Excellence for Integrated Care Project” Funded for 9 months, \$26,326, Carolina Foundation for Advanced Health Programs, Inc.

Lamson, A., & **Hodgson, J.** 2011 “Integrated Care with Pamlico County: GCHC” Funded for 3 years, \$177,000, Greene County Health Care, Inc.

Hodgson, J., & Lamson, A. 2006-2014 “Integrated Care for a Brighter Future” Funded for 3 years, \$400,000.00, Submitted August 2, 2011 to Greene County Health Care, Inc.

Lamson, A., & **Hodgson, J.** 2009-2012 “Integrated Care Migrant Farm Workers Project: Greene County Health Care Inc.,” Funded for 3 years, \$206,250, Greene County Health Care, Inc.

Hodgson, J. 2009-2011 “Substance Use Integrated Care Project: Funded for 2 years, \$183,880, Submitted September 13, 2008 to NC Foundation for Advanced Health Programs.

Hodgson, J., & Lamson, A. 2007-2013 “Bernstein Medical Center Integrated Care Project,” Funded, \$238,000, Submitted December 11, 2007 to Greene County Health Care, Inc.

Jesse, E, **Hodgson, J.**, Bunch, S., Dolbier, C., Bass, L., Swanson, M., & Blanchard, A. 2006 “Study of a Cognitive-Behavioral Intervention in Pregnancy for Low-Income Women with Depressive Symptoms,” Funded, \$33,351.08, Submitted March 20, 2006 to East Carolina University’s Graduate School.

Harkness (Hodgson), J., & Smith, A. “A Simulated Patient Module for Marriage and Family Therapy Students,” Funded \$7,837, Submitted September 2001 to the East Carolina University.

III. Graduate students directed in the past 5 years: PhD students: 12 chaired (6 defended; 6 in progress); MS students 7 chaired (5 defended; 2 in progress)

IV. Relevant publications:

1. **Hodgson, J.**, Lamson, A.L., Mendenhall, T., & Crane, R. 2012 Medical family therapy: opportunity for workforce development in healthcare. *Contemporary Family Therapy*, 34(2), 143-146 (DOI 10.1007/s10591-012-9199-1).
2. Marlowe, D., **Hodgson, J.**, Lamson, A., White, M., & Irons, T. 2012 Medical Family Therapy in a Primary Care Setting: A Framework for Integration. *Contemporary Family Therapy*, 34, 244-258 (DOI 10.1007/s10591-012-9195-5).
3. Stanton, R., Atherton, W., Toriello, P., & **Hodgson, J.** 2012 Implementation of a “learner-driven” curriculum: An SBIRT interdisciplinary primary care model. *Substance Abuse*, 33, 312-315 (DOI: 10.1080/08897077.2011.640140).
4. Phelps, K., **Hodgson, J.**, Lamson, A., Swanson, M., & White, M. 2012 Satisfaction with Life and Psychosocial Factors among Ethnic Minorities with Type 2 Diabetes. *Social Indicators Research*, 106, 359-370 (DOI: [10.1007/s11205-011-9811-z](https://doi.org/10.1007/s11205-011-9811-z)).

Name: Lisa Tyndall, PhD, LMFT
Rank & Department: Clinical Faculty in Child Development and Family Relations
Room & Phone # Family Therapy Clinic Room 105

Education:

UNC – Chapel Hill East Carolina University, Greenville NC East Carolina University, Greenville NC	BA MS PhD	1997 2003 2010	Interpersonal Commun Marriage & Family Medical Family
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Positions and Honors

Professional work experience:

- 1997-1998 Pitt County Family Violence Program, Program Assistant. Greenville, NC
1998-2001 Ravenscroft School, Inc., Assistant Director of Development. Raleigh, NC
2002-2003 East Carolina University, Family Therapy Clinic Assistant. Greenville, NC
2002-2003 East Carolina University, Family Therapist Intern - Family Preservation Services, Greenville, NC
2002-2003 East Carolina University, Instructor. Greenville, NC
2003-2006 The Oakwood School, Director of Development. Greenville, NC
2006-2008 East Carolina University, Instructor/Research Assistant. Greenville, NC
2008-2009 James D. Bernstein Community Health Center, Medical Family Therapist, Greenville, NC
2009-2010 East Carolina University, Instructor. Greenville, NC
2009-2010 Bertie Memorial Hospital, Research Assistant. Greenville, NC
2010-Now East Carolina University, Family Therapy Clinic Director, Greenville, NC

Other Experience and Professional Memberships

- 2006 - now Member, American Association of Marriage and Family Therapists
2012 Board Member: Advisory Board, North Carolina Association for Marriage and Family Therapy

C. Selected Peer-reviewed Publications

Most relevant to the current application (in relevance order)

- 1.Tyndall, L., Hodgson, J. L., Lamson, A. L. , White, M., & Knight, S. (2012). Medical Family Therapy: A theoretical and empirical review. *Contemporary Family Therapy*.
- 2.Tyndall, L., Hodgson, J. L., Lamson, A. L. , White, M., & Knight, S. (2012). Medical Family Therapy: Charting a course in competencies. *Contemporary Family Therapy*.

James Raymond Menke
Military Research Liaison and Project Manager
Operation Reentry North Carolina

EDUCATION/TRAINING

TUI University, Cypress California BSHS 05/2010 Healthcare Management
Trident University, Cypress California MSHS 05/2012 Healthcare Management

Positions and Honors

Hospital Corpsman US Navy March 1981 – July 2011 (30 years 5 months)

Senior Hospital Corpsmen Rating Specialist Enlisted Placement Management Center

April 2002 – December 2003 (1 year 9 months) Provided centralized management supporting the distribution of 22,000 personnel by monitoring the enlisted assignment processes. Subject matter expert on the enlisted distribution system reviewed and initiated over 800 staffing actions and handled hundreds of difficult placement issues required to maintain a highly effective and mobile workforce.

Community Manager Assistant Hospital Corps December 2003 – September 2006 (2 years 10 months) Skillfully managed financial incentive and compensation budget of 7.2 million dollars, to retain employees with critical skills. Made 1 specific recommendations to the Navy Surgeon General on issues of workforce diversity and needs to shape the future force.

Hospital Corps Plans and Policy Navy Medicine September 2006 – November 2009 (3 years 3 months) Responsible for plans and policies effecting 27,000 allied health professionals, employed as part of a global healthcare system valued at over 8 billion dollars.

Implemented and saw to completion of the largest consolidation of enlisted medical training at the Medical Education and Training Campus in San Antonio Texas. This initiative is improving the way 27,000 U.S. Navy Hospital Corpsmen will be trained and developed and represents the future of the Military Healthcare System. Assisted in the development of the Military Health Systems Human Capital Strategy, including designing marketing and communication strategies. Collaborated; Developed and directed Navy Medicine staffing plans and personnel policies, recommended courses of action necessary to meet workforce requirements including the most efficient use of Human Resource allocation and distribution to meet Navy Medicines global mission. One of the lead architects behind Navy Medicines "Strategy for our People". This Strategy increased the agility and flexibility of the Hospital Corps to directly support joint-war fighters around the world. Recognized expert on Navy manpower and personnel systems and effectively used them to oversee and direct the execution of all personnel plans and policies regarding; career progression, recruiting, advancement, financial incentive and compensation planning for more than 27,000 allied health employees.

Deputy Director Hospital Corps Navy Medicine November 2009 – March 2011 (1 year 5 months) (Awarded Legion of Merit Award for service from the President of the United

States)

Deputy Director, Hospital Corps. Bureau of Medicine and Surgery, Washington D.C.

Principle advisor to the Director of the Hospital Corps, responsible for plans and policies effecting 27,000 allied health professionals, employed as part of a global healthcare system valued at over 8 billion dollars. Implemented and saw to completion of the largest consolidation of enlisted medical training at the Medical Education and Training Campus in San Antonio Texas. This initiative is improving the way 27,000 U.S. Navy Hospital Corpsmen will be trained and developed and represents the future of the Military Healthcare System. Assisted in the development of the Military Health Systems Human Capital Strategy, including designing marketing and communication strategies. Collaborated with Johns Hopkins Applied Physics Laboratory to develop a Navy Medicine workforce estimator and requirements validation tool "Med-MACRE

Military Research Liaison and Project Manager for Operation Re-entry North Carolina East Carolina University Educational Institution; 1001-5000 employees; Higher Education industry April 2012 – Present (7 months) Greenville, North Carolina Area

The Military Research Liaison is responsible for developing partnerships between East Carolina University, Operation Re-entry North Carolina, and outside military and Veterans Affairs organizations. This position is also responsible for facilitating the development of various agreements such as Cooperative Research and Development Agreements (CRADA) necessary to conduct collaborative research projects with military and Veterans Affairs collaborators.

Research Support

Award# W81XWH-11-2-0221 Morris(PI) 09/30/11-09/29/2012

Operation Reentry North Carolina remains a research initiative in support of military service personnel, veterans and their families. Through the development of unique university-military partnerships, ORNC continues to address the resilience, rehabilitative and reintegration concerns of combat veterans returning from deployment and the challenges facing the DOD and VA health providers who care for them. It is a research support organization designed to mobilize and organize civilian university expertise to address critical gaps. This research initiative is led by ECU which was funded in its first year of operation through a \$2.4M appropriation in the FY2010 NDAA.

J. Ted Morris, PhD

Professional Preparation

1989 Bachelor of Arts, double major in Economics and Business Management,
NC State University

1994 Master of Economics: Agriculture & Resource Economics, Minor in Statistics,
NC State University

1998 Ph.D., Forestry,
NC State University

Appointments

2007-Pr East Carolina University
Associate Vice Chancellor for Engagement, Innovation and Economic Development

2003-07 NC State University
Director, Economic Development Partnership

2001-04 University of North Carolina System Office of the President Executive Team Member
North Carolina Technology Development Initiative

2000-03 N.C. Technological Development Authority, Inc. Vice President and Director of
Technology Transfer Initiatives

1998-00 Academy Centennial Fund & Academy Venture Fund Senior Associate

1994-98 NC State University Project Manager & Research Assistant

1989-91 Branch Banking & Trust Co. Regional Financial Analyst

Publications (Invited Presentations Most Closely Related to the Proposed Project)

2011 Use of Technology in Education, John F. Kennedy Special Warfare Center and
School Commander's Conference, Fort Bragg.

2011 The Middle School Innovators Academy Competing for national Awards of Excellence for
Talent Development University economic Developers Association Annual Meeting

2010 The Role of Innovation in Enhancing Education, Presentation to the NC Governor's
Innovation Council

2009 Creating the Jobs For Which We Are Educating People: East Carolina University's Direct
Role in Job Creation, National Outreach Scholarship Conference

2009 East Carolina University's Role in Advanced Learning Technologies,

East Carolina University Chancellor's Industry Roundtable

Publications (Other Related or Significant Publications)

2009 East Carolina University Resources Supporting USSOCOM Technology Areas of Interest,
Presentation delivered to Lt. Gen. Mulholland, US Army Special Operations Command

2008 Trends and Opportunities Within Regional Industry Clusters North Carolina's Eastern Region, Annual State of the Region Event

2008 Creating a National Model for Regional Transformation General Henry Hugh Shelton Leadership Forum

2006 Wake County Economic Development/NC State University Precision Marketing Initiative, Association of University Research Parks 20th Annual Conference

2006 University-Based Economic Development, NC State 4th Annual Symposium on the Engaged University

Synergistic Activities

- Built one-of-a-kind **Innovation Design Lab** (IDL) at ECU and a companion facility at NC State University. The IDL uses the visual language of design to facilitate multi-disciplinary teams in solving complex challenges through new policies, processes, and products. One of three national finalists for award for excellence as a Community Connected Campus.
- Created the **ECU Middle-School Innovators Academy** to train young people in complex problem solving, ideation, innovation, team leadership, communication and new product development using the Innovation Design Lab. Currently seeking \$3,000,000 from the National Science Foundation's Informal Science Education program to research why the program is so effective and to expand regionally. Received 2011 national award for excellence in Talent Development.
- Developed ECU's **Global Innovation Workshop** linking University students with Chinese and Brazilian counterparts to conduct innovation projects.
- Researched and developed new optimal performance training game for military personnel and veterans. Team members included business and industry partners, faculty, graduate and undergraduate students all participating in the collaborative commercialization process.
- Constructed the state's first professional development program for faculty and graduate students in scholarly engagement and community outreach - **ECU's Engagement and Outreach Scholars Academy**.
- Led ECU's successful bid to become the first non-land grant university accepted for membership in the national Engagement Scholarship Consortium.

Thomas M. Penders, MD**EDUCATION:**

Cardinal Dougherty High School 9/1959-6/1963
Philadelphia, PA

LaSalle College, Philadelphia, PA 9/1963-6/1968
Degree: B. A. in Biology

Drexel University, Philadelphia, PA 7/1968-6/1969
Degree: M. S. in Environmental Health

Hahnemann Medical School 9/1969-6/1973
(Now Drexel University)
Philadelphia, PA

POSTDOCTORAL TRAINING:

Internship: Medical College of Pennsylvania
Philadelphia, PA
7/1973- 6/1974

Residency: Psychiatry at Boston Veterans Hospital,
Boston, MA
Tufts New England Medical Center
7/1974- 6/1975

Psychiatry at Dartmouth Medical School,
Dartmouth, NH
Department of Family and Community Medicine
7/1975- 7/1977

CERTIFICATIONS:

Certification of Special Qualifications in
Psychosomatic Medicine 2006

Addictions Psychiatry Recertification 2005

Certification of Special Qualification in
Psychosomatic Medicine 1996

Certification in Psychiatry and Neurology 1978
Board of Psychiatry and Neurology

Diplomat, National Board of Medical Examiners 1974

PROFESSIONAL MEMBERSHIPS:

Fellow, American Psychiatric Association, North Carolina Psychiatric Association
Academy of Psychosomatic Medicine, American Medical Association, North Carolina Medical Society

LICENSURE:

North Carolina - active
West Virginia, Virginia, Pennsylvania, South Carolina, Delaware and Vermont - inactive status

CURRENT PROFESSIONAL EXPERIENCE:

East Carolina University, Medical Director
Department of Psychiatric Medicine
9/2010-present

President, Medical Staff Organization
Beaufort County Hospital
12/08-Present

Pungo District Hospital
Belhaven, NC
8/07-12/09

I. Name: Damon L. Rappleyea

Rank & Department: Assistant Professor of Child Development and Family Relations

1. Education:

Ricks College, Rexburg, ID	AA	1998	Family Studies
Brigham Young University, Provo, UT	BS	2001	Human Development
University of Oregon, Eugene, OR	MEd	2004	Marriage & Family Therapy
Texas Tech University, Lubbock, TX	PhD	2009	Marriage & Family Therapy

2. Professional work experience:

- 2001-2002 Case Manager, Transition Shelter and Assessment Center, Eugene, Oregon.
2002-2004 Case Manager, Full Access Brokerage (MR/DD), Eugene, Oregon.
2003-2004 Clinical Intern, Veteran's Administration Mental Health Clinic, Eugene, Oregon.
2005-2008 Therapist/Program Administrator, Lubbock County Juvenile Justice Center, Lubbock, Texas.
2005-2008 Adjunct Faculty Member, Lubbock Christian University, Behavioral Sciences Department, Lubbock, TX.
2007-2008 Project Coordinator, Texas Healthy Marriage Initiative, Texas Tech University.
2008-present Assistant Professor (Tenure-track), Department of Child Development and Family Relations, East Carolina University.
2012-present Director, Marriage and Family Therapy Master's Program, East Carolina University

3. Total number of peer-reviewed publications to date: 7

4. Number of peer-reviewed presentations (international, national and regional): 33

5. Other achievements (list as needed, awards and honors, editorial boards, etc):

- 2004-present *American Association for Family Therapy*, Clinical Fellow
2010-present *Journal of Marital and Family Therapy*, Ad Hoc Reviewer
2010-present *Families, Systems, and Health*, Ad Hoc Reviewer
2010-present *North Carolina MFT Licensure Board*, Licensed Marriage and Family Therapist (LMFT)
2011-present *American Association for Family Therapy*, Approved Supervisor
2011-present *Center for Family Violence*, Board Member
2012-present *Journal of Couple & Relationship Therapy*, Materials Editor and Advisory Board Member

II. Examples of current and past funded external grants

Rappleyea, D. L., & Harris, S. M. 2008-2009 "Texas Healthy Marriage Initiative" Funded for 12 months, \$347,000, Department of Health and Human Services

Hodgson, J., Koehler, A., & **Rappleyea, D. L.** 2011 "Behavioral Health Leadership" Funded for 1 year, \$10,000, BB&T Bank, Raleigh, NC.

III. Graduate students directed in the past 5 years: PhD students: 1 chaired; 2 committees (0 defended;1 in progress); MS students 1 chaired; 4 committees(1 defended; 3 in progress)

IV. Relevant publications:

1. Daire, A., Harris, S. M., Carlson, R. G., Munyon, M. D., **Rappleyea, D. L.**, Green, M., & Hiett, J. (2012). Fruits of improved communication: The experiences of older Hispanic adults in a relationship education program. *Journal of Couple & Relationship Therapy*, 11, 112-129.
2. **Rappleyea, D. L.**, Harris, S. M., & Dersch, C. A. (2009). Therapist response to intimate partner violence: A qualitative content analysis. *Journal of Couple and Relationship Therapy*, 8, 34-51
3. **Rappleyea, D. L.**, Harris, S. M., White, M. & Simon, K. (2009). Termination: Legal and ethical considerations for marriage and family therapists. *American Journal of Family Therapy*, 37, 12-27.
4. **Rappleyea, D. L.** & Munk, A. C. (2008). Altering the future: Solutions to problem saturated stories. *Reclaiming Children and Youth*, 17, 37-42.
5. Dersch, C. A., Harris, S. M., & **Rappleyea, D. L.** (2006). Recognizing and responding to partner violence: An analog study. *American Journal of Family Therapy*, 34 (4), 317-331.

Matthew Putts, MS, LPCA, CRC

Education:

PhD in Rehabilitation Counseling- In Progress
East Carolina University, Greenville, North Carolina January 2012 – present

MS in Rehabilitation Counseling- Community Counseling Track
University of Medicine and Dentistry of New Jersey (now Rutgers University), Scotch Plains, New Jersey August 2008 – May 2011

BA in Psychology Colgate University, Hamilton, New York
August 2003 – May 2007

Professional Experience:

Clinician, Navigate Counseling Clinic, Department of Addictions and Rehabilitation Studies, East Carolina University, 2012-present
Provide individual and group counseling, individual assessment, and vocational assessments at a sliding scale fee counseling clinic.

Coordinator, Navigate Counseling Clinic, Department of Addictions and Rehabilitation Studies, East Carolina University, 2012
Involved in starting new counseling clinic, establishing policies and procedures, and overseeing daily clinic operations.

Clinical Supervisor, Department of Addictions and Rehabilitation Studies, East Carolina University, Fall 2012
Provided clinical supervision via triadic and individual supervision for three master's program practicum students.

Manager of Commercial Services, Employment Horizons, Inc., 2010-2011
Oversaw 120 employees, \$4.6 million annual budget, and all aspects of department programs tasked with employing individuals with significant disabilities on contracted work.

Assistant Commercial Services Manager, Employment Horizons, Inc. 2009-2010
Assisted Manager of Commercial Services with daily department operations and human resources functions.

Vocational Counselor, Employment Horizons, Inc., 2009-2009
Case management services for over 40 consumers with developmental disabilities in on-site vocational program

Employment Services Specialist, Employment Horizons, Inc., 2007-2009

Job development and coaching for consumers with physical disabilities and/or traumatic brain injury

Honors Received:

MS in Rehabilitation Counseling- Academic Achievement Award
University of Medicine and Dentistry of New Jersey
May 2011

Publications:

Putts, M. R. (in press). Recognizing Trauma and PTSD Symptoms in Individuals with Psychotic Disorders. *Journal of Counseling and Development*.

Sligar, S. R., & Putts, M. (in press). Life Centered Education Competency Rating Scale and Competency Assessment Batteries. In Whitfield, E. A., Feller, R., & Wood, C. (Eds.), *A Counselor's Guide to Career Assessment Instruments - 6th edition*. Broken Arrow, OK: National Career Development Association.

Lu, W., Mueser, K. T., Shami, A., Siglag, M., Petrides, G., Schoepp, E., Putts, M., & Saltz, J. (2011). Post-traumatic reactions to psychosis in people with multiple psychotic episodes. *Schizophrenia Research*, 127, 66-75.

Sources of Support:

Graduate Assistantship from Operation Re-entry North Carolina (ORNC) administered by the Department of Addictions and Rehabilitation Studies, East Carolina University

Curriculum Vitae

Jeffrey Franklin Thomas, MS, CRC, LPCA

Education

East Carolina University – Greenville, NC
2015

Expected graduation

Doctor of Philosophy in Rehabilitation Counseling and Administration
Specialization: Substance Abuse Clinical Counseling

San Francisco State University – San Francisco, CA
2011

Graduated

Master of Science in Rehabilitation Counseling
Credential: Counseling Deafened and Hard-of-Hearing Persons
Graduated with honors; 3.85 GPA

American Intercontinental University – Hoffman Estates, IL
Graduated 2008

Bachelor of Business Administration
Concentration: Organizational Psychology
Graduated Summa cum Laude, 4.0 GPA

San Francisco State University – College of Extended Learning - San Francisco, CA
Completed 2005

Professional credential: Human Resource Management (HRM-161)

Professional Certifications/Licenses

North Carolina

Licensed Professional Counselor Associate (#A9797)

National

Certified Rehabilitation Counselor (#00116614)
Applied Suicide Intervention Skills Training Practitioner

Professional Experience (Select)

East Carolina University – Greenville, NC
Present

2011 –

Doctoral Research Graduate Scholar

Conduct research, teach, and supervise master-level clinical trainees in the Department of Addictions & Rehabilitation Studies

Navigate Counseling Clinic @ ECU – Greenville, NC – Present	2011
<i>Clinic Coordinator/Clinician</i>	
Development Committee for Navigate Counseling Clinic, Department of Addictions & Rehabilitation Studies	
Coordinate clinic operations, supervise clinicians, outreach, and provide counseling services to clients	
State of California – Department of Rehabilitation – Oakland, CA 2011	2010 –
<i>Rehabilitation Counselor Intern/Graduate Student Assistant (Paid)</i>	
Provided vocational and adjustment counseling to persons with disabilities and substance abuse disorders	
Salvation Army Adult Rehabilitation Center – Oakland, CA 2009	2008 -
<i>Mental Health Clinical Intern (Paid)</i>	
Provided clinical treatment services to clients with substance abuse or co-occurring disorders with extensive criminal histories in an in-patient treatment community	

Publications

Crozier, M., Chapin, M., **Thomas, J.**, Bell, A. (2012). Training doctoral students to teach online.

Chronister, J., Kirkpatrick, K., & Thomas, J. (2011). Psychosocial issues and cultural diversity. In F. Chan, M. Bishop, J. Chronister, & E.J. Lee (Eds.), *CRC examination preparation: A concise guide to the foundations of rehabilitation counseling*. Springer: NY.

Chronister, J., Bagain, A., Fitzgerald, M., Thomas, J. & Trujillo, M. (2011). Counseling approaches and principles. In F. Chan, M. Bishop, J. Chronister, & E.J. Lee (Eds.), *CRC examination preparation: A concise guide to the foundations of rehabilitation counseling*. Springer: NY.

Teaching Experience

Substance Abuse Courses

Alcohol and Drug Abuse (REHB 2003), East Carolina University, 2012

Rehabilitation Counseling Courses

Survey of Community Resources in Rehabilitation and Healthcare (REHB 2000), East Carolina University, 2012-2013

Job Descriptions

1. Title: Program Director, Navigate Counseling Clinic.
2. Duties:
 - a. Administratively directs the day-to-day functions of the Navigate services.
 - b. Directs special services, projects and grants (e.g., ORNC: R&R).
 - c. Manages all budgetary aspects pertaining to Navigate services.
 - d. Develops and directs orientation and on-going training of staff.
 - e. Provides first responder services to a crisis situation 24/7/365.
 - f. Develops, implements, and directs performance improvement activities of services.
 - g. Develops and maintains working alliances with external Navigate partners.
 - h. Facilitates Management Team meetings.
 - i. Develops, evaluates, and revises protocols for services.
 - j. Develops and implements client recruitment & retention procedures.
 - k. Prepares and submits grant applications to sustain Navigate services.
 - l. Develops fee-for-service contracts with external partners to sustain Navigate counseling services.
 - m. Ensures counseling services and staff adheres to relevant legal and ethical standards of practice.
3. Qualifications: PhD in Counseling, North Carolina licensure as a Professional Counselor, and Clinical Addiction Specialist and Certified Clinical Supervisor; and 5 years of experience working in clinical counseling settings.
4. Supervisor relationships: Provides administrative and clinical supervision of program. Directly supervises Senior Clinicians. Reports to Chair of Department of Addictions and Rehabilitation Studies.
5. Skills and knowledge required:
 - a. Clinical counseling skills.
 - b. Clinical supervision skills.
 - c. Organizational and multitasking skills.
 - d. Ability to implement and evaluate uses of technology to augment services.
 - e. Demonstrates understanding of clients rights and ensures client's rights are protected.
 - f. Responds appropriately during a behavior crisis; is able to defuse and de-escalate behavior outburst; adheres to written crisis plans for runaway, suicide, etc.
 - g. Maintains a safe environment, free from hazards.
 - h. Maintains communication with staff regarding client care.
 - i. Provides staff with clear consistent expectations and consequences.
 - j. Assists with developing and implementing curriculum for the program which addresses individual client needs.
6. Personal qualities
 - a. Leadership and managerial expertise.
 - b. Ability to guide overall direction of program.
7. Travel: Travel required several times per week to direct activities of mobile outreach clinic services.
8. Salary range: \$65,000-\$75,000 per year.
9. Hours per week: 40.

Job Descriptions (continued)

1. Title: Senior Clinician (PhD Intern), ORNC: R&R.
2. Duties:
 - a. Coordinates, schedules, and provides mobile outreach clinical and case management services with other Senior Clinicians.
 - b. Administratively and clinically supervises/schedules Associate Clinicians.
 - c. Oversees ORNC: R&R program schedule and client appointments.
 - d. Oversees ORNC: R&R clients' record and client information management.
 - e. Assists with development of ORNC: R&R project evaluation reports.
 - f. Coordinates ORNC: R&R outreach and networking.
 - g. Provides supervised clinical services in one or more of the following specialty areas:
 - i. Substance abuse and clinical mental health counseling,
 - ii. Family and couples counseling,
 - iii. Biofeedback training, and/or
 - iv. Career counseling.
 - h. Provides first responder services to a crisis situation 24/7/365
3. Qualifications: Masters in specialty area, currently enrolled in PhD program, currently completing PhD level internship experience, North Carolina licensure/certification (or eligible) in specialty area, and 2 years of post-Master's experience working in specialty area.
4. Supervisor relationships: Provides administrative and clinical supervision of Associate Clinicians. Reports to Program Director.
5. Skills and knowledge required:
 - a. Specialty skills in one or more of aforementioned areas.
 - b. Clinical supervision skills.
 - c. Organizational and multitasking skills.
 - d. Ability to use technology to augment services.
 - e. Demonstrates understanding of clients rights and ensures client's rights are protected.
 - f. Responds appropriately during a behavior crisis; is able to defuse and de-escalate behavior outburst; adheres to written crisis plans for runaway, suicide, etc.
 - g. Maintains a safe environment, free from hazards.
 - h. Maintains communication with staff regarding client care.
 - i. Assists with developing and implementing curriculum for the program which addresses individual client needs.
6. Personal qualities
 - a. Clinical leadership expertise.
 - b. Ability to facilitate and work as part of a team.
7. Travel: Travel required several times per week to facilitate mobile outreach clinic services.
8. Salary range: \$24,000 stipend over 12 month period.
9. Hours per week: 20.

Job Descriptions (continued)

1. Title: Associate Clinician (Master's Intern), ORNC: R&R.
2. Duties:
 - a. Provides mobile outreach clinical and case management services with Senior and other Associate Clinicians.
 - b. Completes ORNC: R&R clients' record keeping and client information management.
 - c. Participates in ORNC: R&R outreach and networking.
 - d. Provides supervised clinical services in one or more of the following specialty areas:
 - i. Substance abuse and clinical mental health counseling,
 - ii. Family and couples counseling,
 - iii. Biofeedback training, and/or
 - iv. Career counseling.
3. Qualifications: Bachelors in human service field, currently enrolled in Master's program in specialty area, currently completing Master's level internship experience, and 1 years of post-Bachelor's experience in human service setting.
4. Supervisor relationships: Reports to Senior Clinician.
5. Skills and knowledge required:
 - a. Specialty skills in one or more of aforementioned areas.
 - b. Clinical supervision skills.
 - c. Organizational and multitasking skills.
 - d. Ability to use technology to augment services.
 - e. Demonstrates understanding of clients rights and ensures client's rights are protected.
 - f. Responds appropriately during a behavior crisis; is able to defuse and de-escalate behavior outburst; adheres to written crisis plans for runaway, suicide, etc.
 - g. Maintains a safe environment, free from hazards.
 - h. Maintains communication with staff regarding client care.
 - i. Assists with developing and implementing curriculum for the program which addresses individual client needs.
6. Personal qualities
 - a. Ability to facilitate and work as part of a team.
7. Travel: Travel required several times per week to facilitate mobile outreach clinic services.
8. Salary range: \$3000 stipend over 12 month period.
9. Hours per week: 20.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

This project design will require the collection of data from clients receiving services with ORNC: R&R. In accordance with the Federal provisions found in 45 CFR Part 46, Protection of Human Subjects, this proposal and its accompanying consent forms will undergo review at the Institutional Review Board (IRB) of the East Carolina University. Dr. Toriello, the PI, who is a full-time faculty member of East Carolina University will be responsible for seeking approval from the IRB. This process will include submitted completed IRB forms and draft consent form for IRB review and approval. It is important to note that in addition to meeting IRB and Office of Human Research Protections guidelines all client specific consent forms will comply with the Health Insurance Portability and Accountability Act (HIPAA). Finally, with the emphasis on technology-based service delivery systems (e.g., telehealth, web-portals, emails, and the like), the ECU IRB will work in conjunction with ECU IT Security on approving said systems in regard to security, encryptions, HIPAA compliance.

1. Protect Clients and Staff from Potential Risks

There are no physical or medical risks expected as a result of participation in this project. There may be some possibility of minimal psychological or social risk incurred by clients as they matriculate through ORNC: R&R services. Clinicians will be available to discuss any problems arising from participation in the project. Should the client prefer assistance from someone outside of ORNC: R&R, a referral will be made to the clients' home county public managed care organization (MCO) or to another facility chosen by the client. Confidentiality risks are minimal as all ORNC: R&R staff have signed confidentiality statements protecting the rights of the ORNC: R&R clients. Because repeated data collection is needed for evaluation of the program implementation, data collection forms such as the GPRA interviews will be coded with a number. The client name linked to a specific number will be known only to the project director and project evaluation assistants.

2. Fair Selection of Participants

The population of focus for ORNC: R&R consists of homeless veterans and their families who are struggling with substance abuse/mental issues and residing in rural, eastern NC. Clients will be 92% male, 35% African American, 52% Caucasian, 5% Hispanic, and 8% other, and range in age from 18-65 years. ORNC: R&R will not serve individuals under the age of 18 unless they are the family member of a primary client. ORNC: R&R evaluation participants will consist of all ORNC: R&R clients that consent to willingly participate in the evaluation activities. Selection of quarterly client focus group participants will be done by the project director.

3. Absence of Coercion

Participation in ORNC: R&R services is voluntary. Participation in ORNC: R&R evaluation activities is also voluntary. Any client may refuse at any time to participate. Clients will be assured that their decision to not participate in the project will not affect the services they receive from ORNC: R&R. Participants completing the discharge and/or 6-month post-baseline GPRA

interviews will receive a \$20 incentive (e.g., gas card, Wal-Mart gift card). This incentive has been successfully used by the project team in previous projects and generated a GPRA completion rate $\geq 80\%$.

4. Data Collection

Data will be collected from ORNC: R&R clients. Clients will complete GPRA interviews upon intake (baseline) into ORNC: R&R, discharge and 6-months post-baseline. In addition, clients will participate in focus groups facilitated by the project director. The purpose of the focus groups will be to generate qualitative data about client perceptions of ORNC: R&R's service. These focus groups will be audio recorded for analysis by Dr. Toriello. Individuals counseling sessions (via telehealth and/or face-to-face) between clients and clinicians will be observed by the project coordinators for purposes of providing clinical supervision on the clinicians' use of Motivational Interviewing. During these observed sessions, coordinators will complete the Motivational Interviewing Treatment Integrity coding form (See Appendix 2). Coordinators will also evaluate clinicians' emails and other electronic communications to clients for the infusion of MI-based strategies.

Client data will also be extracted from the ORNC: R&R HER for project evaluation purposes. All extracted data will be de-identified and used to evaluate ORNC: R&R's performance on the identified process and outcome measures.

5. Privacy and Confidentiality

All data will be collected by project personnel who have signed confidentiality statements. Data collection forms will be uniquely numbered and will not contain names or other identifiers. Because repeated measures on the same individuals will be collected it is not possible to provide anonymity however, the data linking numbers to names will be kept off-site in a lock box that is accessible only to the ORNC: R&R project director and project evaluation assistants. Hard copy files without identifiers will be kept in a locked file cabinet and all computer data-base entries of evaluation data will contain only unique numeric identifiers and be password protected. All clients' EHRs will be HIPPA compliant and be maintained according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures

All consent forms and data collection and extraction procedures will undergo review by the East Carolina University IRB. Risks and benefits will be explained orally and in writing. Participants who cannot read will have the forms read to them. All participants will be told that may withdraw at any time with jeopardizing further ORNC: R&R services. Additionally, ORNC: R&R clients that decline to participate in the ORNC: R&R evaluation activities will still be eligible to participate in ORNC: R&R services, they will just not be involved in the evaluation activities. Participants will be questioned about their understanding of the consent forms and will be provided with a copy of the consent form. Consent forms have been designed to detail the

entire project and cover their participation over time. See attachment 3 for “Sample Consent Forms.”

7. Risk/Benefit Discussion

As delineated earlier, there are possible minimal psychological or social risks involved in participation in this project. However, the knowledge gained about using technology-based service delivery systems to improve services to veterans with co-occurring substance abuse and mental health issues who are homeless and reside in a rural area will be significant. It is thought that the minimal risk does not outweigh the benefits of this project.

Attachment 1: Primary providers, other providers, Assurances, Commitment Letters

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

Navigate Counseling Clinic (formerly Project Working Recovery)
4410 Health Sciences Building
Department of Addictions and Rehabilitation Studies
East Carolina University
Greenville, NC 27858-4353
Ph. 252-744-0328
Fax 252-744-6311
Navigate@ecu.edu

(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:

Navigate Counseling Clinic (formerly Project Working Recovery)
4410 Health Sciences Building
Department of Addictions and Rehabilitation Studies
East Carolina University
Greenville, NC 27858-4353
Phone 252-744-0328
Fax 252-744-6311
Navigate@ecu.edu

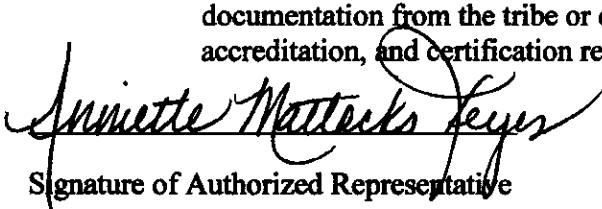
Alternative Care Treatment Systems, Inc
907-911 Hay Street
Fayetteville, NC 28305
Phone: (910) 438-0939
Fax: (910) 438-0942
tsmith@actsinc.net
<http://www.actsinc.net/>

Le'Chris Health Systems, Inc
2050 Eastgate Drive, Ste. E
Greenville, NC 27858
Phone 252-353-8452
melissaeastwood@lechris.com
<http://www.lechris.com/index.htm>

(3) Statement of Assurance:

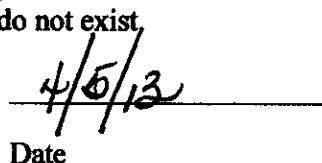
As the authorized representative of East Carolina University, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within 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.¹ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist



Annette Mattocks Feyer

Signature of Authorized Representative



4/5/13

Date

¹ Tribes and tribal organizations are exempt from these requirements.



April 1st, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS

Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Collaboration between Le Chris and Operation Reentry North Carolina: Resiliency and Reintegration through Technology

Dear Dr. Toriello,

Thank you for inviting Le Chris Health Systems to be a partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. We believe the mission of Le Chris would be an excellent complement to the mission of ECU's project entitled "Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R). Since Le Chris is accredited by the Commission on the Accreditation of Rehabilitation Facilities and certified as a North Carolina Critical Access Behavioral Health Agency, we have significant experience in providing substance abuse and mental health treatment. With our locations in Craven, Onslow, and Pitt Counties, we have particular experience in serving Military Veterans and their families. In fact, we are Tricare providers. Thus, Le Chris would be an excellent fit to partner with ORNC: R&R to meet the needs of homeless Veterans or Veterans at risk for homelessness, who are struggling with substance abuse/mental health issues in Craven, Onslow, and Pitt Counties.

If your application is awarded, Le Chris agrees to collaborate according to the following terms:

- Le Chris will receive referrals from ORNC: R&R for those Veterans in need of more intensive, community-based services located within their home county. Le Chris will work with ORNC: R&R team members to coordinate said services.
- Le Chris will place an ORNC: R&R-funded computer in an available office within our Craven, Onslow, and Pitt County locations. Le Chris will facilitate ORNC: R&R clients' access to this computer to engage in specialized services provided by ECU. For this, ECU, via ORNC: R&R, will compensate Le Chris (a) up to \$15/square foot of the rooms where the computer is placed

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Le'Chris Health Systems of Greenville, Inc.
2050 Eastgate Drive, Suite E - Greenville, NC 27858-4283 - 252.353.8452 ~ Fax 252.353.8457





and (b) \$9,000 for assigning a Le Chris staff to facilitate ORNC: R&R clients' use of the computer during a reasonable schedule of availability (Note: \$9000 is based on \$3000/site/year of the project, for 3 sites- Craven, Onslow, and Pitt Counties).

Should ECU's application be considered a finalist for funding, Le Chris will also provide copies of relevant programmatic licenses and certificates of accreditation per SAMHSA's request.

Again, we are excited about the opportunity to collaborate with ECU in meeting the critical needs of our Military's Veterans and their families.

If you need additional information, please feel free to contact me at (252) 353-8452 or
melissa@lechris.com.

Sincerely,

Melissa Eastwood

Executive Director of Operations

Central Region

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Le'Chris Health Systems of Greenville, Inc.
2050 Eastgate Drive, Suite E - Greenville, NC 27858-4283 - 252.353.8452 - Fax 252.353.8457



Alternative Care Treatment Systems

911 Hay Street, Fayetteville, NC 28305 Phone: (910) 438-0939 Fax: (910) 438-0942 email: jleonard@actsinc.net

April 1st, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Collaboration between Alternative Care Treatment Systems, Inc. and Operation Reentry North Carolina: Resiliency and Reintegration through Technology

Dear Dr. Toriello,

Thank you for inviting Alternative Care Treatment Systems, Inc. (ACTS Inc.) to be a partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. Our mission is to improve the lives of our clients by providing the highest quality of service in a loving and caring atmosphere. Thus, we believe we be a good fit with the mission of ECU's project entitled "Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R). Since ACTS Inc. is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and certified as a North Carolina Critical Access Behavioral Health Agency. Additionally, for the past six years, ACTS have served as treatment provider for several Cumberland County Treatment Courts (Family Drug Court, Adult Drug Court, & Sobriety Court). ACTS is involved in the development of the newest court (Veterans Court), which will begin when funding has been secured. We have significant experience in providing substance abuse and mental health treatment, involvement with the court system validates the quality of service our agency provides. With our location in Cumberland County, we have particular experience in serving Military Veterans and their families. Veterans who reside in Cumberland County who are uninsured, underinsured, or have insurance we did not accept can apply for Integrated Payment & Reporting System (IPRS) as administered through Alliance Behavioral Healthcare, providing the Veteran is appropriate and eligible for services. Thus, ACTS Inc. would be an excellent fit to partner with ORNC: R&R to meet the needs of homeless Veterans or Veterans at risk for homelessness, who are struggling with substance abuse/mental health issues in Cumberland County.

If your application is awarded, ACTS Inc. agrees to collaborate according to the following terms:

- ACTS Inc. will receive referrals from ORNC: R&R for those Veterans in need of more intensive, community-based services located within their home county. ACTS Inc. will work with ORNC: R&R team members to coordinate said services.
- ACTS Inc. will place an ORNC: R&R-funded computer in an available office within our Cumberland and Wayne County locations. ACTS Inc. will facilitate ORNC: R&R clients' access to this computer to engage in specialized services provided by ECU. For this, ECU, via ORNC: R&R, will compensate ACTS Inc. (a) up to \$15/square foot of the rooms where the computer is placed and (b) \$6,000 for assigning a ACTS Inc. staff to facilitate ORNC: R&R clients' use of the computer during a reasonable schedule of availability (Note: \$6000 is based on \$3000/site/year of the project, for 2 sites- Cumberland and Wayne Counties).

Alternative Care Treatment Systems

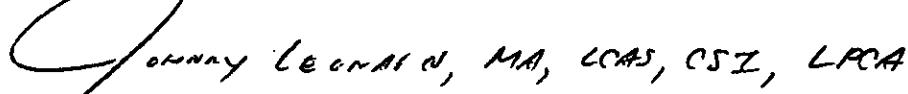
911 Hay Street, Fayetteville, NC 28305 Phone: (910) 438-0939 Fax: (910) 438-0942 email: jleonard@actsinc.net

Should ECU's application be considered a finalist for funding, ACTS Inc. will also provide copies of relevant programmatic licenses and certificates of accreditation per SAMHSA's request.

Again, we are excited about the opportunity to collaborate with ECU in meeting the critical needs of our Military's Veterans and their families.

If you need additional information, please feel free to contact me at 910-438-0939 or
jleonard@actsinc.net.

Sincerely,



Johnny Leonard, MA, LCAS, CSI, LPCA
Interim Substance Abuse Director



**DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
508 Fulton Street
Durham NC 27705**

April 28, 2013

In Reply Refer To: (116A)

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Collaboration between VA's Mid-Atlantic Veterans Service Network (VISN 6) Rural Health Program (RHP) and Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)

Dear Dr. Toriello,

Thank you for inviting the VISN 6 Rural Health Program (RHP) to partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. The mission of the RHP is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas. Given ORNC: R&R's focus on Veterans residing in rural, eastern NC Counties, collaboration would clearly and significantly support our mission.

Should your application be awarded, RHP would be glad to collaborate in establishing the following:

- Mechanisms to facilitate receiving/making referrals between VISN 6 and ORNC: R&R;
- Mechanisms to facilitate co-location of RHP events with ORNC: R&R's mobile outreach unit/clinic;
- Mechanisms to exchange information on best practices (e.g., strategies to engage homeless rural Veterans, increasing treatment completion rate, etc.), and;
- Other innovations to facilitate collaboration in accomplishing our respective and shared goals.

Again, we are excited about the opportunity to collaborate with ECU in meeting the critical needs of our nation's Veterans and their families.

If you need additional information, please feel free to contact me at (919) 286-0411, extension 7021 or Harold.Kudler@va.gov.

Sincerely,

A handwritten signature in black ink that reads "Harold Kudler".

HAROLD KUDLER, M.D.

Clinical Lead, Veterans Integrated Service Network 6 Rural Health Program
Associate Director, Mental Illness Research, Education and Clinical Center
Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University



DEPARTMENT OF VETERANS AFFAIRS
VETERANS INTEGRATED SERVICE NETWORK SIX
Durham Centre
300 West Morgan Street, Suite 700
Durham, N.C. 27701

In Reply Refer To:

April 8st, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Collaboration between the Veterans Administration (VA) and Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)

Dear Dr. Toriello,

Thank you for inviting the VA Homeless Programs to be a partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. In support of President Obama's and Secretary Shinseki's goal to end homelessness among Veterans within the next five years, I believe ORNC: R&R would be an excellent complement to the VA's Goal of Ending Veteran Homelessness. With ORNC: R&R's focus on Veterans residing in the rural, eastern NC Counties, I believe collaboration would support this Goal.

If your application is awarded, the VA Homeless Initiative would be glad to collaborate to establish the following:

- Mechanisms (e.g., Memorandums of Understanding) for the VA Homeless Initiative to facilitate receiving/making referrals from/to ORNC: R&R,
- Mechanisms to facilitate coordination of care of shared clients,
- Mechanisms to exchange information on best practices (e.g., strategies for engaging homeless Veterans, increasing treatment completion rate, etc.), and
- Other mechanisms that facilitate collaboration and accomplishing our respective and shared goals.

Again, we are excited about the opportunity to collaborate with ECU in meeting the critical needs of our Military's Veterans and their families.

If you need additional information, please feel free to contact me at 919 685-5585 or Jeffrey.Doyle@va.gov.

Sincerely,

Jeffrey Doyle, LMSW
VA Mid-Atlantic Health Care Network Homeless Coordinator



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
508 Fulton Street
Durham NC 27705

April 1, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Collaboration between the Veterans Administration Medical Center Durham (VAMC Durham) Homeless Initiative and Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)

Dear Dr. Toriello,

Thank you for inviting the Durham VAMC Homeless Program to be a partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. Since 1953, Durham VAMC has been improving the health of the men and women who have so proudly served our nation. Services are available to more than 200,000 Veterans living in a 26-county area of central and eastern North Carolina. Since ORNC: R&R will focus on Veterans residing in the rural, eastern NC Counties, collaboration between Durham VAMC Homeless Program and ORNC: R&R would help advance that mission. We are particularly excited about ORNC: R&R's intent to increase Veterans' and their families' access to state-of-the-art substance abuse/mental health interventions via technological means.

If your application is awarded, the Durham VAMC Homeless Program would be glad to collaborate to establish the following:

- Mechanisms (e.g., Memorandums of Understanding) for the Durham VAMC Homeless Program to facilitate receiving/making referrals from/to ORNC: R&R,
- Mechanisms to facilitate coordination of care of shared clients,
- Mechanisms to exchange information on best practices (e.g., strategies for engaging homeless Veterans, increasing treatment completion rate, etc.), and
- Other mechanisms that facilitate collaboration and accomplishing our respective and shared goals.

Again, we are excited about the opportunity to collaborate with ECU in meeting the critical needs of our Veterans and their families.

If you need additional information, please feel free to contact me at 919-286-0411 ext. 6197 or lindsey.arledge@va.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Lindsey Jordan Arledge".

Lindsey Jordan Arledge, MSW, LSCW
Supervisor, Homeless Programs



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
2300 Ramsey Street
Fayetteville, NC 28301

In Reply Refer To: 565/122

April 4, 2013

East Carolina University
Department of Addictions and Rehabilitation Studies
ATTN: Dr. Paul J. Toriello
East Fifth Street
Greenville, NC 27858-4353

Dear Dr. Toriello:

Fayetteville Veterans Affairs Medical Center (VAMC) welcomes the opportunity to partner with East Carolina University (ECU) on the application for the Substance Abuse and Mental Health Services Administration's grant to expand care coordination through the use of technology-assisted care in targeted areas of need. The Fayetteville VAMC provides services to more than 157,000 Veterans living in a 21 county catchment area in both North Carolina and South Carolina, one of the most concentrated Veteran populations in America. This precious group of American Heroes is significantly increasing due to our close proximity to five military bases; Fort Bragg, Seymour Johnson Air Force Base, Camp Lejeune, and New River and Cherry Point Marine Corps Air Stations. Additionally, Fort Bragg and the three Marine Corps installations maintain the largest populations of active duty United States Army and Marine Corps Forces based within the United States.

Operation Reentry North Carolina, Resiliency and Reintegration (ORNC R&R) through Technology will focus on Veterans residing in the rural and eastern North Carolina Counties. Collaboration between Fayetteville VAMC and ECU's ORNC R&R will definitely help advance the programs mission. We are extremely excited with ECU's ORNC R&R intent to increase Veterans and their families' access to advanced substance abuse and mental health interventions through technological means.

If your application is awarded, the Fayetteville VAMC Health Care for Homeless Veterans Program will collaborate and help to establish the following through Memorandum of Agreements:

- Procedures to make/receive referrals with ECU's ORNC R&R.
- Procedures to facilitate coordination of care of shared clients
- Procedures to exchange information on best practices(strategies for engaging homeless Veterans, increasing treatment completion rate, etc.)

Page 2.

Subject: Collaboration between the Fayetteville Veterans Affairs Medical Center and East Carolina University, Department of Addictions and Rehabilitation Studies, Operation Reentry North Carolina, Resiliency and Reintegration through Technology

- Procedures that facilitate collaboration and accomplishing our respective and shared goals

Fayetteville is excited about the opportunity to collaborate with East Carolina University in meeting the critical needs of our Veterans and their families.

Sincerely,



ELIZABETH GOOLSBY
Director, Fayetteville VA Medical Center

April 1st, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Support for ECU's Operation Reentry North Carolina: Veteran Resiliency and Reintegration through Technology application to SAMHSA

Dear Dr. Toriello,

On behalf of the Pitt County Regional Committee of the NC Balance of State Continuum of Care (BoS CoC), I am very excited to offer our support of East Carolina University's (ECU's) SAMHSA grant application for "Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)." Your project's focus on reducing homelessness of Veterans is a goal we share at the BoS CoC. The BoS CoC was created in 2005 in order to help communities apply for CoC funding from HUD. CoC funding serves homeless populations through permanent supportive housing, and HMIS projects. I believe ORNC: R&R will have a significant positive impact on the lives of NC's homeless Veterans and their families.

Addressing the complex issues of homelessness requires collaboration. So, I am particularly excited that your application represents collaboration between ECU, the Veterans Administration, and community-based treatment providers and resources. If your project is funded, I look forward to working with your team to coordinate services and resources with us at the BoS.

If you need additional information, please feel free to contact me at 252-902-3282 or pdwhite@pittcountync.gov.

Sincerely,



Paulette D. White, Chair
Pitt County Regional Committee of the North Carolina Balance of State





**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Jim Jarrard
Acting Division Director

April 1, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Support for ECU's Operation Reentry North Carolina: Resiliency and Reintegration through Technology application to SAMHSA

Dear Dr. Toriello,

On behalf of the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (Division of MH/DD/SAS), I am pleased to provide this letter of support for East Carolina University's Operation Reentry North Carolina: Resiliency and Reintegration grant application. I believe your project is an excellent fit for SAMHSA's "Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need" program (RFA TI-13-008).

At the Division of MH/DD/SAS, we are committed to implementing the highest quality service system, thus we are very excited about how ORNC: R & R can support that cause, particularly with its focus on homeless Veterans and Veterans at risk for homelessness. Serving this population that resides in rural eastern NC via technological adjuncts to treatment would represent a sound step in meeting a dire need.

If funded, I believe ORNC: R&R would be great success. If you need additional information, please feel free to contact me at 919-733-4670 or flo.stein@dhhs.nc.gov.

I look forward to the success of ORNC: R&R.

Sincerely,

Flo Stein

www.ncdhhs.gov • www.ncdhhs.gov/mhddsas/
Tel 919-733-7011 • Fax 919-508-0951

Location: 325 N. Salisbury St. • Albemarle Building • Raleigh, NC 27603
Mailing Address: 3001 Mail Service Center • Raleigh, NC 27699-3001
An Equal Opportunity / Affirmative Action Employer





Collaboration · Education · Excellence

Eastern Area Health Education Center

Suites 200-214 · 2000 Venture Tower Drive · PO Box 7224 · Greenville, NC 27835-7224

April 1st, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Chairperson
Department of Addictions and Rehabilitation Studies
East Carolina University

Administration
252-744-8214
Fax 252-744-8596

Fiscal Affairs
252-744-5218

Allied Health
Public Health
252-744-5205

Continuing
Medical Education
252-744-5208/5223
Fax 252-744-8209

Dental Health
Pharmacy Education
Health Careers and
Workforce Diversity
252-744-2587

Loupus Health
Sciences Library
252-744-2242

Mental Health Education
252-744-5228

Nursing Education
252-744-5211

Regional Primary
Care Education
252-744-3082

Registration Fax
252-744-5229

Office Fax
252-744-5969

www.eahec.ecu.edu

Re: Collaboration between the Eastern Area Health Education Center (EAHEC) and Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)

Dear Dr. Toriello,

Thank you for inviting Eastern Area Health Education Center (EAHEC) to be a partner on East Carolina University's (ECU's) application to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) grants to expand care coordination through the use of technology-assisted care in targeted areas of need. Our mission at EAHEC is to meet the region's health and health workforce needs by providing educational programs in partnership with academic programs, health care agencies, and other organizations committed to improving the health of the people of North Carolina. The information gleaned from ORNC: R&R's focus on increasing Veterans' and their families' access to state-of-the-art substance abuse/mental health interventions via technological means would be most valuable to mental health, intellectual/developmental disabilities and substance abuse services professionals within our 28 county region of eastern North Carolina. This information would allow many of these professionals to better serve their clients and families throughout our largely rural catchment area.

If your application is awarded, the EAHEC would be pleased to sponsor a 1-day workshop on the "Strategies and Ethics of Using Technology to Facilitate Substance Abuse and Mental Health Treatment" during the October 2014 – September 2015 year cycle and repeated during the October 2015 – September 2016 year. EAHEC will market this workshop to providers across eastern North Carolina, potentially including other AHEC regions. EAHEC agrees that the presenter honorarium normally provided for Department of Addictions and Rehabilitation Studies faculty will be waived for these programs. EAHEC reserves the right to cancel the workshop due to lack of registration and/or cuts in the overall EAHEC budget that would preclude offering the workshop.

Again, we are excited about the opportunity to collaborate with you in meeting the critical needs of our Military's Veterans and their families.

If you need additional information, please feel free to contact me at 252-744-5228 or catond@ecu.edu.

Sincerely,

Debbie Caton Rogers, MA
Director, Mental Health Education



Governor's Institute on Substance Abuse

April 1, 2013

Paul J. Toriello, RhD, LPC-A, LCAS, CRC, CCS
Department of Addictions and Rehabilitation Studies
East Carolina University

Re: Support for ECU's Operation Reentry North Carolina: Resiliency and Reintegration through Technology application to SAMHSA

Dear Dr. Toriello,

On behalf of the Governor's Institute on Substance Abuse, I am very excited to offer our support of East Carolina University's (ECU's) SAMHSA grant application for "Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R)." As you know, the Governor's Institute is dedicated to the prevention, identification, and treatment of substance abuse, and has a particular commitment to military members and veterans. We provide support for the multi-stakeholder NC Focus on Service Members, Veterans, and their Families and recently completed the US Department of Veterans Affairs funded Homeless Veteran Provider Technical Assistance Center that enabled collaborative community partnerships to provide support to homeless veterans.

I believe ORNC: R&R will have a significant positive impact on the lives of NC's Military Veterans and their families; especially with the focus on homeless Veterans and Veterans at risk for homelessness. The goals of your project to conduct mobile outreach and facilitate access to technological adjuncts to substance abuse treatment are critical as this population often reside in rural, eastern NC.

When it comes to addressing the major concerns of our field, collaboration is critical. Thus, we are particularly excited that your application represents collaboration between ECU, the Veterans Administration, and community-based treatment providers and resources. Combining this collaboration with state-of-the-art uses of technology will make ORNC: R&R a success. We believe ORNC: R&R represents a significant step forward in substance abuse treatment for a population in need.

Get Informed. Get Involved.

1121 Situs Court | Suite 200 | Raleigh, NC 27606
Phone 919.990.9559 | Fax 919.990.9518 | GovernorsInstitute.org

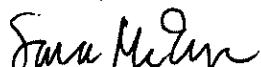


Governor's Institute
on Substance Abuse

Being familiar with ECU's commitment not only to addressing substance abuse issues but broader community issues, as well as the records of the other collaborating institutions, I am fully confident that, if awarded, your application would significantly advance our field. Good luck with your application. Please let me know how I can be of further assistance.

If you need additional information, please feel free to contact me at 919-990-9559 or sara.mcewen@governorsinstitute.org.

Sincerely,


Sara McEwen, MD, MPH
Executive Director

Get Informed. Get Involved.

1121 Situs Court | Suite 910 | Raleigh, NC 27606
Phone 919.990.9559 | Fax 919.990.9518 | GovernorsInstitute.org

Attachment 2: Data Collection Instruments

ORNC: R&R will use the Global Appraisal of Individual Needs (GAIN). The GAIN is a widely used, psychometrically sound instrument for use in behavioral health settings. Please see <http://www.gaincc.org/> for additional information. ORNC: R&R will also use the Motivational Interviewing Treatment Integrity coding system and the VA' neurobehavioral symptom inventory; see below.

Motivational Interviewing Treatment Integrity Code (MITI)
Coding Sheet Revised June, 2007

Tape # _____

Coder: _____ Date: _____

Global Ratings

Evocation		1 Low	2	3	4	5 High
Collaboration		1 Low	2	3	4	5 High
Autonomy/ Support		1 Low	2	3	4	5 High
Direction		1 Low	2	3	4	5 High
Empathy		1 Low	2	3	4	5 High

Behavior Counts

Giving Information			
MI Adherent	Asking permission, affirm, emphasize control, support.		
MI Non-adherent	Advise, confront, direct.		
Question (subclassify)	Closed Question		
	Open Question		
Reflect (subclassify)	Simple		
	Complex		
	TOTAL REFLECTIONS:		

First sentence: _____

Last sentence: _____

Neurobehavioral Symptom Inventory (NSI)

Please rate the following symptoms with regard to how much they have disturbed you IN THE LAST 2 Weeks.
The purpose of this inventory is to track symptoms over time. Please do not attempt to score.

0 = None – Rarely if ever present; not a problem at all

1 = Mild – Occasionally present, but it does not disrupt my activities; I can usually continue what I'm doing; doesn't really concern me.

2 = Moderate – Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.

3 = Severe – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel I need help.

4 = Very Severe – Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

Symptoms	0	1	2	3	4
Feeling Dizzy	○	○	○	○	○
Loss of balance	○	○	○	○	○
Poor coordination, clumsy	○	○	○	○	○
Headaches	○	○	○	○	○
Nausea	○	○	○	○	○
Vision problems, blurring, trouble seeing	○	○	○	○	○
Sensitivity to light	○	○	○	○	○
Hearing difficulty	○	○	○	○	○
Sensitivity to noise	○	○	○	○	○
Numbness or tingling on parts of my body	○	○	○	○	○
Change in taste and/or smell	○	○	○	○	○
Loss of appetite or increased appetite	○	○	○	○	○
Poor concentration, can't pay attention, easily distracted	○	○	○	○	○
Forgetfulness, can't remember things	○	○	○	○	○
Difficulty making decisions	○	○	○	○	○
Slowed thinking, difficulty getting organized, can't finish things	○	○	○	○	○
Fatigue, loss of energy, getting tired easily	○	○	○	○	○
Difficulty falling or staying asleep	○	○	○	○	○
Feeling anxious or tense	○	○	○	○	○
Feeling depressed or sad	○	○	○	○	○
Irritability, easily annoyed	○	○	○	○	○
Poor frustration tolerance, feeling easily overwhelmed by things	○	○	○	○	○

Date:

Name:

Medical Record #:

Used with permission: Cicerone KD: J Head Tr Rehabil 1995;10(3):1-17

Attachment 3: Sample Consent Forms

Title of Research Study: Operation Reentry North Carolina: Veteran Resiliency and Reintegration through Technology (ORNC: R&R)
Principal Investigator: Paul J. Toriello, RhD
Institution: East Carolina University
Address: Department of Addictions and Rehabilitation Studies,
College of Allied Health Sciences
4425 Health Sciences Bldg
Greenville, NC 27858-4353
Telephone #: 252-744-6297

INTRODUCTION

You have been asked to participate in evaluation activities associated with ORNC: R&R that is funded by the Substance Abuse and Mental Health Services Administration. The evaluation is being conducted by Paul J. Toriello with East Carolina University. The purpose of the evaluation is to determine how effective ORNC: R&R's services are in helping you make changes in your life. As a participant in the evaluation of ORNC: R&R you will have the opportunity to:

- (a) Complete the ORNC: R&R Evaluation Interviews. During these interviews, you will be asked questions about your substance use, living situation, social relationships, counseling attendance, and psychological status,
- (b) Have some of your individual counseling sessions and emails/texts exchanged with your clinician observed by a project coordinator. The purpose of the observation will be for the coordinator to provide further supervision and training to clinician on their skills and effectiveness,
- (c) Participate in audio taped focus groups with other ORNC: R&R clients to share your thoughts about the effectiveness of ORNC: R&R services, and
- (d) Allow us to analyze information in your electronic health record on how ORNC: R&R are impacting you and your goals for change. Any information from your record we analyze will be kept confidential; we will remove any information that can identify you from the information we analyze.

PLAN AND PROCEDURES

If you choose to participate:

1. You will complete the ORNC: R&R Evaluation Interview when (a) you start ORNC: R&R services, (b) you stop ORNC: R&R services (discharge), and (c) 6-months after you've started ORNC: R&R services,
2. During your participation in the ORNC: R&R services, some of your individual counseling sessions and emails/texts exchanged with your clinician observed by a project coordinator,
3. You may be asked to participate in a client focus group. During the focus group the project director will ask participants questions about what motivates them for treatment as well as how the ORNC: R&R services can be improved. These focus groups will be audio recorded for analysis. You will use your first name only during the focus groups, and
4. You will allow us to analyze information in your electronic health record. Any information from your record we analyze will be kept confidential; we will remove any information that can identify you from the information we analyze.

POTENTIAL RISKS AND DISCOMFORTS

Risks to study participants include unanticipated emotional reactions from completing the interviews, counseling sessions, and/or focus groups. You may terminate your participation in the interviews, counseling sessions, focus groups and/or analysis of electronic health record information at any time.

POTENTIAL BENEFITS

By participating in ORNC: R&R evaluation activities, our goal is maximize the effectiveness that ORNC: R&R services have in helping you change your life.

SUBJECT PRIVACY AND CONFIDENTIALITY OF RECORDS

To protect you confidentially, we will not ask for your name on the ORNC: R&R Evaluation Interviews. You will be assigned a five digit project number; this will allow us to track all interviews you have completed. All project hard copy data will be secured in a locked filing cabinet within ORNC: R&R's main office. All project electronic data will be stored on encrypted and password protected servers.

COSTS OF PARTICIPATION

There is no cost to participate in this project.

COMPENSATION

You will receive a \$20 gas card and gift card to Wal-Mart when you complete the discharge and/or 6-month follow Evaluation Interviews.

VOLUNTARY PARTICIPATION

Participating in this study is voluntary. If you decide not to be in this study after it has already started, you may stop at any time without losing benefits that you should normally receive. You may stop at any time you choose without penalty or without causing a problem with your receipt of the gift cards for completing the interviews.

PERSONS TO CONTACT WITH QUESTIONS

The principal investigator will be available to answer any questions concerning this research, now or in the future. You may contact the evaluator; Paul J. Toriello at phone numbers 252-744-6297 (days) or 252-561-5703 (nights and weekends). If you have questions about your rights as a research subject, you may call the Chair of the University and Medical Center Institutional Review Board at phone number 252-744-2914 (days) and/or the ECU Risk Management Office at 252-328-6858.

CONSENT TO PARTICIPATE

Title of evaluation study: ORNC: R&R

I have read all of the above information, asked questions and have received satisfactory answers in areas I did not understand. (A copy of this signed and dated consent form will be given to the person signing this form as the participant or as the participant authorized representative.)

Please indicate which parts of the study you are willing to participate in by checking “yes” next to those parts and check “no” next to the parts you are not willing to participate in. Please note that you can still withdrawal from any part of the study at any time, regardless of your response below.

- | | | |
|--|-----------|----------|
| a) ORNC: R&R Evaluation Interviews | Yes _____ | No _____ |
| b) Observed counseling sessions/emails/texts | Yes _____ | No _____ |
| c) Focus group participation | Yes _____ | No _____ |
| d) Analysis of electronic health record | Yes _____ | No _____ |

Participant's Name (PRINT) _____ **Signature** _____ **Date/Time** _____

If applicable:

Guardian's Name (PRINT) _____ **Signature** _____ **Date/Time** _____

PERSON ADMINISTERING CONSENT: I have conducted the consent process and orally reviewed the contents of the consent document. I believe the participant understands the research.

ORNC: R&R
4410 Health Sciences Bldg, Mail Stop 677
East Carolina University, Greenville, NC 27858-4353
(252) 744-0328
Fax 252-744-6311

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Client Name: _____

Record Number: _____

I understand that as a client receiving services from ORNC: R&R I am eligible to receive a range of services delivered face-to-face and through secure technology-based delivery systems (e.g., telehealth, encrypted email, texts, etc.). The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that all information shared with the clinicians at ORNC: R&R is confidential and no information will be released without my consent. During the course of treatment at ORNC: R&R, it may be necessary for my clinician to communicate with other providers involved in my treatment. Under these circumstances, consent to release information is given through written authorization. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.

When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.

When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that a range of mental health professionals, some of whom are in training, provides ORNC: R&R's services. All professionals-in-training are supervised by licensed staff. I understand that while counseling may provide significant benefits, it may also pose risks. Counseling may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories.

If I have any questions regarding this consent form or about the services offered at ORNC: R&R, I may discuss them with my clinicians.

I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by ORNC: R&R.

I consent to receive, if deemed necessary in emergency situations, "First Aid/CPR" from Navigate staff trained in these interventions. I also consent to receive emergency care from a hospital or physician.

I understand that I may stop treatment at any time.

Signature

Date

ORNC: R&R
4410 Health Sciences Bldg, Mail Stop 677
East Carolina University, Greenville, NC 27858-4353
(252) 744-0328
Fax 252-744-6311

RELEASE OF INFORMATION

I, _____, hereby authorize ORNC: R&R to release/obtain information pertaining to attendance, progress, goals, and other information listed below to/from:

for the purpose of: _____
(indicate the specific reason)

Additional Information (Client should initial next to each item):

1. _____ Consumer Initial _____
2. _____ Consumer Initial _____
3. _____ Consumer Initial _____

I understand that authorization shall remain valid from the date of my signature below and for 12 months thereafter ending on: _____

I have been informed that I may revoke this authorization by written or oral communication to ORNC: R&R. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date

**OPTUMINSIGHT, INC.
STATEMENT OF WORK**

Scope of Services: Consultant shall perform the following services for Client, which shall be deemed to be "Services" under the Agreement:

- I. **EHR Implementation:** Consultant shall provide project management assistance to implement the ECUP EHR on behalf of Operation Reentry North Carolina: Resiliency and Reintegration through Technology (ORNC: R&R).

The Project Management Services shall include but not be limited to facilitation of the following:

1. **Phase 1: Gap Analysis** between current state and model-compliant EHR
 - a. Demo of model-compliant EHR in the 2012 version as built for ECU Psychiatry
 - b. On-site review of workflows, staff and provider interviews
 - c. Written detailed plan of changes based on gap analysis
 - d. Stakeholder decision session of gap and requests
 - e. Approval from ECU / Vidant Clinical Governance
 2. **Phase 2: Build changes / additions** agreed upon at an oversight level compliant with the organizational goal of standardization and aligned with any identified challenges based on unique workflows.
 - a. Create new department profiles if needed
 - b. Address security needs, including ePrescribe
 - c. Create visit type / additional department / system build
 - d. Build Workflow Engine, Visit Navigator, content build as needed and validated
 3. **Phase 3: Go Live**
 - a. Training to be conducted by ECU Training Team
 - b. Go-live support provided by phone during go-live to assist ECU analysts by Optum
 - c. ECU Analysts to provide "command center" support for go-live
- II. **Fees and Compensation:** Fees for the Services shall be time and materials as set forth in the table below plus travel and living expenses for on-site work. It is projected the project be complete within 12 weeks.

Project Fees			
Consultant Type	Hours	Hourly Rate	Estimated Fees
Project Lead	140		\$20,000
Project Builder (ECU analyst)	275		

III. Assumptions:

1. Key decision-makers identified by client prior to initiation of project
2. Services will be provided remote or onsite if consultant is part of another ECU project
3. New documentation tools will be created as part of this project if hours allow
4. Documentation will be scanned into record using ECU scanning policy
5. Patients will be a subset of an existing Psychiatry Department with a creation of new visit type
6. No net new interface set up
7. Training schedules and content to be coordinated by ECU Training Team with Clinic Manager
8. On-site support provided by ECU analysts

Client agrees to pay all fees and expenses invoiced by Consultant within thirty (30) days after the date of each invoice.

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be executed by their duly authorized representatives as of the Effective Date.

OPTUMINSIGHT, INC.

By: _____

Print Name: _____

Title: _____

BRODY SCHOOL OF MEDICINE AT EAST CAROLINA UNIVERSITY

By: _____

Print Name: _____

Title: _____

**Operation Reentry North Carolina:
Veteran Resiliency and Reintegration through Technology (ORNC: R&R)**

Areas Affected By Project:

ORNC: R&R will impact the following North Carolina Counties:

Pitt, Wayne, Onslow, Craven, Cumberland, Sampson, Duplin, Jones, Greene, Wilson, Johnston, Harnett, Lenoir, Pender, Beaufort.

**Operation Reentry North Carolina:
Veteran Resiliency and Reintegration through Technology (ORNC: R&R)**

Congressional Districts Affected By Project:

ORNC: R&R will impact the following North Carolina Congressional District:

NC001, NC002, NC003 and NC007

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Project/Performance Site Location 1**

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

Organization Name: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Additional Location(s)**

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="N/A"/> * Street 1 <input type="text" value="N/A"/> Street 2 <input type="text" value="N/A"/> * City <input type="text" value="N/A"/> State <input type="text"/> Zip <input type="text"/> Congressional District, if known: <input type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="Department of Health and Human Services"/>	7. * Federal Program Name/Description: <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"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: 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. Individual Performing Services (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"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Annette Keyes"/> * Name: Prefix <input type="text" value="Mrs."/> * First Name <input type="text" value="Annette"/> Middle Name <input type="text" value="Mattocks"/> * Last Name <input type="text" value="Keyes"/> Suffix <input type="text"/> Title: <input type="text" value="Grant & Contract Officer"/> Telephone No.: <input type="text" value="252.328.9535"/> Date: <input type="text" value="04/10/2013"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

CHECKLIST

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

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

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

1. Proper Signature and Date on the SF 424 (FACE PAGE) Included NOT Applicable
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)

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

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

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

- | | 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" value="Ms ."/>	First Name: <input type="text" value="Annette"/>	Middle Name: <input type="text" value="Mattocks"/>
Last Name: <input type="text" value="Keyes"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Grant and Contract Officer"/>		
Organization: <input type="text" value="East Carolina University"/>		
Street1: <input type="text" value="2200 S. Charles Boulevard"/>		
Street2: <input type="text" value="Greenville Centre, Suite 2900"/>		
City: <input type="text" value="Greenville"/>		
State: <input type="text" value="NC: North Carolina"/>	ZIP / Postal Code: <input type="text" value="27858"/>	ZIP / Postal Code4: <input type="text" value="4353"/>
E-mail Address: <input type="text" value="keyesa@ecu.edu"/>		
Telephone Number: <input type="text" value="252.328.9535"/>	Fax Number: <input type="text" value="252.328.4363"/>	

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

Prefix: <input type="text" value="Dr ."/>	First Name: <input type="text" value="Paul"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Toriello"/>	Suffix: <input type="text" value="Ph.D"/>	
Title: <input type="text" value="Associate Professor, Chair"/>		
Organization: <input type="text" value="East Carolina University"/>		
Street1: <input type="text" value="Department of Addictions & Rehabilitation Studies"/>		
Street2: <input type="text" value="Health Sciences Building"/>		
City: <input type="text" value="Greenville"/>		
State: <input type="text" value="NC: North Carolina"/>	ZIP / Postal Code: <input type="text" value="27834"/>	ZIP / Postal Code4: <input type="text" value="4300"/>
E-mail Address: <input type="text" value="toriellop@ecu.edu"/>		
Telephone Number: <input type="text" value="252.744.6297"/>	Fax Number: <input type="text" value="252.744.6302"/>	

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)