

Section A: Statement of Need

Substance abuse rates have skyrocketed throughout the country. The non-medical use of prescription drugs with treatment admissions has increased by 400 percent in the past 10 years. Unfortunately, West Virginia is leading the way with the nation's highest rate of prescription drug use (Forbes, 2010). West Virginia has also seen the highest increase in the nation (550 percent) in overdose deaths between 1999 and 2004 (CDC, 2007). Also unfortunate is the fact that West Virginia has a limited number of treatment facilities available. According to the National Survey on Drug Use and Health, 72,000 people in West Virginia needed, but did not receive, treatment for illicit drug use in 2006/2007 (SAMHSA, 2009).

With limited intensive inpatient treatment available in rural West Virginia, the importance of aftercare is critical to the success of treatment. Research shows that the participation in aftercare is a key factor in the positive outcomes of substance use disorder recovery, and can assist in sustaining the recovery process (NEDTAC, 1999).

A study performed by the Department of Family Studies at the University of Maryland showed a direct correlation between living in rural areas, low income, low education and substance abuse (Maring, 2006). West Virginia is one of the most rural states in the country, with 45 of the state's 55 counties designated as "rural", and 44 percent of West Virginia's 1.85 million residents living in rural areas (USDA-ERS, 2011). The average population density for the state is 77 people per square mile. However, it is important to note that most of the state's population is concentrated in a few urban areas. One sixth of the entire population of the state lives in Kanawha and Cabell counties and nearly 40 percent of the population lives in seven counties, while 23 of the 55 counties have fewer than 45 residents per square mile (US Census Bureau, 2010). Because West Virginia is largely made up of rural areas, much of the state is medically underserved. All except for 4 of West Virginia's counties are designated by the U.S. Department of Health and Human Services as medically underserved (HRSA, 2011).

West Virginia is also one of the poorest states in the nation. With a median income of \$49,082, West Virginia is well below the US median income of \$63,366. With an 82.2 percent high school graduation rate, compared to 85 percent nationally, and only 17.1 percent of adults achieving an undergraduate degree, compared to 27.7 percent nationally, West Virginia's educational level is also significantly below the national average (US Census Bureau, 2011).

A large percentage of the people residing in these rural areas of West Virginia are elderly. West Virginia has the second highest percentage of residents 65 and over (17 percent) in the nation. The number of elderly residents in West Virginia is projected by the U.S. Census Bureau to increase to 24.8 percent by 2030 (US Census Bureau, 2010).

West Virginia's racial diversity is also expanding. The African American population of West Virginia has grown 10.3 percent from 2000 to 2010, The Asian population has increased by 31.5 percent, those who categorize themselves as "some other race alone" has increased by 96.9 percent, and those who categorize themselves as "two or more races" has increased by 71.9 percent since 2000 (US Census, 2010).

During the 2009 fiscal year, the State of West Virginia reported that 0.087 percent of those treated for substance use disorders in state-funded programs were 65 and over. Of the state-funded substance use disorder treatment in West Virginia, 4.2 percent of those treated were African American (BHHP, 2010). Because of the increasing racial diversity and elderly population of West Virginia, we will be able to collect and analyze data on a contrasting population set of program participants. Additionally, in that the research done to date has taken place at the Veterans' Administration in Salem, Virginia, an area classified by the US Office of Management and Budget as a metropolitan area, this program would allow data to be collected with regard to participants in rural areas (VA-RHP, 2008).

A study conducted by the University of Buffalo evidenced a 42 percent higher abstinence rate at one year post-treatment of those who participated in aftercare (Frydrych, 2009). With the importance of aftercare in sustaining substance use disorder treatment gains and continuing in the recovery process, programs that assist those in aftercare and increase participation in therapy and support groups are imperative to reducing the recidivism rates for treatment. Research indicates that the use of social reinforcement can not only positively affect participation in substance use disorder aftercare, but also the abstinence rate following treatment.

In a 2004 study, 20 graduates of a 28-day intensive treatment program who received a standard aftercare orientation were compared with 20 graduates who received this intervention plus social reinforcement of aftercare group therapy attendance. The social reinforcement group showed less alcohol use than the standard care group at a 6-month follow-up assessment as measured by the Addiction Severity Index (ASI). The social reinforcement participants were also more likely to be abstinent at the 6-month follow up (76 percent vs. 40 percent). Additionally, the social reinforcement group showed better long-term aftercare attendance compared to the standard care group (Lash, 2004).

The use of contracts, prompts and reinforcement (CPR), an evidence-based program, which is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), has been shown to be effective in increasing participation in substance use disorder aftercare. This pilot program in West Virginia can provide data as to the effectiveness of contracts, prompts and reinforcement in rural, medically underserved areas, while supporting program participants in their substance use disorder treatment aftercare and increasing the likelihood of their continued abstinence/significant decrease in substance use.

The target population for this project will be current adult clients of the 6 partner centers who are completing inpatient or intensive outpatient substance use disorder treatment. The data collected will be compared to baseline data from each partner center to assess the effectiveness of this project.

Section B: Proposed Evidence-Based Service/Practice

This project will be an aftercare intervention for those completing inpatient or intensive outpatient substance use disorder treatment, which will begin in the last week of treatment. The Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) model, which is listed in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), will be followed to support program participants in their aftercare. Technology will be used to increase aftercare participation with email and text message appointment and support group reminders, along with a series of social reinforcers, such as letters, certificates and small non-cash awards to encourage aftercare participation. Additionally, program participants will receive the support of a full-time clinician who will provide assistance and encouragement via text message.

The goal of this project is to increase the length of time in which participants engage in substance use disorder aftercare, remain abstinent from substance use and/or show a significant decrease in substance use.

A 2009 study by the Family Medicine Research Institute at the University of Buffalo evidenced a 42 percent higher abstinence rate at one year post-treatment of those who participated in aftercare (81 percent), to those who did not participate in aftercare (39 percent) (Frydrych, 2009). The length of time of participation in aftercare has also been linked to increased abstinence rates. In a group of studies in which aftercare was provided for more than 3 months, four of the nine studies (44 percent) produced significant findings, and of the studies in which 3 or fewer months of aftercare were provided, only three of eight studies (37.5 percent) produced positive effects (McKay, 2009). These studies suggest that longer aftercare programs are more likely to have positive effects on the outcomes of substance use disorder treatment.

In two studies undertaken by the US Department of Veterans Affairs, the Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) model was shown to be effective in increasing long term aftercare attendance and abstinence rates in participants. The larger of these two studies, published in 2007, included 75 graduates of a residential substance use disorder program who received an aftercare contract, attendance prompts, and reinforcers (CPR) and 75 graduates who received standard treatment. Of the 75 CPR participants, 55% completed at least 3 months of aftercare, compared to 36% of the 75 participants who received standard treatment. Additionally, CPR participants remained in treatment longer than those in standard treatment (5.5 months vs. 4.4 months). CPR participants were also more likely to be abstinent compared to standard treatment participants (57% vs. 37%) after 1 year (Lash, 2007). The study published in 2004 also evidenced the efficacy of the CPR model. In this study, participants who received social reinforcements and reminders were more likely to be abstinent at the 6-month follow up (76% vs. 40%). Additionally, the CPR group showed better long-term aftercare attendance compared to the standard care group (Lash, 2004).

This project will use cellular phone text messaging and email technology to send automated reminders to program participants regarding group/individual therapy appointments, as well as support group meetings. A designated individual at each of the six treatment centers will be responsible for entering participant appointment information and support group dates and times into an online calendar, which will then generate an email and text message reminder 24 hours

prior to the appointment/group meeting, and an additional text message reminder 12 hours prior to the appointment/group meeting.

A total of 180 participants (30 per treatment center), will be identified by six substance use disorder treatment providers throughout West Virginia to participate in this project during the initial year. We project that the number of participants will be 280 during the second year of the project, and 380 during the third year. Participants will be provided with a written contract between themselves and their therapist, outlining their commitment to participate in weekly group therapy meetings, monthly individual therapy meetings, and attend weekly support group (such as Alcoholics Anonymous or Narcotics Anonymous) meetings for at least 8 weeks after their inpatient or intensive outpatient substance use disorder treatment. After the initial 8 week period, participants will be provided with an additional contract by their therapist for the remaining 9 months of their aftercare program. Participants' attendance rates for group and individual therapy and support group meetings will be tracked, as well as their abstinence rates and significant substance use decrease rates for one year.

Participation in aftercare treatment will be measured as the number of months in which clients attended at least two individual or group therapy sessions as recorded in their medical records. This information will be entered by the Site Coordinator at each treatment center into a HIPAA compliant, secure, online web portal, along with demographic information for each program participant.

Participation in support groups will be measured as the number of substance use disorder support group meetings attended per month. This data will be entered into the online web portal by the Site Coordinator in each center.

The data collected will be compared to baseline data obtained from each of the partner sites to show the effectiveness of this project with regard to three (3) key outcome measures: 1) participation in aftercare treatment and support groups; 2) substance abstinence/significant decrease in substance use; and 3) substance use-related problems. The target demographic for this project will be adults who are completing inpatient or intensive outpatient substance use disorder treatment at the six partner centers.

Abstinence and significant decrease information will be self-reported by participants using the Addiction Severity Index Self Report Form (McClellan, 1992). Assessments will occur at baseline (upon completion of inpatient or intensive outpatient treatment) and at 3, 6, and 12 months after the beginning of treatment. As an incentive to complete the ASI-Self Report, participants will receive a \$10.00 gift card for each of the 4 surveys completed during the aftercare program.

In addition to the text and email individual/group therapy appointments and support group reminders, participants will receive periodic emails, letters, certificates of achievement, and will be provided with information regarding free web-based addiction recovery support for one year after their inpatient or intensive outpatient substance use disorder treatment. Please see the Logic Model at the end of this section for additional information.

The Program Director will train one Site Coordinator at each of the six substance abuse disorder treatment centers throughout West Virginia in the use of the web portal to enter patient

appointment and AA/NA meetings as well as entering data with regard to appointment attendance. Additionally, the Site Coordinators will be provided with an overview of the Contracts, Prompts and Reinforcement of Substance Use Disorder Continuing Care (CPR) model.

There are several possible issues that may be faced in implementing this program. However, we believe that we will be able to overcome these issues and offer this program to any person completing an inpatient or intensive outpatient substance use disorder treatment program. Age may be an issue, in that older persons may not own or know how to use a wireless telephone or have access to email. This issue will be overcome by providing a wireless telephone to any participant who does not have one, or does not wish to use their own wireless telephone for this project. Additionally, Site Coordinators at each of the six sites will be available for program participants to train them on the use and operation of the wireless telephone.

Providing wireless telephones to participants who do not have them, or do not wish to use their own wireless telephone will also overcome potential socioeconomic status issues.

Another potential issue that we foresee is geography. Because most of West Virginia is rural, a wireless telephone purchased in one part of the state may not receive service in other parts of the state. Therefore, wireless telephones will be purchased as needed in the area which they will be used to avoid this problem.

To circumvent issues that may arise with language/literacy and education levels, reminders for therapy appointments and support group meetings will be simple, and list only the appointment or meeting time and place. Contracts and consent forms can be read to participants by the Site Coordinator if necessary, and a translator can be provided upon request. Web-based addiction support information which include sound/speaking components will be made available to participants, as well as web-based programs in other languages if requested by the participant.

The Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) model is one that can be implemented for any and all adults completing inpatient or intensive outpatient substance use disorder treatment. No participants or potential participants in this project will be discriminated against or excluded from this project due to race, ethnicity, religion, gender, age, geography, socioeconomic status, language barriers, literacy level, sexual orientation, or disability.

First Choice Services, Inc.
Grant to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need
Logic Model

Resources	Program Components	Outputs	Outcomes
People -Program Director -Site Coordinators (6) -Web-portal Software Designer (contract)	Web-portal Design -Data collection system -Calendar/text alert system Training -CPR overview -Web portal use Services <i>Treatment Centers</i> -Identify Participants -Contract -Enter appointments into online calendar -Enter data into web portal <i>First Choice Services</i> -Provide wireless devices -Ensure text/email reminders are sent to participants -Send letters, certificates, web-based support info. -ASI to participants at baseline, 3, 6, 12 mo.	Length of Participation in Aftercare Program Number of Mo. in which 2+ therapy sessions were attended. Number of therapy appointments attended Number of support group meetings attended Days abstinent Substance use at baseline, 3 mo., 6 mo., and 1 yr. Addictions Severity Index -self report form at baseline, 3, 6, 12 mo.	Increased length of time in aftercare Increased # of therapy appointments attended Increased # of support group meetings attended Sig. substance use decrease Increased days / abstinence Decreased substance use related problems
Funds	Program Support -Planning -Administration -Finance		
Other Resources -Treatment Centers (6) -Internet Access -Wireless telephones -Web-based recovery assistance programs			

Section C: Proposed Implementation Approach

First Choice Health System's Problem Gamblers program has been a pioneer in using technological resources to assist clients. First Choice has over 10 years experience using a software program that tracks hundreds of demographic and clinical variables, allowing for meaningful outcome measurements and published research studies. The program also provides a comprehensive and interactive website for clients, which includes an option for live online chat with a gambling counselor.

In 2010, First Choice Services was awarded the Substance Abuse Prevention and Treatment Data Collection, Reporting and Analysis grant by the State of West Virginia's Bureau of Behavioral Health and Health Facilities. Through the use of an online data portal, First Choice Services collects and analyzes substance abuse prevention and treatment data and provides monthly reports to the BHHF. The challenge initially faced with this program was in providing training to providers throughout West Virginia in a short amount of time so that data could be collected. Using web conference technology, First Choice Services has provided training on the collection and entry of data to substance abuse prevention providers throughout West Virginia. First Choice Services was recently awarded this grant for the 2011 grant year.

Each of the six centers with whom First Choice Services will be partnering for this project: Prestera Center, Highland Hospital, Westbrook Health Services, Valley Healthcare, Healthways, Inc., and Potomac Highlands Guild are licensed, experienced substance use disorder treatment providers, who are currently using technology to enhance their treatment services. All of the partner centers currently use electronic health record (EHR) systems, which enhance the quality of care received by patients. The electronic health record (EHR) systems in all six centers meet the requirements of the Office of the National Coordinator for Health Information Technology – Authorized Testing and Certification Bodies (ONC-ATCBs).

These partner treatment centers have faced many challenges with the delivery of services, in that most of West Virginia is rural. To overcome the geographic obstacles, Prestera Center, Highland Hospital and Westbrook Health Services have implemented telemedicine programs to enable them to provide services to those who would otherwise be unable to be treated.

Representatives from each of the six partner treatment centers were instrumental in developing the proposal for this project. Discussions with and surveys of experienced treatment providers were used to assess the current level of technology currently being used in the partner facilities, and to determine how technology can best serve the substance abuse treatment patients throughout West Virginia.

This project will use text message and e-mail technology to provide individual and group therapy reminders to participants, as well as support group reminders. This use of technology will enhance the services provided by the six centers with whom First Choice Services is partnering for this project by increasing the number of therapy appointments and support group meetings that participants attend, and also promoting efficiency in the centers by decreasing the number of missed appointments.

With a large number of people currently using wireless telephones and e-mail, using this technology to support the aftercare of people who have completed inpatient or intensive

outpatient substance use disorder treatment can enhance their aftercare program by reminding participants of their scheduled therapy appointments and the local support group meetings. A recent study found that two out of every three adults check their email upon waking each day (NAPSI, 2011). While West Virginia is a rural state, the percent of residents who have mobile telephones is significant. In the central and southern parts of the West Virginia, along with the northern panhandle, the Federal Communications Commission (FCC) reports 70 to 81 percent mobile wireless penetration, while in the north-eastern part of the state, 81 to 90 percent mobile wireless penetration is reported. In the eastern panhandle of West Virginia, the FCC reports a mobile wireless penetration of greater than 90 percent (FCC, 2010).

Text message use is also becoming a very common practice. According to a study by ComScore, a digital market intelligence firm, in April of 2011, 68.8 percent of those who have wireless telephones are using the text message feature (ComScore, 2011). Text messaging is an efficient way to provide reminders to participants, and because of the simplicity of receiving text message reminders, participants will not require any prior text messaging experience or technical skill to benefit from this service.

The group and individual therapy appointment dates/times and support group meeting dates/times will be entered into an online calendar by the Site Coordinator in each center. The system will send clients a reminder e-mail as well as a SMS text message 24 hours prior to the scheduled group or individual therapy appointment or support group meeting, and another text message 12 hours prior to the appointment or meeting. Participants may elect to receive communications via existing e-mail accounts and personal wireless telephones or e-mail addresses and wireless phones provided by First Choice Services.

Site Coordinators will be guided through the schedule/message input tool to ensure data integrity and message consistency. This data system will require minimal maintenance and upgrading. The cost for maintenance of the data system for the first year of this project is included in the price of the software design and implementation. The cost for upgrades and maintenance following the first year of this project will be minimal. Additional details will be provided below in regard to the implementation of the data system and messaging engine.

Login Page

The proposed web application will be integrated into First Choice Services' existing web portal (<http://www.1stchsservices.org>), and hosted on the same server. The use of First Choice Services' existing web portal and server will significantly decrease the cost of this project. User levels will be created such that users for the proposed system will remain independent in all aspects aside from the login screen. All user/system administration will be handled by administrative staff and First Choice Services. The login system is secure from outside intrusion and employs HIPAA-grade encryption to ensure data integrity. The proposed system will add two levels of users aside from those already in place: Administrator and Provider. The administrator-level user (Program Director) will have full access to all data, scheduling and reporting screens across providers. Provider-level access will be reserved for Site Coordinators who will have data viewing and reporting capabilities for all participants seen in their facility. Site Coordinators across the six centers will not have access to the others' information.

Demographic and Communication Data Collection

The system will require that the Site Coordinator enter basic demographic and contact information into a user setup screen that will store all data in a secure, HIPAA-compliant database. The system will collect clients' names, email addresses, phone numbers, DOB and other notes as needed. A user must be created with all required demographic and contact information before any appointments can be scheduled within the system. The proposed system will encrypt individual columns within the database using 256 bit AES encryption, the current HIPAA encryption standard. Data in motion within the system also will be encrypted so Personally Identifiable Information (PII) will be secured while in motion or at rest.

Scheduling Tool

Once participant records for a particular site are created, Site Coordinators may login and add reminder messages to the scheduling agent. Site Coordinators may write customized messages for different appointment types (e.g.) to indicate the nature of the appointment. They also may indicate whether they want to send an email, a SMS text message or both. Communication will be one-way for the SMS text message. That is, participants will not be able to communicate with the Site Coordinator via a return email or SMS text message.

Data Storage

All data used by the system will be stored in a single, on-site database server currently used for the parent site listed above. All data related to this proposed system will remain in a separate set of database tables so there will be no opportunity for data to cross between systems. As mentioned above, all PII data will be encrypted to HIPAA compliance. A history of participants, Site Coordinators, scheduled reminders and metrics will be held indefinitely.

Message Transport Mechanisms

E-mail messages will be sent directly through the email server at First Choice Services. SMS text messages will be sent via a specialized call through an interface provided by an SMS text messaging provider.

User manual and help screens

The system will provide the Site Coordinator with suggestions for solutions to any problem that may arise during their creation of the scheduled message. Additionally, a link back to First Choice Services will be provided as well.

Reporting

Site Coordinators will track the participants' attendance rate for group and individual therapy appointments, as well as support group meetings. This data will be entered by the Site Coordinator into the web portal.

Additionally, participants will be asked to complete the Addictions Severity Index Self Report Form (ASI-Self Report) upon beginning their aftercare program, and at 3, 6 and 12 months after beginning inpatient or intensive outpatient substance use disorder therapy, in order to track substance use/abstinence and substance use-related problems. This data will be entered into the

web portal by the Program Director. All data collected during this project will be reported to SAMHSA.

This data system will collect a minimal amount of demographic and appointment information, along with the self-reported ASI data for each program participant. The participants' electronic health records maintained by the partner centers will not be transmitted or accessed by anyone outside the centers for this project. All participants will be given a thorough overview of this project and required to sign a consent form allowing First Choice Services to collect, analyze and report the participant's data.

First Choice Services will hire a Program Director to oversee this project, under the direction of First Choice Services' CEO. Each partner center has designated a Site Coordinator who will be responsible for selection of participants, establish a participant record on the web portal, appointment and support group meeting entry into the online calendar, and attendance data into the web portal. Administrative and Finance support will be provided by First Choice Services' Program Assistant.

All Site Coordinators will receive project training by the Program Director. This will include an overview of the Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) model, as well as training on the use of the data system. Technical support will be provided to all Site Coordinators by First Choice Services.

The data system will be designed and maintained by Associated Systems Professionals (ASP), a technology provider headquartered in Charleston, WV. ASP provides network installation, management and security services for medical, legal and industrial clients in West Virginia. ASP also employs a team of experienced software developers who have created decision support systems, healthcare quality analysis applications and patient eligibility tracking software for medical and business clients across several states. ASP has extensive experience receiving, analyzing, managing and reporting on sensitive patient health information. ASP was formed as a company in 2004 and has experienced sustained growth since its inception. All team members working on this proposed project will have at a minimum, a bachelor's degree in a task-appropriate field. The software architect appropriated to design and guide implementation in this project has a master's degree in computer science along with experience designing, implementing and maintaining a medical data warehouse for a large Midwestern medical data aggregation company.

A total of 180 unduplicated participants (30 per treatment provider), will be identified by the treatment providers to participate in this program for the pilot year of this project. We project the number of unduplicated participants will increase to 280 for the second year, and 380 for the third year. Participants' attendance rates for therapy and support group meetings will be tracked for one year after their release from intensive inpatient/outpatient treatment, as well as their abstinence rates and significant substance use decrease rates for one year. All participants will be required to sign a consent form to participate in the program, a consent form to allow First Choice Services to collect data regarding their participation in the program, and a Consent for the Release of Confidential Alcohol Or Drug Treatment Information. These consent forms will be kept on file in each facility by the Site Coordinator, and copies will be sent to/maintained by the Program Director.

Aftercare retention rates and abstinence rates following substance use disorder treatment vary greatly and are dependent upon many factors. However, based upon two studies conducted using the Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) program (Lash, 2004; 2007), which are further discussed herein, we expect to have a 60% participant retention rate at 3 months post treatment, and a 40% retention rate at 6 months post treatment. Additionally, we expect that 75 percent of the program participants will be abstinent from illicit substances at 3 months post treatment, 60 percent will be abstinent 6 months post treatment, and 50 percent will be abstinent 1 year post treatment.

Upon notification of the award of funding for this project, the implementation time will be minimal. A job description has been developed for the Program Director (see Section H), and this position will be filled within 30 days of notification of the award of funding. The data system will be designed and ready for testing within 45 days. All partner centers have signed a Memorandum of Understanding (Attachment 1), and have designated Site Coordinators, whose resumes are included in Section H of this proposal.

Within 60 days of notification of the award of funding for this project, the data system will be uploaded to the First Choice Services website, and available for online use. All Site Coordinator training in the use of the data system and given an overview of the Contracts, Prompts and Reinforcement of Substance Use Disorder Continuing Care (CPR) model will be complete within 75 days of notification of the award of funding for this project. Immediately thereafter, participants for this project will be selected by Site Coordinators at each center, and participants will be informed about the project and provided contracts, release forms, and all other necessary project documentation. Within 90 days of the notification of the award for funding for this project, participants will then begin receiving text and e-mail reminders (immediately upon the completion of their inpatient or intensive outpatient substance use disorder treatment program). Please see Project Timeline at the end of this section.

This project is a simple, but potentially very effective program, which we expect to improve the retention rate of aftercare participants, as well as their abstinence rates. Because of the uncomplicated nature of this project, minimal barriers to the success of this project are expected, and can be overcome.

Providing wireless telephones to participants who do not have them, or do not wish to use their own wireless telephone will also overcome potential issues that could arise with participants who wish to participate but do not have a wireless telephone.

Because most of West Virginia is rural, a wireless telephone purchased in one part of the state may not receive service in other parts of the state. To overcome this barrier, wireless telephones will be purchased as needed in the area which they will be used to avoid this problem.

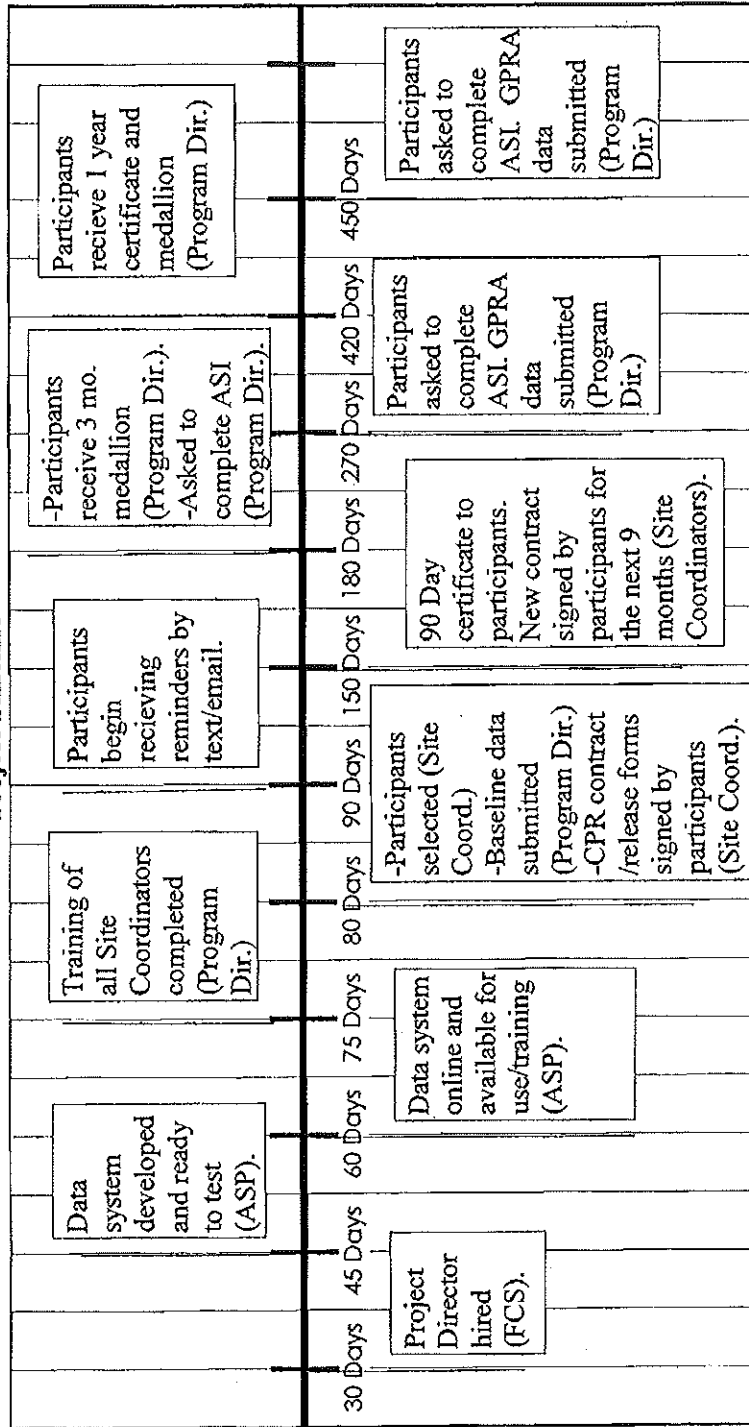
To circumvent issues that may arise with language and literacy, reminders for therapy appointments and support group meetings will be simple, and list only the appointment or meeting time and place. Contracts and consent forms can be read to participants by the Site Coordinator if necessary, and a translator can be provided upon request. Web-based addiction support information which include sound/speaking components will be made available to participants, as well as web-based programs in other languages if requested by the participant.

No participants or potential participants will be discriminated against based upon age, gender, race, ethnicity, culture, language, sexual orientation, disability, or literacy.

Another potential barrier to the success of this project is the lack of compliance by the partner sites. We believe that this issue will be avoided by providing funding to compensate to the centers for the time of the Site Coordinator, and by executing the attached Memorandum of Understanding (Attachment 1), which outlines the responsibilities and expectations of the treatment centers.

After the initial year of this project, the expected costs to maintain the program will be significantly less. Because of the need for this project, the partnerships with centers throughout West Virginia, and the data which will be gathered to exhibit the success of this project, we expect to be able to continue this project after the end of the funding period. We expect the data gathered to be an invaluable resource which will allow for obtaining other funding to sustain this program after the initial funding period ends. Program continuity will be maintained by developing a training manual for this program during the initial year, as well as providing continual training to existing staff, along with any new staff.

Project Timeline



Section D: Staff and Organizational Experience

First Choice Health Systems, Inc. is comprised of the following shareholder organizations: Prestera Center, Highland Hospital, Westbrook Health Services, Healthways Inc., Potomac Highlands Guild, Valley HealthCare, Alliance for Children, and Eastridge Health Systems.

First Choice Health Systems, Inc., a West Virginia corporation, has administered West Virginia's program for problem gamblers and their loved ones since its inception in August of 2000. During that time, the Problem Gamblers Help Network of West Virginia has been recognized nationally for its innovative approach to providing treatment for gambling addiction. The Charleston-based staff is very familiar with the culture and geography of West Virginia, thus able to provide culturally sensitive and geographically relevant assistance. The program has accomplished much over the last eleven years:

- More Nationally Certified Gambling Counselors per capita than any other state
- Outcome data showing that up to 83% of clients have significant recovery one year after their initial call
- Nearly 100% positive results from client satisfaction surveys
- Technology advancements which have increased individual access to treatment and education
- Participation in over 100 community events annually
- Leading the nation in activities conducted during National Problem Gambling Awareness Week
- Database capability which enables the program to track valuable demographic, programmatic, and clinical variables
- Recent publication of program data in the professional journal *The Psychology of Addictive Behaviors* and pending publication in the journal *Addiction*.

First Choice's Problem Gamblers program has been a pioneer in using technological resources to assist clients. The program uses a software program that tracks hundreds of demographic and clinical variables, allowing for meaningful outcome measurements and published research studies. The program provides a comprehensive and interactive website for clients, which includes an option for live online chat with a gambling counselor. During the next fiscal year this option will be expanded using Smartphone technology to increase the number of hours chat is available and the ways the service can be accessed.

In 2008 First Choice Health Systems incorporated a non-profit organization, First Choice Services, Inc., to broaden the array of services offered. First Choice Services is the organization applying for this grant. In 2010 First Choice Services was awarded the Substance Abuse Prevention and Treatment Data Collection, Reporting and Analysis grant by the State of West Virginia's Bureau for Behavioral Health and Health Facilities (BHHF). Under this grant, First Choice Services collects and analyzes statewide substance abuse prevention and treatment data, and provides monthly reports to BHHF. This data is collected from prevention coalitions, family resource networks, and treatment facilities throughout the state, who are trained by First Choice Services in the use/data entry into a HIPAA compliant, secure web portal. First Choice Services has also been awarded this grant for 2011.

First Choice Services, an Equal Opportunity Employer, will hire a Program Director with both clinical and managerial experience working with substance abusers. This Program Director will be dedicated solely to this project. The full job description for the Program Director can be found in Section H of this proposal.

First Choice Services CEO is Steve Burton. He will be supervising all activities concerning this grant. He has experience with grant budget administration and will have ultimate fiscal responsibility for this project. Mr. Burton is also a Licensed Clinical Social Worker. His complete resume can be found in Section H of this proposal. He will dedicate 10% of his time to this project.

Kay Goff currently works as an administrative assistant for First Choice Services. Her resume can be found in Section H of this proposal. She will be responsible for all office management, clerical and accounting duties. She will dedicate 10% of her time to this project. Additionally, Michele Gordon, a current employee of First Choice Health Systems' Problem Gamblers program, will work as Program Development Director. She is a Licensed Social Worker with several years experience in program administration. She will have initial duties administering the program until the Program Director is hired, and will train the Program Director. She will dedicate 10% of her time to this grant.

The following organizations have signed a Memorandum of Understanding indicating that they wish to participate in this grant: Prestera Center, Highland Hospital, Westbrook Health Services, Healthways, Inc., Potomac Highlands Guild, and Valley HealthCare. Services will be provided at each of these sites, so the many resources available at each of the agencies will be available to the targeted population. Among these resources are electronic infrastructures including computer hardware and internet capability, which are already established. Each of these agencies is licensed as a behavioral health provider by the West Virginia Department of Health and Human Resources, and is fully compliant with the Americans with Disabilities Act. An addictions professional has been designated by each center to serve as the Site Coordinator for this project. Combined, these agencies serve 27 of West Virginia's 55 counties, which encompasses both rural areas and those which are home to the vast majority of the population.

The Program Director from First Choice Services will train each of the Site Coordinators on the implementation of the calendar/texting reminder system described in section B and C of this proposal. The Site Coordinator will serve as primary contact for the Program Director to facilitate progress monitoring of the participant sample. See Sections B and C for more detail on responsibilities of the Site Coordinators.

Prestera Center, a comprehensive community mental health center, was formed in 1967. Prestera serves clients in Cabell, Lincoln, Mason, Wayne, Putnam, Kanawha, Boone and Clay Counties. Today there are over 50 Prestera Center locations throughout the eight county region, making it the largest mental health and addictions services provider in the State of West Virginia. Annually, Prestera Center serves nearly 14,000 individuals each year and is one of the state's top employers with nearly 800 employees.

Prestera also offers specific education and treatment programs, consultation to other agencies and support groups, implementation of emergency and community support services, linkages to primary care centers, full time services in rural counties, establishment of a halfway house for

substance abusers, and public inebriate shelters. Prestera offers out-patient services specifically tailored by gender. There is a track for both women and men. The Renaissance Program is Prestera Center's specialized addictions treatment services for women in both Huntington and Charleston. Prestera offers a detoxification program as well as several in-patient and residential programs for substance abusers, all of which are CARF accredited.

The Site Coordinator for Prestera Center will be Genise Lalos. Please see section H for her resume. Ms. Lalos is a Certified Addictions Counselor with over 25 years of experience in direct practice and management of substance abuse treatment programs. She was previously awarded the WV Association of Alcoholism and Drug Counselors Distinguished Service Award for Contributions to the Alcohol and Drug Profession.

Highland Hospital, founded in 1955, is a free-standing JCAHO accredited psychiatric hospital. The hospital offers in-patient, out-patient, and intensive out-patient therapy for persons with psychiatric disorders, substance abuse issues, or dually diagnosed individuals. Highland Hospital serves persons of all ages from all parts of West Virginia. They have two "sister" programs, Highland Health Center, which is a short term detoxification program, and Highland Behavioral Health Center, which offers out-patient substance abuse and mental health treatment. Highland Health Center has been providing substance abuse services since 2007. In the last year Highland Health Center treated 461 clients. This project proposes to work with Highland Behavioral Health Center clients who are referred initially from Highland Health Center.

The Site Coordinator for Highland Hospital will be Deidre Doria. Ms. Doria is currently Program Director of Highland Health Center. She is a Licensed Social Worker with several years' experience providing direct therapy to persons with a substance use disorders as well as program management experience. Please see section H for her resume.

Westbrook Health Services is a comprehensive mental health center that has been providing substance abuse treatment services for over 30 years. Last year, they treated one thousand, five hundred and fifty-six (1,556) people for substance use disorders. They offer adult and adolescent services for substance abuse, including motivational recovery groups, relapse prevention groups, outpatient therapy, intensive out-patient therapy, detoxification, 28 day in-patient treatment, and long term residential treatment for women. Westbrook Health Services offers services in the following West Virginia counties: Tyler, Pleasants, Ritchie, Wood, Wirt, Jackson, Roane, and Calhoun.

The Site Coordinator for Westbrook Health Services will be Karen Schimmel. Please see section H for her resume. Ms. Schimmel is a Licensed Independent Social Worker. She has been providing substance abuse treatment services and program management of treatment programs for over ten years.

Healthways, Inc has been offering comprehensive behavioral health services in West Virginia since 1964. Their substance abuse staff consists of highly trained, deeply experienced professionals that include psychiatrists, psychologists, masters-level therapists and technicians. In fact, the residential substance abuse program has been selected as a model training facility for the state of West Virginia. Healthways serves Brook and Hancock Counties.

Healthways has several addictions programs. Passages for Growth Intensive Outpatient Program

is an Outpatient Program for Adults with Substance Abuse problems which began operation during 2005. This 12-week program serves adults who have been diagnosed with both mental health and substance dependent conditions. Dr. Lee Jones Miracles Happen Center is a program that opened April 2005. It is a 10-bed facility for males for the treatment of the chemically dependent. The staff has a combined 71 years in the addiction field. The facility offers residential services and Day/Evening Intensive Outpatient services. They offer an Adult Substance Abuse Program with licensed, certified addiction counselors who provide therapeutic services to adults and family members experiencing problems related to substance abuse. Services include, but are not limited to individual, group, family therapy, and specialized programming offered to women substance abusers. Another component of this program is the DUI Safety and Treatment Program, which are provided through a contract with the Department of Motor Vehicles. Adolescent Substance Abuse Services are available as well. They treated nine-hundred and ten (910) persons with a substance abuse disorder last year.

The Site Coordinator for Healthways will be Dixie Myers Pritt. Please see section H for her resume. Ms. Pritt is a Certified Clinical Addiction Counselor Supervisor and a Licensed Professional Counselor. She has over 20 years experience providing treatment and case management services to persons with a substance abuse disorder.

Potomac Highlands Guild provides comprehensive behavioral health services for people with psychological, substance and other life problems. They offer assessment and out-patient treatment for substance abusers, as well as a DUI program and referral to in-patient programs. They serve Grant, Hampshire, Hardy, Pendleton, and Mineral Counties. The Guild is a member of the West Virginia Behavioral Healthcare Providers Association and the National Council for Community Behavioral Healthcare. They provided treatment for six hundred and four (604) persons with a substance abuse disorder last year.

The Site Coordinator for Potomac Highlands Guild will be Craig Curtis. Please see section H for his resume. Mr. Curtis began providing direct treatment for substance abuse over 35 years ago. He is currently the Executive Director of Potomac Highlands Guild and a shareholder for First Choice.

Valley Health Care was founded in 1969 by West Virginia University, Valley Counseling Services united with The Human Resources Association and was incorporated in 1972. Doing business as Valley HealthCare System, a nonprofit corporation, Valley has grown from a small counseling center located in the basement of a University building to a large multi-county, comprehensive behavioral health program.

Valley services include help for people with disabilities, including services for individuals with developmental disabilities, mental health and chemical dependency issues. Valley serves the citizens of Monongalia, Marion, Preston and Taylor Counties in 28 different sites, including outpatient offices, group homes, day treatment programs, residential treatment centers and in the community and peoples' homes. Valley employs nearly 450 full and part time staff who are comprised of health care assistants, service and care coordinators, certified addictions counselors, rehab counselors, licensed psychologists and social workers, therapists, nursing staff and psychiatrists. Valley offers a 28-day program for substance abusers, as well as out-patient, intensive out-patient, and Suboxone services. Valley treated seven hundred and ninety-nine (799) people for substance abuse disorders last year.

The Site Coordinator for Valley will be Nancy Graham. Please see section H for her resume. Ms. Graham has nearly ten years experience providing direct therapy to substance abusers and managing substance abuse treatment programs. She is a Licensed Clinical Social Worker and a member of the Academy of Certified Social Workers.

Section E: Performance Assessment and Data

Each of the six centers with whom First Choice Services will be partnering for this project: Prestera Center, Highland Hospital, Westbrook Health Services, Valley Healthcare, Healthways, Inc., and Potomac Highlands Guild currently use electronic health record (EHR) systems, which meet the requirements of the Office of the National Coordinator for Health Information Technology – Authorized Testing and Certification Bodies (ONC-ATCBs).

First Choice Services will submit semi-annual and final progress reports, as well as annual and final financial status reports to CSAT. The partner centers will collect data from all project participants on the required performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness using the Discretionary Services Client Level GPRA tool. This data will be collected at the beginning of each participant's aftercare program and at six months. This data will be submitted to CSAT's Services Accountability Improvement System within 7 days of collection via the centers' EHR system. In order to maintain confidentiality of client information, each site will assign a unique ID number to each patient for GPRA purposes.

Additionally, data will be reported by each partner center regarding the access and use of technology tools, e-apps, web-based programs and services, as well as how effectively persons in treatment are trained in such tools, and the expanded or enhanced technologies integrated into the provider infrastructure.

In addition to the data required by this RFA and participant demographic information, First Choice Services will collect data with regard to the following outcomes: 1) Participation in aftercare treatment (measured as the number of months in which clients attended at least two aftercare sessions) and self-help groups (measured as the number of AA and NA support group meetings attended per month); 2) Substance abstinence and significant decrease in use (self-reported); and 3) Substance use-related problems (medical, employment, alcohol use, drug use, legal status, family relations, and psychiatric functioning). Aftercare treatment participation and support group participation information will be collected on an ongoing basis by the Site Coordinators at each partner treatment facility for one year from the beginning of each participant's aftercare program. Substance use rates and substance use-related problems will be obtained from the ASI-Self Report, which participants will be asked to complete at the baseline and at 3 months, 6 months and 1 year after the beginning of treatment. The Program Director will be responsible for ensuring that all data is collected and reported through the SAIS system.

Outcome data will be compiled in the secure web portal and used to assess the effectiveness of this project. Demographic data will be analyzed to determine whether the appropriate populations (based on population representations in West Virginia) are being served by this project. This data will be used to determine the effect of the intervention on the 3 key outcome goals and the factors associated with these outcomes. All data collected during this project will be used to conduct a performance assessment of the project and determine any modifications that need to be made to the project, and to improve the quality of services provided by this project.

This performance assessment will look at: how closely the implementation of the project matched the initial plan; the types of changes made to the original plan; what led to any changes made to the plan; the effect the changes had on the planned intervention and performance

assessment; who provided what services, in what context, and what cost; the strategies used to maintain fidelity to the evidence-based practice across providers throughout the course of the program; and how many individuals were reached through the program. Additionally, the performance assessment will be used to ensure the cultural competence of this project.

All program staff, as well as each partner treatment center, and the West Virginia Bureau of Behavioral Health and Health Facilities and SAMHSA will be provided with the compiled data reports and performance assessment to further ensure the continual improvement of the quality of services provided by this project. The dissemination of this information will also allow for the quality improvement of aftercare services provided to all substance use disorder clients throughout the partner treatment centers, as well as other treatment centers throughout West Virginia and other states.

Section F: Literature Citations

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Section G: Budget Justification

Year one (1)

A. Personnel:

In providing the services required in RFA TI-11-002, First Choice Services, Inc. proposes one full-time Program Director. The Program Director would be responsible for the day to day operations of the program. This person has yet to be hired. Please see Job Description in Section H. As per the implementation plan, FCS plans to hire this position within 30 days of being awarded the grant. The Program Director's initial duty will be to work with the six (6) Site Coordinators, to train them on the calendar/reminder text and data collection message system, and provide an overview of the CPR model. After the initial training, the Program Director will make periodic visits to the sites to ensure compliance and train new employees as needed. The Program Director will be paid a base annual salary of \$40,000 plus 30% benefit of \$12,000 totaling an annual salary of \$52,000. The Program Director's annual salary will increase .03% for year two (2) and year three (3).

FCS proposes that the CEO of First Choice Services will oversee the program. The Program Director will report directly to the CEO. The CEO will be spending 10% of his work time on this program. Therefore, FCS calculated his current personnel cost when calculating the total cost for this proposal. The CEO will be paid a base annual salary of \$7,200 plus 30% benefit of \$2,160 totaling an annual salary of \$9,360. FCS has attached the resume for Steven L. Burton in Section H.

FCS proposes that this project be provided the assistance of the Development Director. The Development Director is currently working for First Choice Health Systems, and also works with First Choice Services on an as need basis. The CEO will direct the Development Director's involvement with this program. The Development Director will be spending an estimated time of 10% of her work time working on this program. Therefore, FCS calculated her current personnel cost when calculating the total cost for this proposal. The Development Director will be paid a base annual salary of \$5,500 plus a 30% benefit of \$1,650, totaling an annual salary of \$7,150 for the 1st year. Please see attached resume for Michele M. Gordon in Section H.

FCS proposes that the program be provided a part-time Program Director Administrative Assistant. The Program Director Administrative Assistant is currently working for First Choice Services. The CEO will direct the Program Director Administrative Assistant's involvement with the Program Director. The Program Director Administrative Assistant will be spending 10% of her work time working on this program. Therefore, FCS calculated her current personnel cost when calculating the total cost for this proposal. The Program Director Administrative Assistant will be paid a base annual salary of \$4,000 plus 30% benefit of \$1,200, totaling an annual salary of \$5,200. Please see attached resume for Kay Goff in Section H.

FCS does not provide employees with health insurance and retirement benefits. In lieu of this, employees are issued a benefit check each month for 30% of the total of their gross pay for the month. This benefit will be included in the salary.

Name	Position	Base	30% Benefit	Total
To Be Announced	Program Director	\$40,000.00	\$12,000.00	\$52,000.00
Steven L. Burton	CEO	\$7,200.00	\$2,160.00	\$9,360.00
Michele M. Gordon	Development Director	\$5,500.00	\$1,650.00	\$7,150.00
Kay Goff	Program Director Administrative Assistant	\$4,000.00	\$1,200.00	\$5,200.00
	Total	\$56,700.00	\$17,010.00	\$73,710.00

B. Fringe Benefits:

FCS proposes and includes items that FCS is responsible for paying, FICA, State Unemployment, Workers Compensation.

FICA	$\$73,710.00 \times 7.65\%$	\$5,640.00
Unemployment	$\$73,710.00 \times 2.70\%$	\$1,991.00
Workers Compensation	$\$73,710.00 \times .88\%$	\$650.00
Total		\$8,281.00

C. Travel:

If awarded the grant SAMSHA requires FCS to send a minimum of two FCS employees to at least one joint meeting in each year of the grant. FCS proposes the cost of the trip as follows:

FCS Program Director will be required to make visits to the six partner centers to meet with the Site Coordinators. Overnight travel may be up to 10 days due to distance and or weather. The overnight travel, estimating hotel cost is \$100 per night, for a total 10 nights totaling \$1,000. The maximum cost for food is \$50 per day for a total of \$500. Mileage estimated for the program year 23,530 miles x .51 cents a mile totals \$12,000.

Required SAMHSA Conference	
Airline Tickets (2) Round Trip Tickets	\$1,500.00
Hotel	\$2,000.00
Food	\$300.00

Transportation to and from Hotel from Airport	\$300.00
Conference Fees	\$900.00
Sub Total	\$5,000.00
Estimated Travel Expenses	
Mileage @ 23,500 x .51cents	\$12,000.00
Hotel Cost @ \$100 per night x 10 nights	\$1,000.00
Food \$ @ 50 per day x 10 nights	\$500.00
Sub Total	\$13,500.00
Total	\$18,500.00

D. Equipment:

FCS proposes that one hundred (100) TracFones will be purchased and divided between the six (6) Site Coordinators for distribution to project participants. The TracFones will initially have 60 minutes of service for text reminders. The Program Director will work with the Site Coordinators to monitor and apply 60 minutes of service to the phone as needed. Participants will be able to receive up to four (4) \$10 gift cards after the completion of Addiction Severity Index Self Report Form. The ASI Form will be given to the participant at the baseline 3 months, 6 months, and 1 year after the beginning of their treatment.

100 TracFones and 4 - 60 Minute Cards	\$12,000.00
180 Participants x \$10 x 4 Gift Cards	\$7,200.00
Total	\$19,200.00

E. Supplies:

FCS has listed office equipment that will be required to purchase for this project. It is estimated that this project will use about 10% of current FCS operating budget for items such as supplies, copier usage, and postage. FCS estimates \$400 per month for general office supplies for 12 months for a total of \$4,800. FCS estimates \$66 per month for postage for 12 months for a total of \$800. The items listed below will be used 100% for this program. FCS has estimated the cost for all other office supplies that will be needed for this program to run an office successfully.

Computer	\$1200.00
Desk	\$500.00
Chair	\$100.00
Printer Fax	\$500.00
Office Phone	\$100.00
Sub Total	\$2,400.00

General Office Supplies @ \$400.00 mo. x 12 mo.	\$4,800.00
Postage @ \$66.00 mo. x 12 mo.	\$800.00

Sub Total	\$5,600.00
Total	8,000.00

F. Contractual Cost:

FCS will contract with Associated Systems Professionals to add a calendar/reminder text and e-mail message system and data collection system to FCS current Web Portal. Each site coordinator will be able to enter data regarding the attendance of therapy appointments and support group meetings. The Program Director will be able to enter the ASI, information analyze the data collected and compile the information into reports. ASP will also provide training to the Program Director and FCS staff. The Program Director will train the six (6) Site Coordinators. FCS proposes \$10,000 be paid to each partner center to compensate the time of each of the six (6) Site Coordinators. The monies will be distributed once a month throughout the twelve month calendar year totaling \$60,000. FCS has included a portion of our auditors and accountant for a twelve month calendar year.

Site Coordinators @ \$10,000.00 x 6	\$60,000.00
ASP	\$28,000.00
Toothman and Rice/Auditors	\$2,000.00
Trail Accounting Service	\$800.00
Total	\$90,800.00

G. Construction: N/A

H. Other:

FCS will provide all six (6) Site Coordinators with one onsite training. FCS will provide their mileage and other related training expenses. Estimated cost \$2,500.

FCS included other costs associated with administration of the program.

Rent @ 32 SF x \$10.00 SF mo. x 12 mo.	\$3,840.00
Parking \$55.00 per mo. x 12 mo.	\$660.00
Quarterly and Annual Reporting	\$1,500.00
Business Insurance	\$2,600.00
City Fees	\$110.00
Internet and Phone Service \$100.00 mo.	\$1,200.00
Training on Site	\$2,500.00
Total	\$12,410.00

I. Total Direct Charges:

Year One (1) Direct Cost
\$230,901.00

J. Indirect Costs:

For indirect cost percentages First Choice Health Services, Inc. worked with Toothman Rice, LLC out of Bridgeport WV. Toothman Rice determined a rate of 15.62%. The indirect cost rate proposal was prepared by Toothman Rice certified public accountant, Bill Behrens. Please see attached copy.

Year One (1) Indirect Cost
15.62 % = \$36,067.00

Other Program Funds: N/A

Budget Summary:

First Choice Services, Inc. proposes a total budget of \$266,968.00 for RFA#TI-11-022

Year Two (2) and Three (3) Budget Narrative

A. Personnel:

The Program Director's job description will remain the same as mentioned in year One (1), for year two (2) and year three (3). The Program Director base annual salary will increase 03% \$41,200 plus 30% benefit of \$12,360, totaling annual salary of \$53,560.

The Program Director will report directly to the CEO. The CEO will be spending 10% of his work time on this program. Therefore, FCS calculated his current personnel cost when calculating the total cost for this proposal for year one (1). The annual base salary for the CEO will remain the same for year two (2) and year three (3). The CEO will be paid a base annual salary of \$7,200 plus 30% benefit of \$2,160, totaling an annual salary of \$9,360.

FCS proposes that the Program Development Director will be removed from this project for year two (2) and year three (3). The Program Director will provide full oversight with the support of the CEO.

FCS proposes that the program be provided a part-time Program Director Administrative Assistant will be spending 10% of her work time working on this project. Therefore, FCS calculated her current personnel cost when calculating the total cost for this proposal for year one (1). The Program Director Administrative Assistant will be paid a base annual salary of \$4,000 plus 30% benefit of \$1,200, totaling annual salary of \$5,200 for year two (2) and year three (3).

FCS does not provide employees with health insurance and retirement benefits. In lieu of this, employees are issued a benefit check each month for 30% of the total of their gross pay for the month. This benefit will be included in the salaries for year two (2) and year three (3).

Year Two (2)

		Base	30% Benefit	Total
To Be Announced	Program Director	\$41,200.00	\$12,360.00	\$53,560.00
Steven L. Burton	CEO	\$7,200.00	\$2,160.00	\$9,360.00
Kay Goff	Program Director Administrative Assistant	\$4,000.00	\$1,200.00	\$5,200.00
	Total	\$52,400.00	\$15,720.00	\$68,120.00

Year Three (3)

		Base	30% Benefit	Total
To Be Announced	Program Director	\$42,436.00	\$12,730.00	\$55,167.00
Steven L. Burton	CEO	\$7,200.00	\$2,160.00	\$9,360.00
Kay Goff	Program Director Administrative Assistant	\$4,000.00	\$1,200.00	\$5,200.00
	Total	\$53,636.00	\$16,090.00	\$69,727.00

B. Fringe Benefits:

FCS proposes and includes items that FCS is responsible for paying. FICA, State Unemployment, Workers Compensation.

Year Two (2)

FICA	\$68,120.00 x 7.65%	\$5,210.00
Unemployment	\$68,120.00 x 2.70%	\$1,840.00
Workers Compensation	\$68,120.00 x .88%	\$600.00
Total		\$7,650.00

Year Three (3)

FICA	\$69,726.00 x 7.65%	\$5,333.00
Unemployment	\$69,726.00 x 2.70%	\$1,883.00
Workers Compensation	\$69,726.00 x .88%	\$614.00
Total		\$7,830.00

C. Travel:

SAMSHA requires FCS to send a minimum of two FCS employees to at least one joint meeting in each year of the grant. FCS proposes the cost of the trip as follows:
The travel amount will remain the same as year one (1) for year two (2) and year three (3).

FCS Program Director will be required to make visits to the six partner centers to meet with the Site Coordinators. Overnight travel may be up to 10 days due to distance and or weather. The overnight travel, estimating hotel cost is \$100 per night, for a total 10 nights totaling \$1,000. The

maximum cost for food is \$50 per day for a total of \$500. Mileage estimated for the program year 23,530 miles x .51 cents a mile totals \$12,000.

Year Two (2)

Required SAMHSA Conference	
Airline Tickets (2) Round Trip Tickets	\$1,500.00
Hotel	\$2,000.00
Food	\$300.00
Transportation to and from Hotel from Airport	\$300.00
Conference Fees	\$900.00
Sub Total	\$5,000.00

Estimated Travel Expenses	
Mileage @ 23,500 x .51cents	\$12,000.00
Hotel Cost @ \$100 per night x 10 nights	\$1,000.00
Food \$ @ 50 per day x 10 nights	\$500.00
Sub Total	\$13,500.00
Total	\$18,500.00

Year Three (3)

Required SAMHSA Conference	
Airline Tickets (2) Round Trip Tickets	\$1,500.00
Hotel	\$2,000.00
Food	\$300.00
Transportation to and from Hotel from Airport	\$300.00
Conference Fees	\$900.00
Sub Total	\$5,000.00

Estimated Travel Expenses	
Mileage @ 23,500 x .51cents	\$12,000.00
Hotel Cost @ \$100 per night x 10 nights	\$1,000.00
Food \$ @ 50 per day x 10 nights	\$500.00
Sub Total	\$13,500.00
Total	\$18,500.00

D. Equipment:

FCS will request an increase in a number of participants by one hundred (100) for year two (2), and will increase an additional one hundred (100) for year three (3). The increase in participants will cause equipment costs to increase by \$4,320 in year two (2), and additional \$8,400 in year three (3). The monies supplied will purchase an additional fifty four (54) TracFones in year two bringing the total number of TracFones that will be purchased for year two (2) is one hundred fifty four (154). In year three (3) there will be an additional one hundred and nine (109) TracFones that will need to be purchased bringing the total number of TracFones to two hundred and nine.

FCS believes that the enhanced technology will cause positive treatment outcomes.

Year Two (2)

TracFones 154 x \$20.00 x 4 - 60 Minute Cards	\$12,320.00
280 Participants x \$10 x 4 Gift Cards	\$11,200.00
Total	\$23,520.00

Year Three (3)

TracFones 209 x \$20.00 x 4 - 60 Minute Cards	\$16,720.00
380 Participants x \$10.00 x 4 Gift Cards	\$15,200.00
Total	\$31,920.00

E. Supplies:

FCS estimates for year two (2) \$400 per month for office supplies for 12 months, and estimates \$100 per month for postage for 12 months for a total of \$5800. FCS estimates for year three (3) \$400 per month for office supplies and postage will increase to \$117 per month for 12 months for a total of \$6,200. The increase in the postage increased due to the number of participants in year two (2) and year three (3).

The items listed will be used 100% for this program. FCS has estimated the cost for all other office supplies that will be needed for this program to run an office successfully.

Year Two (2)

General Office Supplies @ \$400.00 mo. x 12 mo.	\$4,800.00
Postage @ \$100.00 mo. x 12 mo.	\$1,000.00

Total	\$5,800.00

Year Three (3)

General Office Supplies @ \$400.00 mo. x 12 mo.	\$4,800.00
Postage @ \$117.00 mo. x 12 mo.	\$1,400.00
Total	\$6,200.00

F. Contractual Cost:

FCS proposes the contracted cost with ASP will be the maintenance that will be needed for the data collection system for FCS current Web Portal. The contractual cost for ASP for year two (2) is \$6,000. The contractual cost for ASP for year three (3) is \$7,500.

FCS proposes a \$2,500 addition to year two (2) and year three (3) totaling \$12,500 to each of the partner centers to compensate their time for each of the six (6) Site Coordinators \$12,500. The monies will be distributed once a month throughout the twelve month calendar year totaling \$75,000. FCS has included a portion of our auditors and accountant for a twelve month calendar year.

Year Two (2)

Site Coordinators @ \$12,500.00 x 6	\$75,000.00
ASP @ \$150.00 hr. x 40 hrs.	\$6,000.00
Toothman and Rice/Auditors	\$2,000.00
Trail Accounting Service	\$800.00
Total	\$83,800.00

Year Three (3)

Site Coordinators @ 12,500.00 x 6	\$75,000.00
ASP @ \$187.50 hr. x 40 hrs.	\$7,500.00
Toothman and Rice/Auditors	\$2,000.00
Trail Accounting Service	\$800.00
Total	\$85,300.00

G. Construction: \$0.00

H. Other:

FCS will provide all six (6) Site Coordinators with one onsite training. FCS will provide their mileage and other related training expenses. Estimated cost \$2,500.

FCS included other costs associated with administration of the program FCS estimated the cost of rent and utilities. FCS estimates a .03% raise for Rent, Parking, Business, Insurance, Internet and Phone Service, this will reflect on year two (2) and year three (3).

Year Two (2)

Rent @ 32 SF x \$10.00 SF mo. x 12 mo.	\$3,955.20
Parking \$55.00 per mo. x 12 mo.	\$680.00
Quarterly and Annual Reporting	\$1,500.00
Business Insurance	\$2,678.00
City Fees	\$110.00
Internet and Phone Service \$100.00 mo.	\$1,236.00
Training on Site	\$2,500.00
Total	\$9,870.00

Year Three (3)

Rent @ 32 SF x \$10.00 SF mo. x 12 mo.	\$4,074.00
Parking \$55.00 per mo. x 12 mo.	\$700.00
Quarterly and Annual Reporting	\$1,500.00
Business Insurance	\$2,759.00
City Fees	\$110.00
Internet and Phone Service \$100.00 mo.	\$1,273.00
Training on Site	\$2,500.00
Total	\$12,916.00

I. Total Direct Charges:

Year two (2) Direct Costs	Year three (3) Direct Costs
\$254,422.00	\$268,693.00

J. Indirect Costs:

Section H: Biographical Sketches and Job Descriptions

Job Description
Project Director, TCE-Health IT Grant

Duties and responsibilities:

- Train site coordinators at each participating mental health center on the calendar/reminder text message system.
- Maintain regular contact with site coordinators to track client appointment attendance
- Complete and document 6 month follow-up calls with clients to determine current level of substance abuse
- Maintain positive therapeutic contact with clients via text message and e-mail
- Utilize the Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) program for participating clients

Qualifications for position: Masters Degree in Social Work, Counseling, or Psychology. Must currently be licensed as a social worker, professional counselor, or psychologist.

Supervisory relationships: Reports directly to First Choice Services CEO. This position requires no direct supervision of other employees.

Skills and knowledge required: Demonstrate cultural competency, especially as it relates to rural areas. Must be knowledgeable about community resources for substance abusing and mentally ill populations. Must be technically proficient in the use of database systems and communication through e-mail and text messaging. Must have knowledge of the principals of rehabilitative therapy for substance abusers. Must have ability to gain respect and trust of clients via telephone and text.

Prior Experience Required: Must have at least 2 years experience in providing direct services to substance abusing populations.

Personal qualities: *Interpersonal Skills* - Demonstrates an ability to quickly establish rapport and work effectively with others; must be able to effectively work through workplace conflicts

Respect and Valuing Diversity - Demonstrates the ability to recognize, understand, accept and appreciate the value of diversity

Ethics - Demonstrates the ability to adhere to an appropriate and effective set of core values and beliefs and to act in line with those values.

Amount of travel and any other special conditions or requirements: This position requires statewide travel on a regular basis, including possible overnight stays in state. Must be available to attend SAMSHA mandatory grantee meeting in Washington DC.

Salary range: \$40,000 per year plus 30% benefit check

Hours per day or week: This is a full-time non-exempt salaried position that requires a minimum of 40 hours per week.

Steven L. Burton, MSW, LCSW, NCGC-I

1913 Huber Road Charleston, WV 25314
(w) 304-344-2163 (h) 304-345-2066 steveburton@suddenlink.net

PROFILE

Energetic professional with ten years work experience in mental health environments. Produces quality work, motivates others, and develops strong working relationships. Serves as the Director of the state-funded program to treat problem gamblers, with over 100 counselors throughout the state of West Virginia, as well as the CEO of the parent company, First Choice Health Systems, Inc, as well as CEO of First Choice Services, Inc., the non-profit branch of First Choice Health Systems. Presents to groups to promote awareness and coordinates events. Has strong communication, data analysis, and computer skills.

EDUCATION

Master of Social Work, West Virginia University, Morgantown, WV (2005)

Bachelor of Science in Social Work, West Virginia State University, Institute, WV (2001)

PROFESSIONAL EXPERIENCE

FIRST CHOICE SERVICES, INC. Charleston, WV 2009-Present.

A non-profit company, which operates the Prevention Data Grant for the WVDHHR-BHMF.

FIRST CHOICE HEALTH SYSTEMS, INC. Charleston, WV 2008-Present

A company comprised of community mental health shareholders throughout WV which operates the Problem Gamblers Help Network of West Virginia

Chief Executive Officer

THE PROBLEM GAMBLERS HELP NETWORK OF WEST VIRGINIA, Charleston, WV 2004-present
A program geared toward the treatment, prevention, and education of problem gambling throughout WV.
Clinical Coordinator, Youth Education Expert/Help-Line Supervisor, Director.

- Directs program of over 100 specially trained counselors with budget in excess of \$2 million.
- Develops agency fiscal budget, ensures grant compliance
- Responsible for quarterly, monthly, annual, and ad hoc reports
- Develops Statement of Work as well as formal responses to grant requests
- Completed over 900 therapeutic intakes and 150 hours of specialized education and training.
- Presented over 100 presentations: Lunch and Learn, Teen Institutes, community organizations, companies, conferences, and staff meetings. Local and national presentations.
- Designated first level supervisor to respond to network related issues regarding treatment, clinical supervision, and case documentation.
- Defined database fields to be more consistent for data collection, providing more reliable data.
- Develop statewide problem gambling awareness contests.
- Planned and organized international youth problem gambling panel.
- Recruited and trained over 60 network clinicians with an 80% retention rate. Coordinate and plan advanced training to ensure strong referral base.
- Handles public relations and marketing: writing press releases and doing radio and TV interviews statewide and in bordering states to increase awareness, developing advertising campaigns
- Developing help-line criteria and policies and procedures.
- Expanded Treatment Program to include intensive out-patient services.
- Expanded Advertising to include radio, newspaper, internet, and television campaigns.

COMMUNITY ACCESS INCORPORATED, Dunbar, WV

2002-2004

Program geared efforts toward decreasing participant's dependency on government benefits and increasing self-sufficiency. **Case Manager/Consultant/Supervisor.** Identified and planned intervention to help clients overcome barriers to employment, education, and self-sufficiency. Completed case/action plans. Supervised and monitored staff caseload and documentation.

- Recruited local business community employers to build "field placement" opportunities.
- Maintained the highest rate of employment longevity for participants.
- Mentor case managers statewide to maintain program consistency.

WEST VIRGINIA DHHR CHILD PROTECTIVE SERVICE DIVISION, Charleston, WV 2001-2002

Ensure the safety of families in alleged child abuse and neglect cases.

Intake Worker. Investigated alleged reports, testified, developed case plans/safety plans, and advocated.

COMMUNITY ACTIVITY

National Association of Social Workers-West Virginia Chapter, **President**

National Association of Social Workers-West Virginia Chapter, Capitol Branch, **Chair**

American Red Cross of Central West Virginia, **Volunteer**

2008-2010, Dialogue on Social Work Licensure, **Chair**

2010 Social Work Congress, **Participant**

2010-2011 Leadership Kanawha Valley, **Participant**

PUBLICATIONS

"Predictors of Engaging in Problem Gambling Treatment: Data from the West Virginia Problem Gamblers Help Network." Weinstock, Jeremiah; Burton, Steve; Rash, Carla; Moran, Sheila; Biller, Warren; Kruedelbach, Norman.

"Comparison of DSM-IV Pathological Gambling Criteria and Proposed DSM-5 Changes in Help-seeking Sample." Weinstock, Jeremiah; Burton, Steve; Rash, Carla; Moran, Sheila; Biller, Warren; Kruedelbach, Norman; O'Neil, Kathleen; Gordon, Michele.

Kay Goff
600'1 Bobolink Lane
Charleston, WV125312
Cell Phone: 304-545-1365

Quick Books, Micro-Soft Word, Excel, Green Way, UNIX, Medical Manager, Medic, Basic Accounting and Terminology, Certificate in Medical Billing and Terminology

11/08/10-Present	First Choice Services Program Director Administrative Assistant	Charleston
	Process Payroll, Prepare and Process Federal, State, Monthly and Quarterly Taxes, Reconciling Accounts, Accounts Receivable and Payable, Prepare and Process State Billings, Track budgets, Assist with grant preparation and financial budgets, Record and Type Minutes of meetings when requested by CEO, Assist Program Director with Trainings, Schedule and Set-up Trainings, Schedule all Travel Arrangements for Training. Order Supplies, General Clerical and Receptionist Duties	
11/09-11/06/10	Capital Resource Agency Accountant I / Debby Campbell 304-720-5412	South Charleston
	Programs Director's Assistant to the CSBG, ARRA Program Director, Processing Payroll, Accounts Receivable, Accounts Payable, Processing all Federal and State Taxes, Monthly and Quarterly, Processing Medicaid Waver Billing, Certification of Federal Funded Payroll, Reconciled Company Books and Accounts, Processed Grant Funded Draw Downs, Processed and Prepared Fiscal Amended Budgets	
04/2009 -11/2009	Billing Service and Patient Information Specialist Patient Information Specialist / Debbie Downs 304-206-5898	Charleston
	Entering all patient information into the system, Verification of Benefits, Accounts Receivable, Requesting Reviews for Denied Claims, Reviewing Patient Account, Answering Switchboard	
01/07-04/09	WV Heart and Vascular Billing and Patient Accounts Manager / Debbie Downs 304-206-5898	South Charleston
	Processed and managed all Credentialing of Doctors and PA's with all Hospitals, Medicare, Medicaid, and Commercial Insurance Companies. Processed 90 Day and 90 Day plus Aged Accounts, Posted Primary, Secondary, Payments, Posted Electronic Payments, Filed Secondary Insurance, Claims, Made Dailey Deposits, Processed all Medicare, Medicaid and Commercial Insurance Denials, Filed Reviews on Denied Claims, Reviewed Patient Accounts for Timely Payments Sent Collection Letters on Past Due Patient Account, Worked with Patients on Payment Plans, Processed Dailey and Monthly Reports, Entered Office and Hospital Charges in the System, Monitored and Processed all Prior Authorizations for Office Appointments, and Procedures, Verified Insurance Benefits, Checked Patients In and Out Scheduled Office Appointments, Ordered all Office and Clinical Supplies	

06/03-01/07

Kinetic Health Care Charleston
Office and Marketing Manager / Krstie Armstead 304-389-7209

Charleston

Processed all Authorizations from all Insurance Companies, Workers Compensation for Hospital Equipment and Supplies, Assisted Workers Compensation Claim Managers in obtaining Equipment for Patients, Processed and Tracked Reviews for Denied Claims, Processed 90 Day Accounts, Invoiced all Private Pay Patients and Facilities for Medical Equipment, Verified Insurance Benefits, Tracked and Processed all Delivery Tickets for Appropriate Coding, Processed all Billing Requests, Provided Training and Education to Office and Delivery Personnel, Assisted with Recruitment, Hiring and Orientation of New Personnel, Tracked and Processed Personnel Vacation, Weekly Hours and Overtime, Created Payroll Spreadsheet, Entered Data into a spreadsheet for Accountant, Resolved all Personnel Issues, Documented and Communicated Problem Solving with the Patient, Home Health Personnel, Facility and the Physician's Office, Marketing, Set Weekly Goals for Marketers, Assisted the Marketer with In Services on Equipment, Provided New Leads to Marketers, Answered Switchboard, Scheduled Deliveries for the Set-up of Home Equipment, Created the On Call Schedule for Delivery Personnel, Traveled to Patients Home to Educate and Train Family Members on Equipment, Quoted Prices for all Private Pay, Patients and Facilities, Negotiated Prices with all Vendors, Ordered all Office and Home Equipment Supplies, Tracked all Inventory, Tracked all Private Pay Orders from the Initial Order, Invoicing and Payment, Tracked and Scheduled all Vehicle Maintenance

(304)389-8042

Michele M. Gordon
920 Upton Drive, South Charleston, WV 25309

Michele3boys@yahoo.com

Social Worker

Highly educated and dedicated Licensed Master Social Worker with over 25 years of case management and social work supervisory experience. Leverages finely-honed interpersonal and time management skills to successfully teach a group and increase productivity achieving program goals and objectives. Energetic, flexible, and goal-oriented with a genuine passion for social work. Astute communicator and facilitator adept at establishing rewarding relationship to cultivated and nurtured positive, productive relationships with clients, families, health team members, and community providers to promote effective coordination of resources.

Areas of Specialty	<ul style="list-style-type: none">• Social Work Supervision• Case Management• Mentoring and Mediation Services• Relationship Building• Student/Adult Assessment Program Coordination• Staff Management• Clinical Supervision	<ul style="list-style-type: none">• Treatment Plan Development• Client Assessment/Intake• Family relationships• Administration/Supervision Staff• Helping Build Strengths in Children• Development/training• Crisis Intervention• Communication and interpersonal skills
	<hr/>	
Education	Master of Social Work <i>West Virginia University</i>	<i>Graduated May, 2004</i>
	Bachelor of Arts in Human Services <i>West Virginia State University</i>	<i>Graduated December, 2000</i>
Experience	SOCIAL SERVICES, <i>West Virginia</i>	<i>August, 1983 - Present</i>
	<i>The Problem Gamblers Help Network of West Virginia, Helpline Supervisor</i> <i>August 2007 -- Present</i> <ul style="list-style-type: none">• Supervise up to eight staff, including Social Workers and Counselors, and clerical staff. Evaluate the productivity of staff. Focus on compiling monthly reports and statistical information. Prepare AFA/RFP/Budget extensions. Conduct help-line and staff recruiting, development and training, and hiring.• Completed over 750 therapeutic intakes and 150 hours of specialized education and training.• Presented over 100 presentations: Lunch and Learn, community organizations, companies, conferences, and staff meetings. Local and national presentations.• Supervisor to respond to network related issues regarding treatment, clinical supervision, and case documentation.• Developing help-line criteria and policies and procedures.• Expanded Treatment Program to include intensive out-patient services.• Grant Writing• Develop Statement of Work as well as formal responses to grant requests	
	<i>Charleston Area Medical Center – Women and Children's Hospital, Hospital Social Worker</i> <i>November 2006 -- Present</i> <ul style="list-style-type: none">• Primary role to help patients and their families with problems that accompany illness or prevent recovery and rehabilitation; collected patient information, compiling records, creating referrals to other professionals and community resources and worked with other health professionals to provide patients with the best care.	

Braley and Thompson, Case Worker/Therapist/Director

August 1991-- Present

- Formulated treatment plans, conduct ongoing casework initiatives, and provided advocacy services in both individual and group settings. Experience in crisis communications, individual and group therapy, cognitive-behavioral techniques medication programs, empowerment and strengths perspective, community outreach and progress notes documentation. Ensure continuity of care from time to admission until discharge. Maintain records in accordance with the policies and regulations.
- Marketing, recruiting, training of PRIDE PROGRAM for the foster care/adoption program for the State of West Virginia
- Developed plans, communicated initiatives to interdisciplinary team, and evaluated effectiveness of treatment. Cultivated and nurtured positive, productive relationships with clients, families, health team members, and community providers to promote effective coordination of resources. Advocate on behalf of patients service and billing, ensured the protection of the patient's health, safety, and rights.
- Conduct clinical assessments of individuals, couples, and families.

Community Access Inc. Case Manager/Program Supervisor *November 2000 — October 1, 2004*

Program geared efforts toward decreasing participant's dependency on government benefits and increasing self-sufficiency.

- Held accountable for supervising services for a six county region, supervised and monitored 14 staff, hired, trained and discharged employees, assigned caseloads and related duties, monthly/annually reporting to the state.
- Monitoring attainment of goals and effectiveness of services, auditing all records to comply with state guidelines, consulting and collaborating with other members of the Interdisciplinary Health Care Team, and enforcing accountability and reinforcing goals and objectives of program.
- Identified and planned intervention to help clients overcome barriers to employment, education, and self-sufficiency. Completed case/action plans.

Shawnee Hills, Behavior Health Technician

September 1994 — January 1997

- Formulated treatment plans, conduct ongoing casework initiatives, and provided advocacy services in both individual and group settings. Experience in crisis communications, individual and group therapy, cognitive-behavioral techniques mediation programs, empowerment and strengths perspective, community outreach and progress notes documentation. Ensure continuity of care from time to admission until discharge. Maintain records in accordance with the policies and regulations.

Davis Child Shelter, Recreational/Case Manager

August 1983-- October 1992

- Insured safety and supervision of all shelter residents, implemented behavior modification plans, taught basic living skills, assisted residents in improving their critical thinking skills and improving their conflict resolution skills and documented case records.

Community Service Activities

- Field Placement Sojourners Homeless Shelter
 - Field Placement West Virginia State University/Community and Technical College — Welfare to Work and AIDS/HIV Awareness Program
 - Field Placement Women's and Children's Sexual Abuse Clinic
 - President of Alpha Delta Mu (Honor Society for Social Workers)
 - Served on the Board Multi-cultural Advisement Program
 - Served on the Board AIDS/HIV Awareness Program
 - Member of the Social Work Organization
 - Children's Church Teacher
 - Volunteer Camp Counselor 4-H
 - Volunteer for "Silver Ring Thing"
 - Volunteer for Children's Justice Taskforce
 - Volunteer Soccer Coach
 - Volunteer Basketball Coach
 - Volunteer Baseball Coach
-

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Karen Tolliver Schimmel

- Objective** To attain a position that will enable me to apply and expand on the skills and knowledge I have acquired through work experience and education.
- Education** *Graduate West Virginia University Morgantown, WV*
1973 B.A. Psychology
1998 MSW Social Work GPA 4.0
- License** *Licensed Independent Clinical Social Worker;
Advanced Alcohol and Drug Counselor*
- Work experience** *1998 - Present Westbrook Health Services, Parkersburg, WV*
Outpatient Program Director
 - Provide clinical and administrative supervision for substance abuse division
 - Provide direct counseling services
 - Develop yearly budgets
 - Develop and implement residential programs for women in recovery
 - Maintain contracts with a variety of funding sources
 - Serve as a Licensed Examiner for involuntary committee proceedings
2001-2005 Branches of Hope Counseling Services
Private Practice
 - Provide clinical supervision to candidates for social work license
 - Provide individual, group, and family counseling for mental health and addiction issues
 - Knowledgeable about funding resources
1986-1998 Westbrook Health Services, Parkersburg, WV
Clinical Supervisor/Case Manager II
 - Assisted in the de-institutionalization of MRDD clients.
 - Provided community outreach and education to families.
 - Developed treatment plans. Monitored plans.
 - Clinically supervised case management staff.
1985-1986 Region V Committee on Mental Retardation, Vienna, WV
Case Manager
 - Procured services for class members and families.
 - Maintained case records, conducted IDT meetings, and provided crisis intervention.
- Reference**
 - Available upon request

CURRICULUM VITA

Name: Genise Lálos, MA, LSW, CCAC-S

Office Address: Pretera Center for Mental Health Services Addiction Center
5600 US Route 60 East
Huntington, WV. 25705
(304) 525-7851 extension 2532

Current Position: Director of Addictions Services
Pretera Center for Mental Health Services,
Huntington, WV.

Educational Experience:

M.A., 1991	Marshall University-Huntington, WV. Department of Counseling and Rehabilitation (Accredited Program) Agency Specialization
B.A., 1985	Marshall University-Huntington, WV. Department of Psychology (APA Approval) Psychology Major

Additional Training:

Clinical Trials Network	2000-present served as Principle Investigator for Pretera Center's involvement with the National Institute on Drug Abuse (NIDA) clinical trials network.
Advancing Recovery in WV	2007 to 2010 – served as the Project Change Leader for the Advancing Recovery in WV initiative – statewide, multi-agency partnership.

Licensure/Certification:

1995	West Virginia Certified Addictions Counselor #95-102
1998	West Virginia Social Work License #AP00940219
1999	West Virginia Certified Clinical Supervisor #95-1025

Professional Experience:

- 1992 (May-Present) - Director of Addictions Services
Pretera Center for Mental Health Services
Huntington, WV.
- 1991 (April-May, 1992) -Substance Abuse Program
Supervisor/DUI Coordinator
Pretera Center for Mental Health Services
Huntington, WV.
- 1988 (August)-1991 (May) - Institutional Liaison
Community Support Services
Pretera Center for Mental Health Services
Huntington, WV.
- 1987 (August)-1988 (August) - Counselor,
Barboursville School for Severely Emotionally
Disturbed Adolescents.
Pretera Center for Mental Health Services
Huntington, WV.

Publications:

Journal of Substance Abuse Treatment, Volume 37, Number 2,
September 2009 –contributing author for “*Motivational and
Skills Training HIV/Sexually Transmitted Infection Sexual risk
Reduction Groups for Men*”.

NIATx Toolkit –Contributing author for “*Getting Started with
Medication Assisted Treatment with Lessons from Advancing
Recovery*” 2010.

**Dixie Myers Pritt
198 Justice Lane
Wheeling, WV 26003**

August 1998 to 2010

**Belmont Community Hospital
Social Worker/Therapist**

Duties: Provided psychosocial and substance abuse assessments, relaxation - meditation therapy, psycho-therapy groups, individual and family therapy, team meeting interactions with staff and psychiatrists, provided community service referrals, and developed new progress notes and new treatment plans related to social service and therapeutic needs.

***Started a NAMI support group for aftercare of patients and their families.

January 2000 to present

**Creative Counseling Services
Owner - Therapist**

Duties: Provided individual and family therapy for children, adolescents, and adults with a variety of treatment issues. This would include family discord, sexual abuse, substance abuse and dependency, and other related areas.

August 2004 to June 2009

**HealthWays, Inc
Supervisor and Therapist
Triage Therapist**

Duties: Set up of IOP Co-Occurring Mental Health program for adults with addiction and mental health treatment needs. Provided assessments of patients, individual, group, and family therapies, supervised staff to provide ongoing intensive treatment in a 3 to 6 month program with referrals made into the community for aftercare services necessary for ongoing abstinence; worked with psychiatrists, community workers and case managers with treatment planning meetings, and provided on-call for the program.

Also provided on-call for Healthways agency for mental hygiene assessments and placements.

April 2001 to June 2002

**Dr. Clement's Wellness Center
Office Manager/Therapist**

Developed an outpatient psychiatric office at OVMC. Performed various office tasks, set up insurance payee contracts, networked with pharmaceutical drug representatives on a weekly basis, and performed therapy and case management to children, adolescents, and families.

Networked with community agencies for follow-up services for patients. Completed treatment plans and progress notes and supervised staff.

- August 1999 to May 2001 **West Virginia Northern Community College**
Adjunct Professor
Duties: Provided instructions to Associate level students in the field of sociology, psychology, and the criminal justice field.
- February 2000 to May 2002 **Fox Run Hospital**
Therapist
Duties: Provided sexual abuse, substance abuse/dependence, and physical abuse assessments as well as individual and group therapies. Completed intake – psycho-socials for children aged 3 to 17. Interacted with various psychiatrists and treatment team personnel to maintain treatment needs for patients.
- August 2000 to May 2003 **West Liberty State College**
Adjunct professor
Duties: Provided Bachelor level instruction to students in the sociology and criminal justice fields.
- July 1998 to December 2001 **Northwood Health Systems**
Supervisor/Regional Youth Specialist
Triage On-Call Therapist
Duties: Set up and implemented an adolescent substance abuse outpatient treatment program in Ohio, Marshall, and Wetzel counties with individual, group and family therapies. Supervised staff in providing similar treatment. Developed treatment plans.

Participated in quality control development for chart regulations and standards

Provided triage services, completed emergency assessments and placement into mental health/substance abuse treatment centers from the Wheeling Medical Park emergency room.
- March 1997 to December 1998 **Wittle Won's Family Day Care**
Owner
Duties: Provided daycare and preschool programming in my home for children three months of age to eleven years of age while staying home with own infant and children.
- July 1992 – August 2000 **Russell Nesbitt Services**
Behavioral Specialist
Duties: Taught Life Skills and ADL's, incorporated behavior management programming and monitored treatment strategies to adult MR/DD clients.
- January 1991 to May 1993 **Fox Run Hospital**
Therapist/Case Manager
Duties: Developed and incorporated children's therapy groups for anger management, sexual abuse, drug abuse, and psycho-therapy.

Developed and incorporated parenting education and therapeutic treatment to families. Assisted in developing and performing behavior management programs in an intensive psychiatric unit for ages 3 to 13 years old. Developed treatment plans and managed case management needs for the children's aftercare and community treatment or more intensive residential placements. Performed aftercare support groups for children upon discharge at this facility.

Participated in quality control for chart regulations and standards. Worked with other development teams to provide up to date treatment. Interviewed potential employees and supervised MA interns on the unit.

May 1993 - December 1996

West Virginia Youth Advocates

Therapist/Family Specialist/Case Manager

Duties: Provided in home psycho-therapy to physically abused, sexually abused and other family discord with children and families referred by Child Protective Service workers in Ohio and Marshall Counties.

Home based therapy and other therapeutic treatment, case management, as well as MDT meetings, and team meetings were ongoing as well as treatment and discharge planning was completed.

May - 1990 to January 1991

Florence Crittenton Home

Therapist

Duties: Developed the counseling program for the residential program for female adolescents from age 12 to 21 years of age. Implemented self-awareness and substance abuse group therapy, and conducted intake assessments, treatment plans, individual and family therapy.

Participated in quality control chart review meetings and reviews. Networked with community agencies to prepare patients for discharge.

April 1984 - May 1990

West Virginia Department of Health and Human Services

Child Protective Service Worker

Duties: Completed intake investigation assessments with abused/neglected children on a crisis level and long term care level, placed children in therapeutic foster care, and intervened with therapy and case management with these families.

Worked with legal, medical, educational and community agencies to provide necessary services for the children and families.

Testified on several occasions with maltreatment investigations.

Completed treatment plans as they were due.

***Started a support group for Handicapped parents.

June 1978 to August 1978

Fresh Air Farm

Camp Counselor

Duties: Live with and supervise children from ages 6 to 12 for two week intervals while providing activities, life skills, and group interactions.

Internships

Samaritan House

Duties: Interacted with teen males in supervision and group activities.

West Virginia State Penitentiary – Moundsville

Duties: various within the records, investigation, and grievance board.

Ohio County Schools

Duties: Various counseling activities in the elementary behavioral classes and regular classrooms.

Community Involvement

Sexual Assault Help Center

Duties: on-call volunteer, speaker, and board member from 1982 to 2009

Girl Scout Leader - from 1992 to 1997

Assistant Boy Scout Leader – 1989 to 1993

West Virginia State Drug and Alcohol Counselors –

Board member and editor of the statewide newsletter

Licenses and Certifications

WV LPC, CCAC-S, CCJP, Notary Public

Ohio LSW

Education

West Virginia University

1988-1990

Double Major: Mental Health Counseling and School Counseling

West Liberty State College

1981-1983

Double Major: Social Work and Criminal Justice

West Virginia Northern Community College

1978-1981

Double major: Criminal justice and Community Corrections

References

Terry Stemple

HealthWays Chief Executive Officer

304-723-5440 or 304-670-7079

Joseph Stahl

Co-Worker

304-650-0896

Margaret Robinson

Personal reference

304-552-2958

1418 Mt. Vernon Road
Charleston, WV 25314

Home: 304-346-4615 Cell: 304-610-0362
deidredoria@suddenlink.net

Deidre G. Doria

Education

January 1974 - May 1975 University of Kentucky, Lexington, KY
Masters in Rehabilitation Counseling

August 1969 - May 1973 University of Kentucky, Lexington, KY
Bachelor of Arts in Social Work

Professional Experience

Sept. 2010 - Present Highland Hospital, Charleston, WV

- **Therapist :** Responsible for group and individual therapy on 8 bed Detox Unit at Highland Hospital. Complete initial assessments with intake clients upon their admission , on the computer. Schedule follow-up appointments to assure continuity of care. I was on call 24 hours a day.

May 2, 2002 - Sept. 2010 Process Strategies, Charleston, WV

- **Therapist :** Saw individual mental health clients including some with drug addictions at private outpatient clinic. Age range was from young children through adults. Included a number of Suboxone clients. Worked closely with Suboxone coordinator to initiate drug screens and inform her how clients were progressing. Also was involved with our Employee Assistance Program with the Kanawha County Board Of Education and The University of Charleston. Many clients came from both of these contracts with Process Strategies.

January 1993 - May 1, 2002 Shawnee Hills , Charleston, WV

- **Therapist :** Saw individual mental health patients for large community mental health center on an outpatient basis. Saw a variety of patients ,most of whom were Medicaid or O.B.H.S. clients.
- **Case Management Supervisor :** Responsible for directing case management services and supervising 20 case managers.

- **Liaison to Sharpe and Bartman Hospitals:** Visited the state hospitals to link with patients from Kanawha, Boone, Clay, and Putnam Counties, to attend treatment plan meetings and facilitate discharge planning.
- **Director of Crisis Residential Unit:** Supervised 24 hour crisis unit consisting of 15 beds and 25 staff. Was responsible for scheduling all staff, daily billing, keeping unit full, attending Mental Hygiene when it was necessary to commit patients, food ordering. I was responsible for the Unit during a Joint Commission on Hospital Accreditation review. Met with physician on a daily basis to review treatment plan for each patient and assure follow up care
- **Therapist Crisis Residential Unit:** Responsible for group and individual therapy for 15 bed crisis unit.

Accreditations Licensed Social Worker since 1995. Current license expires December 2012

References Available upon request

Nancy E. Graham MSW, LCSW, ACSW
301 Scott Ave.
Morgantown, WV 26508
304-296-1731 ext. 4426
ngraham@valleyhealthcare.org

Work Experience:

March 2010-present- Valley HealthCare System

Chemical Dependency Program Manager. Duties include coordination and supervision of outpatient services of the Chemical Dependency Programs, which include Adolescent Treatment Services, the Crossroad Program, Adult Outpatient Treatment Services, Prevention Program Services and the DUI Safety and Treatment Program. This includes the planning, developing, coordinating and oversight of the implementation of all treatment and education activities of the various outpatient staff. Provide intensive therapy treatment for chemically addicted adults and adolescents.

June 2006-Feb 2010 - Wellspring Family Services.

Site Director/Clinical Team Leader. Duties include: clinically and administratively supervising therapists and case managers for medically necessary and socially necessary services for five counties. Management of all referrals for medically necessary and socially necessary services for admission. Coordination of services with multiple referral sources. Review and approval of all documentation of services provided. Provide clinical services of: intakes, assessments, intensive individual therapy, supportive counseling and CAPS assessments. Supervision of support staff. Fiscal responsibility for site.

June 1999- June 2006- Valley HealthCare System

Interim Program Supervisor, Valley Addiction Recovery Unit. Appointed to supervise a 20 bed residential detoxification unit for chemically dependent adults on an involuntary and voluntary basis. Clinical and administrative supervision of 15 employees. Scheduling multiple disciplines for 24 hr. coverage. Hiring and site specific training for multiple disciplines. Screening of statewide referrals on a 24-hour basis to unit, networking with referring agencies, and the WV Office of Behavioral Health, Division of Substance Abuse. Provided intensive individual and group therapy, clinical assessments, discharge planning, and crisis services. Fiscal responsibility of unit.

Chemical Dependency Therapist-School and Clinic. Provided clinical assessments, intensive individual and group therapy to adults and adolescence with mental health and substance abuse diagnosis.

Service Coordinator/Crisis Intervention. Provided service coordination for three mental health geriatric group homes and outpatient clinic. Responsible for clinical assessments and all aspects of case management. Provided crisis intervention services and coordinated mental hygiene hearings.

Education:

August 2002 Master of Social Work, West Virginia University, Morgantown WV

May 1999 Bachelor of Science in Sociology, Human Services, Fairmont State
College, Fairmont WV.
Magna Cum Laude

Teaching Experience:

May 2007- Feb 2010- Presentation of Continuing Education Units for Social Work

January 2003- 2010- Adjunct Instructor for Fairmont State University
Instruction of Sociology and Psychology Courses

April 2003- Valley HealthCare System, Kingwood WV

June 2006 Instructor- Department of Motor Vehicles DUI Safety and Treatment
Program
Instruction of 18-hour educational component for DUI offenses

Resumé

Steven Craig Curtis

PO Box 506

Petersburg, WV 26847

Phone: (304) 257-2076

Email: CraigC@phgmail.net

EDUCATION

Fairmont State College	1967 – 1971	Bachelor of Arts Secondary Education Major: Social Studies Comprehensive
Frostburg State University Frostburg, Maryland 21532	1988 - 1992	Master Business Administration

EXPERIENCE

Potomac Highlands Guld, Inc. 2000 – Present
(Comprehensive Behavioral Health Care Provider)
Petersburg, WV 26847

Title: Executive Director

Duties:

1. Interacts and relates with the PHG Board of Directors.
2. Oversees staff and program directors.
3. Responsible for the overall fiscal management of the agency.

Camp Caesar 1995 – 2000
(County owned year-round 4-H camp)
Webster Springs, WV 26288

Title: Camp Director

Duties:

1. Supervise staff and oversee services for approximately 2,000 children and youth each year for summer camp.
2. Oversee maintenance and construction of facilities
4. Marketing and public relations for camp events
5. Fund-raising events

Potomac Highlands Mental Health Guild, Inc. 1979 – 1995
(Comprehensive Behavioral Health Care Provider)
Petersburg, WV 26847

Title: Developmental Disability Program Coordinator 1986 – 1995

- Duties:
1. Responsible for development, coordination and implementation of programs and procedures related to the DD Program within Region VIII.
 2. Provide direct care of consumers as needed, supervise assigned staff and consultation with others.

Title: Director of Consultation and Education 1982 – 1986

- Duties:
1. Provided educational workshops, training, prevention, and public relations programs in various mental health, substance abuse and developmental disabilities areas to providers and consumers of Region VIII.
 2. Responsible for the development and management of the PI Shelter services in our catchment area.
 3. Specialty in the substance abuse field and the providing of screening, evaluation, counseling and course instruction in the State's DUI safety and Treatment Program.
 4. Provided direct services to substance abuse clientele primarily, and to other mental health clients as well in the areas of: crisis intervention, individual, couples and family counseling, and consultations/evaluations with adolescent and adult populations.

Title: Substance Abuse Counselor 1979 – 1982

- Duties:
1. Provided direct services to substance abuse consumers in Grant, Pendleton, and Mineral Counties.
 2. Coordinated substance abuse prevention programming in Grant and Pendleton County Schools.
 3. Provided consultation and education in the field of substance abuse to consumers of Grant and Pendleton Counties.

Section I: Confidentiality and SAMHSA Participant Protection

1. Protect persons in treatment and Staff from Potential Risks

This project poses few risks to participants. The primary issue of concern is ensuring confidentiality for the participant. Since messages will be sent to a cellular telephone and e-mail address, it is possible that someone other than the participant could view this message. First Choice Services will take several steps to lessen this threat. First, all participants will sign a consent indicating that the e-mail address/texting number they have given is within their control and it is ok to send messages. Second, all participants will be given written and verbal instructions on keeping their personal information secure (tips such as securing their e-mail password, password protecting their phone, remembering uncheck the "keep me signed in" button on their e-mail, etc...). Third, as an alternate procedure, per the participant's request arrangement can be made for the text to be intentionally vague, but still recognizable to them as an appointment reminder. For instance, instead of a text or e-mail that says "Remember you have a 10AM appointment with Ms. Smith at Valley" it may say "FCS-10AM". Should there be any issues concerning privacy, First Choice Services can arrange to send messages to a different text number or e-mail address, or allow the participant to opt out of the program.

At no time will the participant's cell phone be used for purposes of tracking or monitoring activity.

Participants will also be instructed by the Site Coordinator on cell phone and texting safety, emphasizing that you should never talk or text while operating motor vehicle.

2. Fair Selection of Participants

Participants for this project will be chosen by the Site Coordinators at each behavioral health facility, and final approval will be given by the First Choice Services Program Director. The Site Coordinators will have primary responsibility for choosing participants because they will have direct contact with and prior knowledge about potential participants. In order to become a participant at a comprehensive community mental health center, a complete psychosocial assessment is given, and Site Coordinators will have access to this. Only adults aged 18 and over will be considered for this project. Pregnant women are not necessarily targeted for this proposal, but they will not be specifically excluded. The pool of participants from each center should roughly match the age/gender/racial makeup of persons typically in treatment at the facility. For instance, if 70% of substance use disorder clients at a particular facility are male, so should be the approximate make-up of the pool of program participants.

Since as part of this grant First Choice Services will purchase inexpensive pre-paid phones for participants who do not own them, lack of ownership of a cell phone is not reason for exclusion. However, the participant must live, work, or regularly be in the vicinity of an area where cell phone texting service is available.

Since this is a voluntary program, anyone who does not wish to participate will be excluded.

3. Absence of Coercion

Participation in this program is strictly voluntary. Participants may opt out of the program at any time. It is possible that a participant is mandated by the court or their employer to attend treatment services, and our program may help facilitate or encourage attendance.

As outlined in this proposal, the primary means of reward for appointment attendance and continued abstinence from substance use will come in the form of letters, certificates, and congratulatory e-mails. None of these things hold any monetary value. Participants who complete the Addictions Severity Index Self Report Form (ASI-Self Report) will be rewarded with a low-value gift card for a restaurant or grocer in their area. This amount will not exceed \$10.00 per completed survey. Participants will be asked to complete three surveys at intervals of three months, six months, and one year after entering the program. Participants are eligible to receive a gift card for each survey completed. This incentive is necessary due to the typically low rates of return of both mail and e-mail surveys (Sheehan, 2001). According to the National Business Institute, small monetary sums and gift cards have been found to greatly increase survey participation, and generally it must be a \$10.00 minimum to prove effective (NBRI, 2011).

Additionally, those participating in the program will be allowed to keep the cellular telephone used for the program. These will be very low-cost pre-paid cell phones, each worth less than \$20.00 each. First Choice Services will not continue to pay for airtime after expiration of the program. Participants will be made aware that should they opt to keep the phone it will be their responsibility to purchase airtime.

Participants who do not wish to take part in the data collection portion of this project may still opt to participate in the CPR portion of the program, including receiving e-mail and text appointment reminders. Participants will be told in the beginning that they do not have to participate in the data collection or the follow up calls to receive that benefit. Participants will be told that the gift card is only given to those taking part in the follow up survey.

Participants will be told that although participation in the survey is necessary for the gift card, the award of the gift card will not be dependent upon their answers in the survey. Participants will be informed in the e-mail/letter and in any survey phone calls that admission relapse will not preclude award of the gift card. Participants will also be told at the beginning of the program that use of any First Choice Services cell phones during the year of the program is not dependent upon their continued appointment attendance and/or sobriety.

4. Data Collection

Data will be collected from Site Coordinators as well as participants. Data concerning appointment attendance will be collected via a HIPAA compliant web portal designed by First Choice Services. Site Coordinators will input information regarding appointment. This data will come directly from the behavioral health center. The ASI-Self Report will be collected by the Program Director. Please see Attachment 2 for a copy of the ASI-Self Report. There will be up to three different methods used for collecting this data. First, an e-mail survey will be sent. If this is not responded to within a week, a survey will be sent via US Mail. This information will be sent in a plain envelope not indicating origin of the letter to protect confidentiality. If this is

not responded to within a week, the Program Director will attempt to call the participant. The Program Director will leave no more than two messages under the name "First Choice Services". Prior approval to leave telephone messages will be obtained at the outset of the program.

No physical specimens will be taken for participation in this program.

5. Privacy and Confidentiality

Site Coordinators will enter information on appointment attendance into a web portal. The system will require that the practitioner enter basic demographic and contact information into a user setup screen that will store all data in a secure, HIPAA-compliant database. The proposed system will encrypt individual columns within the database using 256 bit AES encryption, the current HIPAA encryption standard. Data in motion within the system also will be encrypted so Personally Identifiable Information (PII) will be secured while in motion or at rest. The computer on which this information is stored will be at the behavioral health center. Each of the participating centers adheres to HIPAA practices concerning storage of participant information. The information on participants will only be accessed by the Site Coordinator and the Program Director. Each Site Coordinator will only have access to the information on the participant's particular to their center. The Program Director will have access to information on all participating participants. The ASI-Self Report will be used to measure progress.

6. Adequate Consent Procedures

Each participating participant will be asked to sign a consent form. Please see Attachment 3 for a sample of this consent form. Each participant will receive a written summary of the program discussing the purpose of the project. Data collected will include name, age, race, gender and items on the ASI-Self Report to measure progress towards the goal of substance use abstinence/decrease. The information will be entered into a password protected HIPAA compliant web portal. Participation in this project is voluntary and participants may opt out at any time. Possible risks from participation are very few. As discussed under point number 1, participants will be instructed on safety and privacy issues surrounding the use of e-mail and texting. The consent will also give permission for the behavioral health centers to share protected participant information with First Choice Services. Those under age 18 are not eligible to participate in this project. The Site Coordinator will personally assist anyone who lacks the reading skills ability to understand the written consent. An interpreter will be secured for anyone who does not understand English. Each participant will be given a copy of the consent they signed.

7. Risk/Benefit Discussion

There are very few risks associated with this project. It is common for persons who own or use cellular phones to receive text messages. It is common for persons attending a medical appointment to receive a reminder about that appointment. This approach combines the two. The CPR program itself poses few risks. The primary benefit of this approach is the likely increase in attendance of substance use disorder treatment services by those who need them. This increase in utilization of services is likely to lead to an increase in the number of persons who attain the goal of substance use disorder abstinence or significant decrease in use.

**Attachment 1: (1) and (2) Experienced, Licensed Partner Substance Abuse Treatment
Provider Organizations**

Prestera Center
3375 Route 60, East
Huntington, WV 25705
(304) 525-7851

Highland Hospital
300 56th Street Southeast
Charleston, WV 25304-2361
(304) 926-1600

Westbrook Health Services
2121 East Seventh Street
Parkersburg, WV 26101
(304) 485-1721

Healthways Inc.
501 Colliers Way
Weirton, WV 26062-5003
(304) 723-5440

Potomac Highlands Guild
6 Park Street
Petersburg, WV 26847
(304) 257-1155

Valley HealthCare
301 Scott Avenue
Morgantown, WV 26508
(304) 296-1731

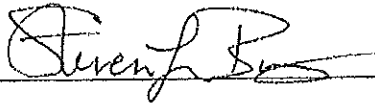
Appendix D – Statement of Assurance

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

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

² Tribes and tribal organizations are exempt from these requirements.

certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.



Signature of Authorized Representative

6/7/11

Date

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is entered into effective as of the 15th day of July, 2011, by and between **FIRST CHOICE SERVICES, INC.**, a West Virginia corporation ("First Choice") and **PRESTERA CENTER, HIGHLAND BEHAVIORAL HEALTH SERVICES, INC., WESTBROOK HEALTH SERVICES, VALLEY HEALTHCARE, HEALTHWAYS, INC., POTOMAC HIGHLANDS GUILD** ("Centers").

Background

First Choice is seeking a grant from the Department of Health and Human Services Substance Abuse and Mental Health Services Administration Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need (TCE-Health IT).

The Centers are comprehensive behavioral health centers or behavioral health professional corporations with the capability to perform certain of the tasks required by First Choice under the proposed grant.

First Choice is interested in contracting with the Centers to perform these tasks under the proposed grant agreement.

The parties are entering into this MOU to memorialize their mutual understanding, commitments and covenants regarding the above matters and other matters incident thereto.

Agreement of the Parties

1. First Choice agrees to provide clients chosen by the centers with cellular telephones to be used for the purposes of increasing communication between the staff of the Centers and the clients, as placed in the TCE-Health IT proposal. First Choice also agrees to provide each participating center \$10,000 of TCE-Health IT monies to cover the costs of Center staff salary while completing duties/responsibilities placed forth in the TCE-Health IT proposal.

2. The Centers agree to provide First Choice a client list of total served and is not to exceed 30 clients per fiscal year, for the purposes of completing the duties/responsibilities placed forth in the TCE-Health IT proposal. The Centers agree to allow First Choice to compile and analyze outcome data regarding the TCE-Health IT services. The Centers agree to allow First Choice access to clients chosen to take part in the services provided within TCE-Health IT proposal, for the purpose of therapeutic text messaging and program follow-up services.

3. This MOU may be executed in one or more counterparts, each of which shall be deemed an original and all of which together shall be considered to be one and the same MOU.

4. This MOU may not be changed, altered, modified or amended except by a writing executed by the parties hereto.

5. This MOU shall be governed by and construed in accordance with the laws of the State of West Virginia.

As evidence of their common understanding and respective commitments, obligations and covenants, the parties have caused this MOU to be executed by officers thereunto duly authorized.

First Choice Health Systems, Inc.

By [Signature]
Its CEO

PRESTERA CENTER

By [Signature]
Its CEO

HIGHLAND BEHAVIORAL
HEALTH SERVICES INC.

By [Signature]
Its President

WESTBROOK HEALTH SERVICES

By [Signature]
Its CEO

VALLEY HEALTHCARE

By [Signature]
Its CEO

POTOMAC HIGHLANDS GUILD

By [Signature]
Its Executive Director

HEALTHWAYS, INC.

By [Signature]
Its CEO

Attachment 2

Addiction Severity Index-Self-Report Form

<http://www.chce.research.va.gov/docs/pdfs/measures/Self-reportASI.pdf>

Code: _____

ASI Self-Report Form

This survey asks questions about your background and employment, your health and family relationships, your legal situation, and your alcohol and drug use. Please answer each question as accurately as you can by placing an "X" in the box next to the answer you select, writing in the appropriate number, or writing in information in the space provided.

PART I: YOUR BACKGROUND AND EMPLOYMENT

1. When were you born?

Month Day Year

2. What is your current marital status? (Check one)

☐ Never married ☐ Separated ☐ Divorced ☐ Married ☐ Widowed

2a. Are you satisfied with your marital situation? ☐ NO ☐ YES ☐ Indifferent

3. How many days were you paid for working in the past 30 days?

(Include paid sick and vacation days and days of "under the table" work) _____
number of days

4. How much money did you receive from employment in the past 30 days?

(Include paid sick and vacation days and days of "under the table" work) \$ _____

5. Do you have a valid driver's license (not suspended or revoked)? ☐ NO ☐ YES

6. Do you have an automobile available on a regular basis? ☐ NO ☐ YES

Note: This is a self-report version of the Addiction Severity Index (ASI) used by the Center for Health Care Evaluation, VA Palo Alto Health Care System (152-MPD), Menlo Park, CA, 94026. See Rosen, Henson, et al. (2000: *Addiction*, 95, 419-425) for information on this version and see McLellan, Kushner, et al., (1992: *Journal of Substance Abuse Treatment*, 9, 199-213) for general information on the ASI.

PART II: YOUR HEALTH

7. How many days have you experienced medical problems in the past 30 days?

number of days (Do not include ailments directly caused by drugs/alcohol, except for serious ailments related to drugs/alcohol that would continue even if you were abstinent – for example, cirrhosis of the liver, abscesses from needles, etc.)

8. How troubled or bothered have you been by these medical problems in the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

9. How important to you now is treatment for these medical problems?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

10. In the past 30 days, have you had a significant period of time in which you have:

	<u>NO</u>	<u>YES</u>	<u>Only when high, or in withdrawal from alcohol/drugs</u>
a. Experienced <u>serious</u> depression, hopelessness, loss of interest, difficulty with daily functioning?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Experienced <u>serious</u> anxiety/tension, uptight, unreasonably worried, inability to feel relaxed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experienced hallucinations – saw things or heard voices that were not there?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experienced trouble understanding, concentrating, or remembering?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past 30 days, did you have a significant period (it may have been a direct result of alcohol/drug use) in which you have:

	<u>NO</u>	<u>YES</u>
a. Experienced trouble controlling violent behavior, including episodes of rage, or violence?	<input type="checkbox"/>	<input type="checkbox"/>
b. Experienced serious thoughts of suicide (seriously considered a plan for taking your life)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 30 days, how many days have you experienced these psychological or emotional problems?

number of days

13. How much have you been troubled or bothered by these psychological or emotional problems
In the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

14. How important to you now is treatment for these psychological or emotional problems?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

15. In the past 30 days, have you been prescribed medication for
 any psychological or emotional problems?.....

☐ NO ☐ YES

PART III: YOUR FAMILY RELATIONSHIPS

16. In the past 30 days, have you had significant periods in
 which you have experienced serious problems getting along with:

	<u>NO</u>	<u>YES</u>	<u>No recent contact</u>
a. Your mother?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your brothers/sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other significant family (SPECIFY: _____))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Coworkers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. In the past 30 days, how many days have you had serious
 conflicts with your family?

_____ number of days

18. How troubled or bothered have you been by family problems in the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

19. How important to you now is treatment or counseling for these family problems?

☐ ☐ ☐ ☐ ☐

Not at all

Slightly

Moderately

Considerably

Extremely

PART IV: YOUR ALCOHOL AND DRUG USE

20. How many days did you drink alcohol in the past 30 days?
number of days

21. How many days did you drink alcohol to intoxication in the past 30 days?
number of days

22. How much money would you say you spent on alcohol in the past 30 days? \$

23. In the past 30 days, how many days have you experienced alcohol problems?
number of days

24. How troubled or bothered have you been by these alcohol problems in the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

25. How important to you now is treatment for these alcohol problems?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

26. In the past 30 days, have you used any of the following drugs?
(Not including drugs taken as prescribed by your doctor)

	<u>NO</u>	<u>YES</u>
a. Heroin.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Methadone	<input type="checkbox"/>	<input type="checkbox"/>
c. Other opiates/analgesics ((Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2,3,4; Syrups, Robittusin, Fentanyl)	<input type="checkbox"/>	<input type="checkbox"/>
d. Barbiturates (Nembutal, Seconol, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Sedatives/Hypnotics/Tranquilizers (Valium, Xanax, Librium, Ativan, Serax, Quaaludes, Tranxene, Dalmane, Halcion, Miltown).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Cocaine (Cocaine Crystal, Free-Base Cocaine, or "Crack" or "Rock")	<input type="checkbox"/>	<input type="checkbox"/>
g. Amphetamines (Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal)	<input type="checkbox"/>	<input type="checkbox"/>
h. Cannabis (Marijuana, Hashish, Pot).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD [Acid], Mescaline, Mushrooms [Psilocybin], Peyote,	<input type="checkbox"/>	<input type="checkbox"/>

Green, PCP [Phencyclidine], Angel Dust, Ecstasy.....

27. How many days have you used more than one substance (including alcohol)
in the past 30 days?..... number of days

28. In the past 30 days, how many days have you experienced drug problems?
number of days

29. How troubled or bothered have you been by these drug problems in the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

30. How important to you now is treatment for these drug problems?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

PART V: YOUR LEGAL SITUATION

31. Are you presently awaiting charges, trial or sentence?..... ☐ NO ☐ YES

32. How serious do you feel your present legal problems are?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

33. How important to you now is counseling or referral for these legal problems?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

34. Have you been in a controlled environment in the past 30 days?

☐ NO

☐ YES, jail

☐ YES, alcohol or drug treatment

☐ YES, medical treatment

☐ YES, psychiatric treatment

☐ YES, other (SPECIFY)

35. How many days were you living in a controlled environment in the past 30 days?
number of days

36. What is today's date?

 Month Day Year

Thank you for helping us improve our services.



CONSENT FOR DATA COLLECTION

This project is being conducted by First Choice Services, Inc. Data is being collected during this project to determine the effectiveness of e-mail and text appointment and support group reminders on group/individual therapy and support group attendance.

Your appointment information will be entered into an online calendar by the Site Coordinator, who will also track your appointment and support group attendance. During the course of your aftercare program, you will also be contacted by First Choice Services, Inc. and asked to complete an Addiction Severity Index Self Report form at 3 months, 6 months and 1 year after the start of your treatment program.

The risk of any data obtained during this project being seen by someone other than First Choice Services, Inc. and employees of this facility are minimal. However, First Choices Services, Inc. has taken all necessary steps to prevent your data from being shared with others, including the use of HIPAA compliant fire walls and encryption software.

You will receive 1) \$10.00 gift card for the completion of each Addiction Severity Index Self Assessment.

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including questionnaires will be kept in a secure location and only those directly involved with the research will have access to them. After the research is completed, the questionnaires will be destroyed.

Participation in this project and the data collection portion of this project is voluntary. Refusal to participate in the data collection portion of this project does not preclude you from receiving services from this facility or First Choice Services.

If you have questions regarding this project, please call _____ at _____.

I have read, understood, and received a copy of the above consent and desire of my own free will and volition allow First Choice Services, Inc. to collect data with regard to my participation in this project.

Dated: _____

Signature of Participant



CONSENT FOR PROGRAM PARTICIPATION

I, _____, consent to participate in the Contracts, Prompts and (participant's name)

Reinforcement (CPR) services offered by First Choice Services, Inc.

I understand that I will receive text message and e-mail reminders regarding my group and individual therapy appointments, as well as reminders of local support group meetings. I may also receive letters, certificates, medallions and information from First Choice Services, Inc., by e-mail and regular mail, throughout the one year course of my aftercare program. I will be contacted by First Choice Services, Inc. at 3 months, 6 months, and 1 year after the start of my initial substance abuse treatment and asked to complete an Addictions Severity Index Self Assessment Form. These services are offered to support my recovery, help me avoid relapse, and promote my overall functioning and well-being.

I expect to be receiving this service from _____ to _____.

I understand that my participation in this service is voluntary, and I have the right to terminate my participation in the service at any time without negative consequences.

Since messages will be sent to a cellular telephone and e-mail address, it is possible that someone other than the participant could view this message. First Choice Services will take several steps to lessen this threat. I will be given written and verbal instructions on keeping my personal information secure. As an alternate procedure, I can request that arrangements be made for the text to be intentionally vague, but still recognizable as an appointment reminder. Should there be any issues concerning privacy, First Choice Services can arrange to send messages to a different text number or e-mail address, or allow the participant to opt out of the program.

At no time will the participant's cell phone be used for purposes of tracking or monitoring activity.

Dated: _____

Signature of Participant



CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL
OR DRUG TREATMENT INFORMATION

I, _____, authorize
(Name of patient)

(Treatment Center)

to disclose to First Choice Services, Inc. following information:

Appointment Date/Time Information
Group/Individual Therapy Appointment Attendance Information
Support Group Attendance Information

The purpose of the disclosure authorized herein is to allow First Choice Services, Inc. to send text and e-mail therapy appointment and support group reminders and provide certificates and medallions based on my attendance, as well as track attendance data to assess the effectiveness of these services.

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

Dated: _____

Signature of Participant

FIRST CHOICE

SERVICES

June 9, 2011

Mrs. Kimberly Walsh
Deputy Commissioner, Programs and Policy
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, WV 25301
RE: RFA #T111002

Kim,

Please accept this letter as notice that First Choice Services, Inc. is applying for the **Grant to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need** with Grants.gov. RFA #T111002

As part of the proposal, FCS will use technology to increase communication between clients and treatment providers. This program, which is based on a cognitive-behavioral model, will use technology to support aftercare with email and text message appointment and self-help support group reminders, along with a series of social reinforcement, such as letters, certificates and small non-cash awards to encourage aftercare participation. In addition, participants will receive information regarding free online support and web-based resources to aid in their aftercare program. The program will be undertaken through partnerships with six (6) substance abuse treatment providers from throughout West Virginia.

A total of 180 participants (30 per treatment provider), will be identified by the treatment providers to participate in this program. Participants' attendance rates for therapy and support group meetings will be tracked for one year after their release from intensive inpatient/outpatient treatment, as well as their abstinence rates and significant substance use decrease rates for one year.

Aftercare retention rates and abstinence rates following substance use disorder treatment vary greatly and are dependent upon many factors. However, based upon two studies conducted using the Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) program (Lash, 2004; 2007), which are further discussed herein, we expect to have a 60% participant retention rate at 3 months post treatment, and a 40% retention rate at 6 months post treatment. Additionally, we expect that 75 percent of the program participants will be abstinent from illicit substances at 3 months post treatment, 60 percent will be abstinent 6 months post treatment, and 50 percent will be abstinent 1 year post treatment.

Please let me know if you have any questions regarding First Choice Services pursuit of this grant.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven L. Burton", with a long horizontal flourish extending to the right.

Steven L. Burton
FCS CEO

FIRST CHOICE

SERVICES

June 9, 2011

Mary Jo Thompson
Director, Community Development Division
West Virginia Development Office
Capital Complex
Charleston, WV 25305
RE: CFDA # TCE – Health IT 93.243

Mary,

Please accept this letter as notice that First Choice Services, Inc. is applying for the **Grant to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need** with Grants.gov. RFA #TI-11-002 First Choice Services is requesting intergovernmental review for the project CFDA #TCE – Health IT 93.243. FCS has attached the following items per your request on your instruction sheet.

A copy of the Abstract

A signed copy of FCS budget

Address of the Federal Agency FCS is applying for

Wilson Washington

Center for Substance Abuse Treatment, Division of State and Community Assistance Substance Abuse and Mental Health Services Administration

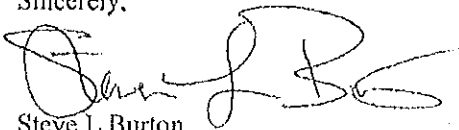
1 Choke Cherry Road

Room 5-1060

Rockville, Maryland 20857

Please let me know if you have any question regarding First Choice Services pursuit of this grant.

Sincerely,



Steve L Burton
FCS CEO

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

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: First Choice Services, Inc. * Street 1: 405 Capitol Street Street 2: Suite 103 * City: Charleston State: WV West Virginia Zip: 25301-0000 Congressional District, if known: WV-002		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: Department of Health and Human Services	7. * Federal Program Name/Description: Substance Abuse and Mental Health Services Projects of Regional and National Significance CFDA Number, if applicable: 93.243	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant: Prefix: * First Name: N/A Middle Name: * Last Name: N/A Suffix: * Street 1: Street 2: * City: State: Zip:		
b. Individual Performing Services (including address if different from No. 10a) Prefix: * First Name: N/A Middle Name: * Last Name: N/A Suffix: * Street 1: Street 2: * City: State: Zip:		
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: Steve Burton * Name: Prefix: Mr. * First Name: Steven Middle Name: L. * Last Name: Burton Suffix: Title: CEO Telephone No.: 304-344-2163 Date: 06/15/2011		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Project/Performance Site Location(s)

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

Organization Name:
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:

Project/Performance Site Location 2 ☐ 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(s)

Project/Performance Site Location 3

☐ 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: Westbrook Health Services

DUNS Number:

* Street1: 2121 East Seventh Street

Street2:

* City: Parkersburg

County: Wood

* State: WV: West Virginia

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 26101-0000

* Project/ Performance Site Congressional District: WV-001

Project/Performance Site Location 4

☐ 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: Healthways, Inc.

DUNS Number:

* Street1: 501 Colliers Way

Street2:

* City: Weirton

County: Hancock

* State: WV: West Virginia

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 26062-0000

* Project/ Performance Site Congressional District: WV-001

Project/Performance Site Location 5

☐ 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: Potomac Highlands Guild

DUNS Number:

* Street1: 6 Park Street

Street2:

* City: Petersburg

County: Grant

* State: WV: West Virginia

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 26847-0000

* Project/ Performance Site Congressional District: WV-001

Project/Performance Site Location(s)

Project/Performance Site Location 6

☐ 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: Valley HealthCare

DUNS Number:

* Street1: 301 Scott Avenue

Street2:

* City: Morgantown

County: Monongalia

* State: WV: West Virginia

Province:

* Country: USA; UNITED STATES

* ZIP / Postal Code: 26508-0000

* Project/ Performance Site Congressional District: WV-001

Additional Location(s)

Add Attachment

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View Attachment