

**Application for Federal Assistance SF-424**

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
<input type="text" value="06/16/2011"/>		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Irene Stacy Community Mental Health Center		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="25-1069977"/>		* c. Organizational DUNS: <input type="text" value="0687367920000"/>
<b>d. Address:</b>		
* Street1:	<input type="text" value="112 Hillvue Drive"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Butler"/>	
County/Parish:	<input type="text" value="Butler"/>	
* State:	<input type="text" value="PA: Pennsylvania"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="16001-3426"/>	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Carol"/>
Middle Name:	<input type="text" value="Ann"/>	
* Last Name:	<input type="text" value="Cushman"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Director of Program Development"/>	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	<input type="text" value="724-287-0791, ext. 2149"/>	Fax Number: <input type="text" value="724-287-2730"/>
* Email:	<input type="text" value="ccushman@irenestacy.com"/>	

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Substance Abuse &amp; Mental Health Services Adminis.

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

93.243

CFDA Title:

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

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

TI-11-002

\* Title:

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

**13. Competition Identification Number:**

Title:

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

SF-424 # 14.docx

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**\* 15. Descriptive Title of Applicant's Project:**

Technology Makeover

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant PA-003

b. Program/Project PA-004

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

Additional Congressional Districts Served.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

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

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

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

* a. Federal	277,661.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	277,661.00

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

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

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes       No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \* First Name: Roger

Middle Name: Alan

\* Last Name: Kelly

Suffix:

\* Title: Executive Director

\* Telephone Number: 724-287-0791 ext. 2188 Fax Number: 724-287-2730

\* Email: rkelly@irenestacy.com

\* Signature of Authorized Representative: Carol Cushman \* Date Signed: 06/16/2011

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## Abstract

Information technology has penetrated nearly every industry in the country in the last 40 years. It has revolutionized how goods and services are attained and rendered and has produced significant gains in those industries. This fact is apparent every day from the use of social media, online banking, and purchasing items such as vacation packages and ordering medication refills online. Unfortunately, one of this nation's most critical sectors, health information technology (HIT), has lagged behind in taking full advantage of this advancement. The integration of Electronic Health Records (EHR) is a national priority in reducing healthcare costs and improving access and quality of care to all, but especially in reaching minorities, rural and other difficult to reach populations. In Butler County, PA, the Irene Stacy Community Mental Health Center (ISCMHC) aims to update its HIT to meet these quality and access priorities. This organization has been providing care for over fifty years to underserved populations. With the attainment of an updated HIT, ISCMHC plans to better meet this community's needs and achieve its vision that every child and adult who struggles with mental illness, substance abuse, and intellectual disabilities will have the opportunity to receive affordable support and guidance in their rehabilitation and recovery process which will lead to a healthy, productive, and rewarding life. ISCMHC will enhance and expand its services by updating its EHR to achieve greater quality care, cost-effectiveness, and access to care, and with the addition of an integrated co-occurring program, Jake's Place, focused on serving individuals with mental health and substance use treatment needs. The ISCMHC project team has developed a detailed project management plan that addresses barriers to achieving this project such as financing, cultural change, and hardware and facilities readiness, in order to be successful. Jake's Place will implement a program that will surround the consumer and family to include coordination and resources for housing, healthcare, community recovery supports, and purpose. ISCMHC will implement the Askesis PsychConsult® Provider software system, the Integrated Co-Occurring Disorders Program, Recovery Support Services, recovery management check-ups and mobile services to reach its goals of enhancing and expanding quality care to promote a life in the community for everyone.

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## BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4140-0006  
Expiration Date 07/30/2010

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds			New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1. TCE-Health IT	93.243	\$ 277,661.00	\$	\$	\$	\$ 277,661.00	
2.							
3.							
4.							
<b>5. Totals</b>		<b>\$ 277,661.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$ 277,661.00</b>	

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. TCE-Health IT	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	
9. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
10. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
11. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<b>12. TOTAL (sum of lines 8-11)</b>	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 277,661.00	\$ 97,181.00	\$ 60,160.00	\$ 60,160.00	\$ 60,160.00	
14. Non-Federal	\$ [ ]	[ ]	[ ]	[ ]	[ ]	
<b>15. TOTAL (sum of lines 13 and 14)</b>	\$ 277,661.00	\$ 97,181.00	\$ 60,160.00	\$ 60,160.00	\$ 60,160.00	
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth		
16. TCE-Health IT	\$ 277,661.00	\$ 220,443.00	\$ 220,443.00	\$ 220,443.00	\$ [ ]	
17. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
18. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
19. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<b>20. TOTAL (sum of lines 16 - 19)</b>	\$ 277,661.00	\$ 220,443.00	\$ 220,443.00	\$ 220,443.00	\$ [ ]	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:	[ ]	22. Indirect Charges: [ ]				
23. Remarks:	[ ]					[ ]

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**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	(1)	(2)	GRANT PROGRAM, FUNCTION OR ACTIVITY (3)	(4)	Total (5)
TCB-Health IT	N/A	N/A			
a. Personnel	\$ 0.00	\$ 85,000.00	\$ 85,000.00	\$ 85,000.00	\$ 170,000.00
b. Fringe Benefits	0.00	28,050.00	28,050.00		\$ 56,100.00
c. Travel	4,266.00	4,266.00	4,266.00		\$ 12,798.00
d. Equipment					
e. Supplies	162,395.00	119,667.00	119,667.00		\$ 401,729.00
f. Contractual	111,000.00	30,000.00	30,000.00		\$ 171,000.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	277,661.00	266,983.00	266,983.00		\$ 811,627.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 277,661.00	\$ 266,983.00	\$ 266,983.00	\$	\$ 811,627.00
7. Program Income					

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## **Section A: Statement of Need**

### **Geographic and Populations Served.**

The State of Pennsylvania is a largely rural state with a population of 12,702,397 (U.S. Census Bureau). Population density and urbanization vary widely in the state's sixty-seven counties. The state is home to the country's fifth-largest metro area with a population of 6.1 million in the greater Philadelphia metropolitan area; however, the city's official population is 1.5 million. The state includes three other densely populated cities (Pittsburgh, with over 300,000, and Erie and Allentown with just over 100,000 residents). The balance of the population is distributed over the remaining small cities and rural communities. The diverse geography of Pennsylvania demands enhanced health information technology to effectively bridge the differences and expand capacity for the treatment of mental illness (MH), intellectual disabilities (MR), and Substance Use Disorders (SUD), especially in rural areas.

The population in Pennsylvania consists of 72.4 percent White, 12.8 percent Black or African American, 0.9 percent Native American, 4.8 percent Asian, 2.9 percent were two or more races, 6.2 percent some other race alone in 2010. 16.3 percent of the population was of Hispanic or Latino ancestry. Pennsylvania has experienced a significant growth in its minority population. Between 2000 and 2010, the Hispanic or Latino population increased by 43 percent. The Asian population expanded by almost 43.3 percent predominantly in metropolitan areas. The Black and African-American population grew by 12.3 percent. Similarly, two or more races increased by 32 percent and some other race alone increased by 24.4 percent. During the same period, the White population declined by 0.7 percent.

The target area is Butler County which is predominantly a rural county with a population of 183,862 (232 people per square mile) located in Western Pennsylvania. Butler County has continued to experience growth and expansion. This county's 793 square miles are diverse in their composition. The northern region is rural with high unemployment rates, limited resources and transportation. The central region where the City of Butler is situated has a varied socioeconomic composition. The population in 2010 was 96.6% white, with other races and nationalities comprising the remaining 3.4% (U.S. Census Bureau). In this region, resources and transportation are accessible within city limits. The southern region of Butler County is comprised of younger families with higher incomes in a suburban environment with a short commute to Pittsburgh. Resources are more readily available in this region of the county.

The population of Butler County has increased by approximately 9,000 people (5.1%) since 2000 (U.S. Census Bureau). The growth is attributed to steady growth (of at least 10%) in primarily southern townships. Projections from the U.S. Census Bureau indicate that Butler County will continue steady growth at an estimated 10% over the next several years before tapering off.

Outside of Butler and Pittsburgh (30 miles away), access to MH, MR and SUD providers in the southwestern part of the state can be a hardship, especially to residents experiencing poverty or a disability. The state has over two million inhabitants that experience some type of disability (U.S. Census Bureau). The percentage of Americans struggling below the poverty line in 2009 was the highest it has been in 15 years. Although poverty affected every ethnicity, disparities continue throughout the country. The poverty rate for non-Hispanic whites was 9.4 percent, for

Blacks/African-Americans was 25.8 percent and for Hispanics 25.3 percent. The rate for Asians was unchanged at 12.5 percent. In 2009, Butler County's poverty rate was 8.9% of the population (U.S. Census Bureau). Also affecting access are residents without health insurance. The number increased to 51 million in the same year (Eckholm, 2010). In Pennsylvania approximately 1,193,000 Pennsylvanians are uninsured (Kaiser, 2009) In 2010, Butler County provided services to 3511 uninsured consumers for MH, MR, and SUD services with the total demand from all consumers, insured and uninsured , certainly being much higher.

In the 2011 Centers for Disease Control and (CDC) Health Disparities and Inequalities Report, the CDC asserts not only that health disparities are unacceptable and correctable, but that dual strategies including universal and targeted interventions for populations with special needs can address the problem. The report determines that due to ongoing economic, racial/ethnic and other social disparities, health inequalities continue to exist in nearly every category (education and income, inadequate/unhealthy housing, health insurance coverage, infant deaths, obesity, suicide, drug-induced deaths, homicides, HIV infections, diabetes, smoking, hypertension, and many others). Physical and mental healthcare providers must improve engagement of consumers in their own care to elicit improved outcomes. Proactive interventions to reach underserved populations, especially in rural areas, are with the use of electronic means and other mobile strategies, including expanding the use of mobile services and with the introduction of recovery check-ups. Telephonic, text messaging, and email contact can facilitate contact to increase consumer engagement.

#### **Current resources and nature of the problem.**

In 2007-2008, 22.3 million persons across the country aged 12 or older were classified with dependence or abuse of illicit drugs and/or alcohol. Of these, 6.9 million were dependent on or had abused illicit drugs, and 18.5 million were dependent on or had abused alcohol (SAMSHA, 2010). According to the Butler County Drug and Alcohol Program, the following were the reported drug of choice for county residents referred for treatment: alcohol at thirty-seven (37) percent, heroin at thirty-two (32) percent, marijuana at sixteen (16) percent, opiates at ten (10) percent, both cocaine and crack were reported at two (2) percent each and one (1) percent was categorized as other.

Pennsylvania, with its numerous ports, large airports, and interstate and state highway systems, is persistently used for drug trafficking to large eastern cities and Midwestern regions (NDIC, 2001). Exposure to the drug trade is distinctive in Butler County. It is positioned near key cross-roads for the Commonwealth's extensive interstate system consisting of the intersections of Interstates 80, 79, and 76 (the PA Turnpike). The Pennsylvania State Police acknowledges that Interstate 80 is a primary route for drug trafficking between New York, Chicago, and other Midwestern points. Interstate 79 also serves as a significant corridor for south-north drug trafficking. The PA turnpike gives access to heroin and other drugs entering the U.S. through the Philadelphia area and moving into western Pennsylvania and other nearby states (Butler County Drug and Alcohol Program, 2010). Butler County is at the hub of these drug trafficking channels. Communities and residents are directly impacted due to location and resulting accessibility.

The level of drug activity in PA has been a financial burden for the state for decades. In 1998, according to the National Center on Addiction and Substance Abuse, Pennsylvania spent over \$3.5 billion in substance abuse and addiction programs. This expense includes the following: justice, education, health, child-family assistance, mental health-development disabilities, public safety, and state work force programs. This amount reflected 14.5 percent of the State's budget. At that time it was the seventh highest percentage of any state budget in the nation. This level of expense placed Pennsylvania behind only California and New York in total dollars spent. Additional expenses such as business losses, worker productivity, property values and other costs were not factored in the above mentioned figure (NDIC, 2001). Today, the cost continues to be overwhelming. According to the Butler County Health Department's Drug and Alcohol program, the three highest reported substances used in Butler County were heroin, alcohol and marijuana.

Pennsylvania residents also have a significant need of mental health services. The State has close to 448,000 adults living with mental illness (USPHC, 2000). The State's public health system provides services to only 22 percent of adults with serious mental illness (Aron, 2009). In 2008, approximately 11,800 adults with mental illnesses were incarcerated in prisons in Pennsylvania (Sabol, 2006). The Irene Stacy Mental Health Center in Butler County, PA has experienced a 64 percent increase in services provided to consumers for mental health services since 2005.

In Butler County, the Irene Stacy Community Mental Health Center (ISCMHC), a non-profit 501 (c) (3), serves residents experiencing poverty, mental illness, intellectual disabilities and substance use disorders. ISCMHC is the primary treatment facility in the county and surrounding areas. ISCMHC's goal is to provide high quality affordable services to all. At any given time, ISCMHC treats as many as 3000 individuals from five years of age to geriatric cases. ISCMHC provides an extensive array of outpatient and residential services to individuals in our community. ISCMHC operates twenty-one different patient-care programs from Family-Based In-home Treatment Services to a Children and Adolescent Partial Hospital to an Adult Mental-Health Intensive Outpatient Program. ISCMHC operates two group homes and a Long-Term Structured Residence Program. Other critical services include a mobile-medication program that delivers medications to its consumers and an acute adult partial hospitalization treatment facility. ISCMHC will soon expand its services with an integrated co-occurring program named Jake's Place for those consumers struggling with mental illness and SUD. This program will be licensed to provide co-occurring services to the community. ISCMHC uses the Recovery Model and evidence-based practices in all programming.

As ISCMHC has continued to grow while meeting the community's demand for care, the Center began a project to update its health information technology (HIT). Computer-mediated communications, such as e-mail, websites, CD-ROM and DVD programs, will perform an increasingly vital role in the future of behavioral health care (Budman, 2000). In February of 2010, ISCMHC determined that its three largely-homegrown and more than a decade old HIT systems would not be able to address their data integrity issues, communicate with each other, or meet modern electronic health record (EHR) requirements without an exorbitant additional investment. These current HIT systems are critical to patient care. They are used for triage, creating treatment plans, maintaining medical records, reporting, billing, data management and various other functions. The lack of systems functionality and compatibility impacts patient care

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daily in terms of lost or mismatched records, delays in patient access or lost staff time for example. The myriad of difficulties in these aging IT systems is a continual challenge for all of ISCMHC's staff. Our current HIT system is unstable, outdated, and outmoded. It needs to be replaced.

Some of the most glaring and difficult barriers in ISCMHC's current IT systems include the following. The existing software components are incompatible resulting in additional manual data re-entry of reporting requirements by clinicians. The workflow of the agency is made overly-complex due to documentation data re-entry requirements and the data integrity errors requiring regular manual verification. The failure of the systems to communicate with each other also impedes efficient scheduling and the availability of services. Coordination of billing is difficult and unnecessarily complex, commonly resulting in twice the work, increased work hours and stress for staff plus costly overtime pay from ISCMHC. Staying in compliance with ever-changing state regulations can be daunting with the use of three incompatible systems. Staying abreast with cutting edge technology to provide quality patient care is simply out of reach due to these antiquated systems and the limited resources of the agency. Quality of care for our consumers is, at minimum, threatened, and the continued economic viability of ISCMHC as a service provider is put at risk. Monitoring quality of care and abiding by reporting requirements is a constant challenge. ISCMHC needs to prepare for the upcoming Medicaid and Medicare medical health reporting requirements. With the current system, ISCMHC will be unable to meet the federally mandated requirement for medical and behavioral health treatment facilities to implement a software system that provides an EHR by 2014. The combination of the computer downtime, inaccuracies in retrieving data, including retrieving data that may not coincide with the correct patient, lost data that requires reentry and other glitches as well as excessive overtime pay and duplicated efforts by staff has adversely affected patient care and attributed, in part, to mediocre employee morale and declines in productivity.

#### **Current Planning for Attainment of an Electronic Health Records Software System.**

In August of 2010, after more than three years of attempting to address these HIT inadequacies, executive management decided to move forward with other HIT alternatives. This is needed as ISCMHC plans to continue providing quality affordable care to its community including providing care to consumers covered by Medicaid and Medicare. The realization of the systems deficiencies and the need for a compatible, secure, and efficient health information system has led ISCMCH to initiate a Technology Makeover project.

The ISCMHC project team assessed the needs of the Center and researched possible options. The search was narrowed to three possible options that met ISCMHC's needs and price range. The project team attended presentations and viewed product demonstrations from the three finalist behavioral software companies: Anasazi, Askesis and NextGen. Each company submitted proposals based on the ISCMHC's needs assessment. After much deliberation and rigorous analysis of each company's proposal including capabilities and cost, the project team selected a system in January, 2011. The system selected was the Askesis PsychConsult® Provider. Throughout this process, ISCMHC has been working on ways to finance this sizeable investment. Efforts have included reaching out to foundations, corporations, individual donors for grants in-kind donations, and to the SAMHSA to assist in this effort.

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

### **The purpose of the proposed project including goals and objectives.**

The Technology Makeover project proposed in this application is intended to enhance and expand mental health and substance abuse services in Butler County and surrounding areas with the improvement of ISCMHC's Health Information Technology (HIT) and Electronic Health Records (EHR) system. The project will achieve the following:

1. Enhance services by improving the functionality of ISCMHC's EHR system. Staff will be able to acquire a real-time medical record of the consumer regardless of whether the record is being accessed in the facility or in the consumer's home. The web-based capability will allow for community-based mobile programs to make real time updates to the consumer's treatment team and improve monitoring of patient needs, treatments and supports, as well as outcomes, resulting in a substantially improved quality of care especially for consumers with serious and chronic illnesses and disabilities.
2. Expand services with the support of a functional EHR system. With an EHR system that no longer requires re-entry of data, has long downtimes, and lacks timely access to consumer charts, there will be a drastic improvement on the overall workflow of ISCMHC. This improvement in the agency's efficiency will allow for an increase in the number of consumers that can be served. The combination of increased efficiency in staff time and an increase in their billable time will give the agency the ability to increase service provision.
3. Expand service offerings with the integrated co-occurring Jake's Place Program. The project will implement evidence-based care for co-occurring consumers. ISCMHC's Jake's Place program will use an integrated approach to treat both SUD and mental health disorders jointly. The Jake's Place program will also use a holistic approach with foci on housing, health, community, and purpose.
4. Expand and enhance SUD services in the Jake's Place program with the inclusion of electronic contacts and a surge of mobile services. The use of the two strategies will increase consumer engagement in their own treatment and access to recovery support services resulting in improved recovery outcomes.

Goals and objectives of the project include:

1. Clinical Scheduling: Facilitate scheduling of clinical procedures for consumers, clinicians, and other resources for all of ISCMHC's locations including outpatient, partial hospital, or residential settings. To be able to include specific information per the consumers' preference, such as a particular clinician type or specialty needed, specific service needed, location, language preferred or needed, et cetera.
2. Treatment Planning and Clinical Documentation: Provide comprehensive treatment plans with user-definable elements such as problems, interventions, and outcomes. The treatment plan is included as part of a patient's electronic medical record. Documents that can be created include progress notes, symptoms, side effects, psychiatric medication, and medical history.

- 
- 3. Residential Care Management: Track a real-time census, bed management, and automatic occupancy charges.
  - 4. Accounts Receivable and Billing: Create a standard electronic claim form to meet the ISCMHC's specific, county or insurer submission requirements, or to accommodate the ISCMHC's unique data structure. Customization is required for this system to be specific to the ISCMHC's billing and accounting system.
  - 5. Medical Records Tracking: Facilitate ISCMHC's creation, maintenance, and tracking of consumer charts. To automate aspects of a complete medical-records operation including chart check-in/check-out, chart location on demand, chart reservation requests and recalls.
  - 6. Active Management: Automate processing batch data entry or batch claims to run at off-hours so that daily operations will not be interrupted. To have the ability to notify specific users of conditions, such as delays in obtaining authorization for services, missed payments, or incomplete documentation.
  - 7. Security: Reduce or eliminate security breaches and assist in meeting HIPAA compliance measures.
  - 8. Mobile Function: Ability to use a portable laptop to connect to ISCMHC's database to download caseload information. To increase efficiencies in caseload and documentation of services via the laptop and later on connect to the database to upload the service documents for processing.
  - 9. Service Expansion: Integrated co-occurring program and EHR software system to increase provider efficiency, consumer and provider satisfaction, smoother workflow targeted towards consumer-centered and consumer-driven treatment and goals resulting in increased treatment availability and service provision.
  - 10. Service Enhancement: Integration of EHR, Jake's Place, and evidence-based services (CDP, Recovery Support Services, and electronic outreach/recovery management check-ups) to enhance service delivery and augment quality of care throughout ISCMHC.

#### The evidence-based services/practice

The adaptation of technology is clear in every aspect of everyday life. Consumers today obtain a remarkable array of services through network-connected devices: banking and other financial services; news reporting; travel and entertainment ticketing; on-line video entertainment; and many more (PCAST, 2010). As in every other industry, the advances of network and information technology are critical and apparent. Achieving the Nation's goal of improving people's health and increasing the quality of treatment outcomes while also containing healthcare costs requires fundamental change in our healthcare system. New approaches are needed to manage and prevent chronic diseases, which consume an increasingly large share of healthcare expenditures (PCAST, 2010).

An improved IT infrastructure will enhance services by facilitating ISCMHC to streamline business processes, automate information transfers, and provide better therapeutic services to consumers through real time information-sharing. The Technology Makeover will also allow ISCMHC to meet the federally mandated requirement of medical and behavioral health treatment facilities to implement a software system that provides an electronic health record by 2014.

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ISCMHC's expansion of services includes not only the expansion due to a more efficient workflow, but includes the development of the integrated co-occurring Jake's Place Program. This program will exclusively treat individuals with mental health disorders along with SUD. The evidence-based practice that will be used in this program is the Co-occurring Disorders Program developed by Hazelden with the Dartmouth Medical School faculty. It is designed to treat consumers with serious mental health disorders that occur alongside SUD. The evidence-based interventions in this program consist of motivational interviewing, cognitive-behavioral therapy, and Twelve-Step facilitation. Each of these evidence-based practices engages consumer strengths to promote commitment toward recovery. In motivational interviewing, the guiding principles identify consumer motivation and readiness to change to build and strengthen their commitment for change (Miller, 1991). Cognitive behavioral therapy helps consumers analyze and challenges current patterns of thinking, emotional reactions, and behavior and try new approaches (Sheldon, 2011). Twelve-Step Facilitation is implemented individually and is based on behavioral, spiritual, and cognitive principles found in fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This approach also views active involvement as the key factor for long-term recovery (Sparrow, 2011). These evidence based practices are effective for treating co-occurring disorders because they are culturally competent, gender responsive and promote consumer-centered services.

The Co-occurring Disorders Program is effective with Jake's Place target population because it addresses the specific mental health disorder while at the same time addresses the SUD. This approach combines the use of motivational interviewing, specific treatment modalities corresponding directly to the consumer's needs, at the same time engaging and educating families on SUD and mental health disorders. The Co-occurring Disorders Program is a comprehensive manualized curriculum that is simultaneously flexible and standardized. This approach includes clinical manuals, a DVD for use by consumers and their families for education; staff training, web content, and CD-ROM to reproduce lessons for consumers. In addition, this practice distinguishes between drug-induced mental health problems and psychiatric morbidity, so that effective pharmacotherapy and psychosocial interventions are appropriate for each consumer. This approach is aligned with ISCMHC's goal of providing high quality and affordable care to all.

In addition to the abovementioned evidence-based treatment, Jake's Place will increase mobile services and add in electronic communication using the Telephone Monitoring and Adaptive Counseling (TMAC) model. Jake's Place staff will perform telephone-based continuing care. A 2010 study of this model concluded that adding telephone continuing care to IOP improved alcohol use outcomes relative to IOP alone (McKay, 2010). Jake's Place and TMAC goals are parallel; to reinforce abstinence, lengthen the time to possible relapse, and shorten relapse episodes if they occur. This evidence-based approach combines monitoring, social support, motivational interviewing (MI) and cognitive-behavioral therapy (CBT). TMAC emphasizes patient self-management, community supports, purpose (increase of self-confidence and skill level), goal setting, identifying barriers and strategizing solutions. Supplementing standard care with recovery management check-up has demonstrated an improvement in alcohol outcomes, regardless history of use, early response to treatment, or other risk factors for relapse and is recommended for women and less motivated patients (Lynch, 2010). TMAC occurs

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during the third or fourth week of SUD treatment with a face-to-face session to introduce and orient the consumer on the intervention. The intervention is also practiced as a step-down beginning with weekly contact and progressively decreasing or with adaptive steps based on consumer needs. These elements synchronize with CDP and Recovery Support Services. Jake's Place will accommodate mobile assessments to consumers in need of co-occurring care who, due to poverty, disability, transportation or other barriers, would not access care. The clinicians, case managers, and other staff will provide support with the use of recovery management check-ups, texting, email, and other forms of electronic communication. This will include texting reminders for appointments, medications, and other services.

Jake's Place will also use a holistic approach with a focus on Recovery Support Services. The program will render co-occurring treatment services in conjunction with recovery support. The case manager will determine consumer needs around housing, healthcare, community, and purpose. The case manager will work in partnership with the consumer to access services to meet their needs. The case manager will link consumers with services needed around permanent and safe housing and healthcare. The case manager will support and help consumers build community such as social support networks and natural support networks by connecting them to local natural supports such as faith-based organizations or sober-living activities. The last item that the case manager will help consumers with is purpose. This encompasses linking the consumer with their goals that may include education, employment, skills building or another purpose.

The combinations of these evidence-based approaches create a unique, progressive and comprehensive program which will improve recovery outcomes to the target population, rural and difficult to reach populations. The Jake's Place Program will merge the Co-occurring Disorders Program with electronic recovery management check-ups and mobile services, and Recovery Support Services using the efficient EHR software system. Consumers may access care through the traditional means, walk-in or by telephone, but with the enhancement of mobile services, the Jake's Place staff may perform mobile assessments for consumers with challenges that would generally prevent them from accessing care. The use of electronic communication such as telephonic monitoring, texting, and email will promote engagement from consumers throughout their treatment and even after services are completed and as they step-down to less invasive interventions. The holistic methodology provided via Recovery Support Services will support consumers in SUD treatment by providing linkages, support, referral and assistance in other critical areas of their life to foster recovery and promote sobriety maintenance. Recovery Support Services will be directed towards housing, healthcare, community support and purpose. The combination of these interventions will best position consumers for success in long-term recovery and other quality of life measures.

In implementing Jake's Place, ISCMHC is in the process of obtaining a dual license in which the State authorizes the Center to provide co-occurring services. This level of licensure is uncommon and innovative, especially in rural areas. In late 2010, the Director of the Office of Mental Health and Substance Abuse Services in PA, commended ISCMHC's leadership, commitment and vision in implementing the Jake's Place Program which serves consumers with co-occurring treatment needs. The Director acknowledged this population is generally poorly served and often faces overwhelming obstacles. He further praised the Jake's

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Place Program's intended "no wrong door" access to care and ICMHC's commitment to the use of evidence-based practices, integrated approaches and comprehensive programming to improve outcomes and opportunities for consumers.

ISCMHC is striving towards increasing the integration of healthcare. The Center is working at merging the provision of mental health services, SUD treatment, recovery support services and some physical healthcare. ISCMHC staff includes psychiatrists, a physician's assistant, nurses, therapists, support group facilitators, and case managers. These providers work to comprehensively address consumers' needs within the Center. The EHR will facilitate further efficient care coordination for ISCMHC consumers.

Throughout all of its programs, ISCMHC, serves consumers across all ranges of socioeconomic status, age, religion, gender, sexual orientation, intellectual disability and race/ethnicity including in Spanish and other languages. In nearly every case, ISCMHC does not deny care to consumers because of their inability to pay. ISCMHC staff is specifically trained in cultural competency. ISCMHC observes the Office of Minority Health's Cultural Linguistic Access Standards (CLAS). CLAS includes 14 standards directed to encourage healthcare organizations to be culturally and linguistically accessible. CLAS standards are organized around the following themes: culturally competent care, language access services, and organizational supports for cultural competence. CLAS standards are in three categories, mandates (Standards 4, 5, 6, and 7), guidelines (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13) and recommendations (Standard 14). CLAS standards (4, 5, 6 and 7) are required for all recipients of federal funds. The selected EHR system, PsychConsult® Provider, will include Electronic Data Interchange (EDI) Translation Software to ensure HIPAA compliance by providing all required privacy documentation in the language that the consumer can read and understand.

The above mentioned evidence-based practice should not need significant adaptation or loss of fidelity for individual-level patient issues. Clinicians, psychiatrists, nurses, and case managers are cognizant of a consumer's characteristics to ensure the interventions follow basic culturally competent practice principles (e.g., demographics; language and literacy; sexual identity; and disability). Addressing ISCMHC's need to update its HIT system will aid this agency to expand services to continue to meet the community's growing demand. This is a natural enhancement to the continuum of services already available through ISCMHC, in Butler County and surrounding areas. With a more stable, functional and secure system, ISCMHC will be able to continue to fulfill the goal of providing high quality affordable services to all.

### **Logic Model**

Please see Section C for the Logic Model.

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

### **The Current HIT/EHR Systems.**

ISCMHC currently uses three separate software systems. The IBM AS 400 is an antiquated DOS system that is used for billing and for storing consumer demographic data. The second software system is Paradox which is mainly used for scheduling. The third software system is E-Therapist, which clinicians, psychiatrists, a physician's assistant, nurses, case managers and other direct services staff use to enter client information, progress notes, treatment plans and other clinical documentation.

The capabilities provided by these systems are very limited. The systems perform minimally and not as intended. However, this does not occur without an augmented level of effort, including duplicated entries, and without error in retrieving information. Paradox and E-Therapist are both used to enter consumer data; however these two systems do not interface with one another. It is not uncommon that each system has incomplete records while the hardcopy patient chart has entirely different entries. This has led to incomplete and unreliable patient charts resulting in a decline in quality of care. The billing system also presents numerous challenges, but the most glaring is the inability to bill for all services rendered, and to only bill monthly, both of which create financial viability and cash flow difficulties. The system loses data and is often down and not available for staff use during work hours. ISCMHC loses significant income due to these software system inadequacies.

In serving all consumers with chronic illnesses and disabilities, the use of technology, when functioning properly, is a powerful tool. However, due to the unreliability of data, the disjointed use of various record keeping methods, and the electronically based client records that are incomplete, outdated, and/or incorrect, the advantage gained by the use of this tool is lost entirely. In cases where a consumer who is being treated by various providers within the agency, such as the psychiatrist, clinician, support group facilitator, and in-home case manager at the residential facility, the inability to communicate real time interactions present barriers to quality of care. If that same consumer were to enter the emergency room at a hospital, his records would not be immediately available to the hospital.

Conversely, with a reliable EHR system, all of the consumer's providers would have access to real time data while providing care to the consumer. All of the providers would have an unobstructed understanding of the consumer's goals, successes, challenges, treatment plan, history, current progress, and outcomes. All providers would be in alignment in caring for and supporting the consumer. If the consumer required emergency medical care and had provided the appropriate release, the consumer's pertinent records could be easily and swiftly provided to the emergency department physicians. This would aid in timely and knowledgeable decisions about the consumer's care including history, prescribed medications, allergies, treatment, and other critical information.

The EHR system will further enhance services by creating a linkage to an electronic Rx- the electronic method of prescribing medications, recording them, tracking usage, listing the pharmacies that provide medications, and most importantly providing a complete picture of all the medications that have been prescribed by all physicians providing care. ISCMHC's Mobile Medications Program, Blended-Case Management Program, and Family-Based Program will be

able to connect to the system with web-based access using laptops and Air Cards, which will enable these clinicians, nurses and case managers more mobility and reliable, updated, and correct consumer information to work with consumer's in their homes. Additionally, the acquisition and implementation of the PsychConsult® Provider system with the electronic Rx linkage will enable our psychiatrists, nurses, and physician's assistant to apply for incentives from the federal government's Meaningful-Use program. This capacity would not only benefit ISCMHC, but would immensely accelerate and improve the quality of treatment for consumers in this community.

#### **The Proposed HIT/EHR System.**

The system selected by ISCMHC's project team is the Askesis PsychConsult® Provider. This software system has the capacity to integrate the all the steps in the organization's workflow from initial client contact through billing. Scheduling, diagnosis, treatment planning, progress note entry, authorizations, payment posting; all these components will work seamlessly in the new EHR system. Clinicians will be able to integrate treatment planning with diagnoses and progress documents. This comprehensive EHR system will allow the detailed longitudinal data tracking that enables outcomes-based care. ISCMHC will have the system customized to meet the agency's needs based on their internal assessment and documented system requirements. PsychConsult® Provider is "certified EHR technology" meeting the requirements of the Office of the National Coordinator for Health Information Technology- Authorized Testing and Certification Bodies (ONC-ATCBs).

The estimated timeframe for the complete implementation, testing, and training of this EHR system is between eight months to one year. The process has already begun and is projected to "go live" within four months from the beginning of this grant. The acquisition of the Askesis PsychConsult® Provider EHR behavioral software system will allow ISCMHC to complete the Technology Makeover and achieve its goals of enhancing and expanding services.

The integration of PsychConsult® Provider will fundamentally improve ISCMHC's operations and workflow efficiency. Across all agency workflows, there would be one central system for the entire organization. These improvements will eliminate need for consumers to be entered into three different systems plus the creation of a hardcopy patient chart. This first step already makes an impact on efficiency. At the first point of contact, the consumer's information will be collected and entered into the PsychConsult® Provider system. The insurance or payer information will be entered for the billing department; the consumer would be scheduled with the Triage Unit to complete a clinical screen and determine the consumer's needs; the consumer will also be scheduled with a Client Relations Specialist (CRS) to receive an orientation and complete all necessary documentation including Government Performance and Results Act (GPRA) data. The billing department will verify insurance prior to consumer's first appointment and notify CRS if further information needs to be collected at the first appointment. CRS will enter additional information into the system, such as personal information, emergency contacts, liability, consent to treat and release of information documentation, primary care physician's information, medications taken, and other necessary information that can be retrieved by various departments as needed. After the Triage Unit has completed the initial assessment, the clinician will enter services, outcomes including diagnosis (as applicable), and recommendations for care

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into the system. The consumer will then be scheduled for their first appointment with the appropriate provider within the agency. The records entered from the first point of contact through the completion of the assessment will be available in real time to all departments, eliminating the need for duplicate data capture, but most importantly to the clinician who will see the client for the first appointment.

The availability of this data in a real time electronic format will eliminate the staff's dependence on cumbersome paper charts. Currently, staff pulls the patient file, puts the file in a cart, and delivers it to the clinicians, or medical staff for that day's use. Assuming the patient chart is available, the clinician must dig through the cart to find the correct chart, check for updates as well as check the Paradox system and the E-Therapist system for discrepancies in information. This is time consuming and at times, correct patient information cannot be retrieved due to system malfunctions or difficulty with connectivity. The clinician at times may need to depend on updated information from the consumer. In cases where consumers are served from their home, the clinician must take copies of the chart to the appointment. Not only is this costly, but it may jeopardize privacy if the paper copies are lost. The workflow demanded by the current HIT system is costly, time consuming, relies on duplicated efforts, and diminishes quality of care and affects patient and clinician satisfaction.

Learning a new system will require time and training. The project team has developed a training plan to address this requisite. Ten staff members will be trained on how to use the system using a "train the trainer" approach. These staff members will be spread out throughout the various programs and available to assist other staff that may need additional assistance after attending the scheduled training. Additionally, ISCMHC has requested funding to provide consultation and technical assistance from Askesis. ISCMHC anticipates that the service expansion as a result of efficiencies will allow for more billable hours per clinician and eventually provide the added revenues to support service expansion.

As a result of this new EHR system, it is anticipated that consumer's immediate and long-term care will be positively impacted. Consumers' quality of care will increase with the capabilities that the software system will provide. The consumer will receive more efficient and improved care from each clinician and psychiatrist by allowing them real time access to the client's chart. The clinician can more easily provide in-home services to consumers who live in rural areas, have challenges with transportation, or who may delay or limit their participation in treatment due to poverty. A future PsychConsult® Provider upgrade will allow clients to enter and access pertinent data in a web-based format.

The ISCMHC project team has developed a more efficient and consumer centered workflow along with an implementation and training plan. The Askesis PsychConsult® Provider software will be installed on to the agency's system and the Project Director, Information Technology Supervisor and Business Operations Specialist will work hand in hand with Askesis to ensure the system is implemented, tested, and configured to work as intended, especially the customized portions of the software. PsychConsult® Provider will be available on every computer throughout ISCMHC. The selected ten staff members will be trained and will return to ISCMHC to train other staff members.

The PsychConsult® Provider software system along with the revised workflow will hasten the availability of service to consumers. The new workflow will accommodate consumers on the same or next day from initial contact to initial assessment. The system will allow gathering

information about the consumer within one comprehensive system. The information captured includes the treatment plan, diagnosis, progress, barriers, successes, needs and outcomes. The availability of real time data to the consumer's treatment team will allow them to work together in consumer-centered ways. The availability to access updated consumer health records while providing care in the consumer's home will engage the consumer as s/he will be central in the development of the treatment plan and see her/his goals reflected in coordinated team treatments

Throughout consumers' time in care, ISCMHC will continue to be compliant with HIPAA and State law and 42 CFR part 2. The consumer's privacy will be protected per ISCMHC's policy requiring signed consent forms for treatment and release of information documentation, completed at the first appointment with the Client Relations Specialist. The PsychConsult® Provider system will be equipped with EDI Translation Software to ensure the system is HIPAA compliant.

The use of the PsychConsult® Provider system will be standard throughout the agency. ISCMHC will only utilize this one system for all of its twenty-one programs. This will include the new program, Jake's Place, which will provide integrated co-occurring services. The enhancement of services through a more efficient workflow and EHR system will be realized throughout ISCMHC's delivery of services from MH, through intellectual disabilities and SUD treatments.

In the last year, ISCMHC has provided care to 4922 unduplicated mental health consumers, 704 unduplicated consumers for SUD, and 6 unduplicated co-occurring compatible consumers. With the integration of the PsychConsult® Provider system, ISCMHC anticipates a significant expansion in service provision in Butler County. A five (5) percent increase in MH services for each year would result in an increase in services to 247 unduplicated consumers yearly with a total increase of 741 consumers over the three-year project. A ten (10) percent increase of services for SUD each year would increase services to 71 unduplicated consumers yearly, with a total increase of 212 consumers over the entire project. The greater part of the expansion will occur with the expansion of the co-occurring service in the integrated co-occurring program, Jake's Place. ISCMHC anticipates providing services to 30 consumers with co-occurring needs over the first year of the project with a steady increase of (50) percent each the following two years. Total unduplicated consumers served with co-occurring needs in the Jake's Place Program over the entire project is projected at 60.

#### Project Timeline

Key activities, milestones and responsibilities		
Complete an IT needs assessment	Project Director	Completed August 2010
Research EHR Software options	Project Director	Completed January 2011
View presentations and review vendor proposals	ISCMHC Management Team	Completed December 2010
Select an EHR software system	ISCMHC Management Team	Completed January 2011

Key activities, milestones and responsibilities		
Begin negotiation and finalize contract with customizations for EHR software system	Project Director	Completed April 2011
Prepare implementation plan	ISCMHC Project Team	Begun in Grant Development Process
Redesign workflow	Business Operations Specialist	Begun in Grant Development Process
Training in Co-occurring Disorders Program	ISCMHC	Begun in Grant Development Process
Install software	ISCMHC Project Team, Askesis	Q1
Refine needs assessment	ValueOptions	Q1
Implement training and technical assistance plan	ISCMHC Project Team, ValueOptions	Q1
Complete the “train the trainer” sessions	ISCMHC, Askesis	Q1
Train ISCMHC staff	Project Manager and trainers	Q1
Test PsychConsult System	Project Team	Q1
GPRA & Health Study Locator Form Training	ValueOptions	Q1
Introduce instruments, obtain all required baseline data (including training & TA)	ValueOptions	Q2
System "walk-through"	Project Director, ValueOptions	Q1
Initiate service delivery	ISCMHC	Q2
Establish mechanism for monitoring performance against targets for improvements/benchmarks	Project Director, ValueOptions	Q1
Continued Training and TA	Project Director, ValueOptions	On-going
Reporting, site management, management team meetings	Project Director, VO	On-going
Systems change recorded in database against goals of project	Project Director, ValueOptions	On-going

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**Linkages with other and community partners.**

ISCMHC has been providing services in this community for over fifty years and now serves as the primary provider for mental health, intellectual disabilities and substance use disorders in Butler County. With this rich history in the community, ISCMHC has countless community partners. ISCMHC participates in the Butler County Substance Abuse Community Taskforce (BCSACT). The Taskforce meets monthly with the goals of identifying and meeting community needs, educating the community on drug and alcohol related topics, and provides assistance to initiate new programs. The Taskforce's current initiatives include collaboration in prevention, intervention and treatment of SUD and providing the public with SUD information. ISCMHC's primary partnerships are with two of the community's mainstays, Butler Memorial Hospital and the local Justice System. These two key stakeholders continually refer their consumers in need of continued care to ISCMHC. The Center is also represented on the mental health and SUD committee of the Butler County criminal justice advisory board.

ISCMHC collaborates regularly with community agencies and local businesses that are vital in coordinating comprehensive Recovery Support Services. As consumers identify specific needs around housing, community, health and purpose, the ISCMHC case managers employ these established working relationships to provide the consumer options and services. Among the collaborators (see letters of support) are the County Housing Authority, Butler Memorial Hospital, employers like Butler Tire Distributors, and faith-based organizations like Catholic Charities. ISCMHC, like many of their faith-based partners, provides natural supports such as Celebrate Recovery, Ala-non, AA, NA and other peer lead support groups.

The PsychConsult® Provider system will be instrumental in identifying a variety of outcomes including consumer outcomes, performance of specific programs and support services, and distinguish strengths and areas that require further development and/or training. The data collected will give the Center the opportunity to work on continuous quality improvement. This information may lead to further and varied community collaborations and partnerships, develop new programming, expand the range of services, and/or modify active programs.

There are potential barriers to successful conduct of the proposed project, however the ISCMHC project team has anticipated many of these instances and is working towards resolution. The chief barrier in implementing the project will be addressing consumer mistrust of an electronic system with the capability to share information with other entities. The CRS will need to clearly communicate the purpose, function, limitations, information release requirements, and the Center's legal requirement around confidentiality (HIPAA and CFR 42). Currently, consumers complete a written release permitting ISCMHC to contact the consumer by phone. This release will be expanded to include text messages, emails, and other forms of contacts using electronic means for recovery check-up and follow-ups. A second potential barrier is the learning curve of staff to master the new software program. The ISCMHC has developed a detailed training plan, including different modules to accommodate novice, intermediate, and experienced computer users. ISCMHC will train ten staff members, so that they can be in-house trainers for remaining staff. These trainers will be available to staff at every site and nearly every shift. The third potential barrier to the implementation of the project would be to ensure that the system functions according to ISCMHC business needs and as stated in the contract with Askesis. The ISCMHC project team, specifically the Project Director,

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Business Operations Specialist, and Information Technology Supervisor, will ensure during the implementation process that the system, especially the customized components, are working properly by testing the system and conducting a walk-through from the beginning to end.

The ISCMHC project team along with others in the agency will participate in the “train the trainer” sessions with Askesis. The information will then be shared with all staff in the agency. The key personnel descriptions in Section D clearly demonstrate that this agency is able to retain staff. The executive director with over thirty years of service, the technology supervisor with over twenty-five years, and the Project Director has over fourteen years employed with the agency. However, to ensure stability over time, ISCMHC will retain all implementation plans, training manuals, materials and documentation in the agency.

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

### **Capability and experience of the applicant.**

ISCMHC has flourished from a small mental health clinic in 1958 to a primary treatment facility employing over 170 staff including psychiatrists, registered nurses, clinical therapists, case managers, and other staff positions. ISCMHC's mission is to provide a comprehensive array of outpatient and residential services to those individuals in our community who struggle with mental illness, substance abuse, and intellectual disabilities. ISCMHC's vision is that every child and adult who struggles with mental illness, substance abuse, and intellectual disabilities will have the opportunity to receive affordable support and guidance in their rehabilitation and recovery process which will lead to a healthy, productive, and rewarding life. ISCMHC provides treatment, advocacy, and support in this process.

ISCMHC provides a multitude of services to Butler and surrounding counties. The services included are as follows:

- Adult Treatment Services serves consumers 18 years of age and older. Treatment includes: Individual therapy, Intensive Outpatient (IOP) therapy, Marital/couple counseling, and Family and group therapy. Groups offered include issues of grief, anxiety, anger management, eating disorders, geriatric concerns, self-esteem, stress management, and the special problems of clients who suffer with serious physical illness.
- Acute and Adult Partial Hospitalization serves consumers 18 years of age and older. The Acute and Adult Partial Hospitalization Programs are time-limited, active treatment programs which provide therapeutically intensive, coordinated, and structured mental-health services within a therapeutic surrounding. The goal of the program is to provide a safe non-judgmental, educational and supportive environment that will assist our consumers in recovery. Services offered are voluntary or for court ordered consumers with a chronic mental health diagnosis. The program provides individual treatment plans that vary from two to four weeks.
- The Psychiatric Rehabilitation Site-based and Mobile Program provide an array of services targeted at helping the seriously and persistently mentally ill consumer develop the necessary skills to live, learn, work, and socialize in the community. ISCMHC provides both on-site services and mobile services in the community. This program is available to adults and is on a voluntary basis. The consumer with a mental health diagnosis is partnered with a caseworker to achieve consumer directed goals.
- The Children and Adolescents Program serves school-aged youth in crisis due to pronounced social and or behavioral difficulties. A team of mental health, education, and support professionals work together to enhance and/or restore functioning in the home, school, and in the community for that child or adolescent. The population served includes children from kindergarten to 12<sup>th</sup> grade with a diagnosed mental illness and an IQ above 70.
- The purpose of the Children's Acute Partial Hospitalization (CAPH) Program is to provide daytime treatment and education. This intervention may eliminate or reduce the emotional and/or behavioral problems or chronic mental health problems experienced by the child. This program is the only of its kind in the area and serves all school districts in Butler County. This program provides assessment of the child's needs, transitional planning for continued

mental health and education services, social skills development, medication management and strives to aid the child in improving her/his functioning in the community and in school.

- The Summer Therapeutic Activities Program serves children in Butler County, ages six through eighteen who struggle with serious emotional illnesses. Individual treatment plans are created with each child. Every consumer is required to have a documented medical need with a recommendation by a staff physician. The program interventions promote socialization, self-esteem and decrease symptoms of illness.
- The Triage Unit accepts initial contacts to the center and provides Administrative Case Management for clients receiving medications who do not require other forms of mental health treatment. Services are monitored to ensure continuity of care. Case managers act as liaisons between programs, monitor progress, assist consumers to develop their treatment plans, and perform essential record keeping.
- The Adult & Children Blended Case Management program is provided in the community. This program is designed to assist individuals' access community services. The population includes children and adults with mental health and emotional disorders. The program promotes independence-of-living status, increased vocational/educational readiness, and the development of natural support systems to reduce hospitalization. Frequency of contact with each consumer varies on based on their level of need. The need and services are assessed based on their living situation, daily living skills, social support network, vocational and/or educational readiness, income and/or benefits, healthcare including mental health treatment, need for crisis intervention (24 hours), and family-based services.
- The Family Based Mental Health Services Program provides intensive in-home services to families at-risk of having their children or adolescents placed outside of the home. The program provides intensive therapeutic interventions for the entire family to reduce the time a child needs to be out of the home in psychiatric, residential, or foster care placement. The therapeutic team delivers services directly to families with treatment lasting from one to eight months. During this time, the team works with the family at minimum of two times per week or more as needed. The services provided may include the following: Comprehensive Family Assessment; Psychological Evaluations; Family Therapy; Social Skills Training; Behavioral Intervention; Parent Training; Psychiatric Services; Marital Counseling; Individual Therapy; Play Therapy; Recreational Therapeutic Activities; Case Management; and Crisis Intervention.
- The Addictive Behaviors Unit is an outpatient treatment program providing drug & alcohol services. This unit provides individual, group, family, marital, and couple counseling to individuals faced with drug and alcohol problems. This program also serves consumers with co-occurring disorders. The program offers an array of services for adolescents and adults not typically available to drug and alcohol programs.  
An assessment is completed at the first appointment to determine level of care as well as additional services needed by the consumer. The services available include Outpatient, Adult Intensive Outpatient and Adolescent Intensive Outpatient Treatment. Outpatient Level of Treatment includes individualized sessions 2 to 4 times per month, group therapy, or supplemental care. Additional interventions are available, if needed. Adult Intensive Outpatient Level of Treatment: Group therapy is the main component of the intensive outpatient level of treatment. Consumers receive at minimum nine hours of services

per week. Services are provided three times per week for approximately eight weeks. Depending on their need, consumers are then "stepped down" to the outpatient level. Additional interventions are available, if needed. Additional services include family, marital, and couple counseling, community awareness, and referrals to community resources, drug screens, and psychiatric services.

*Adolescent Intensive Outpatient Treatment:* Group counseling is the main component and meets three times per week for three hours for a total of nine hours per week. At the successful completion clients are "stepped down" to individual outpatient treatment for additional care. Additional interventions are available, if needed.

- The Family Support Services Program offers a variety of services to individuals with intellectual disabilities living at home or residing independently in the community. The program provides funds that enable each individual to select services that best meet their needs such as: Companion Services; Adapted Equipment; Respite care or in-home services; Recreational Activities; Childcare; Family Education Training; Educational Supplies; and Social Outings.
- The Waiver Agency With Choice Financial Management Services (AWC FMS) promotes the facilitation of individuals with intellectual disabilities use of participant-driven support service programs. The AWC FMS invoices the State/ County for public funds, manages all aspects of payroll, conducts background checks on providers and provides a variety of support services. The (AWC FMS) promotes the idea of consumer direction and self-determination. The AWC FMS acts as a payment agent for Waiver-funded support services assuring compliance with Federal, State, and local programs.
- The Multi-Level Residential Services System includes intensive-care, full-care, and partial-care group homes, and respite beds for adults with severe and chronic mental-health diagnoses. Priority is given to individuals who have been discharged from State Hospital System, diverted from admission to the state and local hospital, or any Butler County resident admitted to the State hospital system under the C/HIPP project. These services are funded by the County and rents collected from consumers. The mission is to provide alternatives to psychiatric hospitalization through support, monitoring medications, and addressing individual needs.
- The Mobile Medications Program is a voluntary program to assist consumers who experience difficulty taking psychiatric medications as prescribed. The program delivers medications to consumers and assists them in understanding the importance of taking medications as prescribed, improving medication management skills, and reducing repeated psychiatric hospitalizations.
- The Transitional Care Center for Mental Health (TCCMH) is a long term structured residence which resulted from a collaborative effort between the Department of Veterans Affairs Medical Center in Butler, Butler County MH/MR/D&A Program, and ISCMHC, along with support from Armstrong County and Value Behavioral Health. As part of this collaborative effort, two beds are reserved for military personnel free of charge. A Long Term Structured Residence (LTSR) is a highly structured mental health treatment facility designed to serve people who are eligible for hospitalization, but who can receive adequate care in the LTSR. The TCCMH enables individuals to avoid hospitalization and instead receive extended care in their community. The program serves adults who have been referred

by an interagency team. The facility is an ADA compliant 16-bed residential facility with a computer lab, medical suite, common living and dining areas and with an exercise and activities room. The average stay is six to twelve months and serves individuals in need of support 24 hours a day, 7 days per week. Funding is provided with federal and state funds through the Office of Mental Health and Substance Abuse Services.

- The Behavioral Consultation Team (BCT) was developed in 1979 to teach parents, teachers, and other professionals to use behavioral interventions to increase adaptive behaviors of individuals with developmental disabilities with whom they live and work. The BCT is committed to making affirmative changes within the systems that impact on the lives of individuals with developmental disabilities and their family members, and to promoting opportunities for quality and meaningful life experiences for the individuals. The BCT's services are consumer oriented and encourage participation from all involved parties. In working towards these changes, the BCT offers the following, behavioral programming, consultation, crisis intervention, staff and parent training and advocacy.
- The Ministry Assistance Program provides a free five week series twice per year to help local clergy/laity respond more effectively to the complex problems in the community. At times, religious or spiritual leaders are the first point of contact for individuals or families in need. The Ministry Assistance Program provides current resources to empower the faith-based community to guide people in need and also to promote an efficient community response and networking.

#### **Key Staff Positions for the Project**

**Executive Director, Roger Kelly,** *5% LOE in-kind*, has been employed by the Irene Stacy Community Health Center for over thirty years. He has Bachelor degree in liberal arts psychology from Clarion University and a Masters of Education Counseling Services degree from Slippery Rock University. He began his career with ISCMCH as a therapist and has held numerous positions throughout his time at ICMHC. He has served as director for ISCMHC for seven years. He is a member of the following community organizations and coalitions: the Butler Collaborative for Families, the Mental Health Committee of the Butler County Criminal Justice Advisory Board, the Mental Health Committee of the Pennsylvania Community Providers Association of more than 200 member agencies, the Provider Advisory Board of Value Behavioral Health Medicaid Managed Care, and the Board of Directors of the Visiting Nurses Association of Southwestern Pennsylvania. He has over thirty years of experience in providing direct services and administrative services to the target population in Butler County. Under his tenure the agency has expanded to include additional programs and specialties providing care for consumers. His responsibilities include managing every aspect of the agency.

**Project Director/Operations Manager/Compliance, Eileen Talarico,** *100% LOE in-kind*, has over fourteen years of experience working at ISCMHC. She holds a Bachelor of Science in Business Management from Robert Morris University. She has experience in IT project implementation and has implemented the computerized-reminder call system, telephone system, and other databases at ISCMHC. Her responsibilities include supervision of all support staff. She is responsible for maintenance of medical records, licensing for personnel, facility credentialing, auditing protocols and customer services. Ms. Talarico has experience as an

instructor for health occupations, claims examiner, office manager, reimbursement specialist and trainer.

**Business Operations Specialist, Taylor Wyman, 50% LOE in-kind**, has a Master's degree in Public Policy and Management from Carnegie Mellon University. He was hired several months ago to help ISCMHC prepare for their upcoming EHR software implementation and to serve as the center's primary facilitator and point of contact with the developer throughout implementation. Mr. Wyman has three years of experience as a business operations consultant where he managed teams of financial, statistical and information system analysts to propose strategic realignments and operations performance improvements. Many of his prior projects have focused heavily on defining the data and reporting requirements for enterprise software systems. Additionally, he has five years of experience analyzing and implementing business operations solutions for governmental and non-governmental agencies in the health care and education fields. Mr. Wyman was also a US Peace Corps Volunteer in Ukraine.

**Information Technology Supervisor, Scott Lutz, 50% LOE**, has worked in this position at ICMHC for over twenty-five years. He holds a Bachelor of Science in Business Administration from Clarion University and has Computer Programming training from the Computer Systems Institute in Pittsburgh. His responsibilities include maintenance of the network infrastructure, administration and security. He also provides support and training to staff for both hardware and software at all of ISCMHC's facilities. Mr. Lutz also has experience in accounting and Medicaid and Medicare billing. Prior to joining ISCMHC, he was an instructor of accounting and computer software in Pittsburgh and Meadville.

#### **Resources Available for the Project.**

ISCMHC serves the population of Butler County and surrounding areas with a wide array of services. ISCMHC has over twenty-one different programs to meet the needs of its consumers. The program employs over 170 staff including psychiatrists, nurses, clinicians, case managers, support staff and other professionals. ISCMHC has four facilities spread throughout Butler County. Every facility is compliant with the Americans with Disabilities Act (ADA). These facilities are located in the communities where they can serve the intended target population and accessible by public transportation. ISCMHC currently functions using three software systems. The IBM AS 400 is an antiquated DOS system that is used for billing and for storing demographic data of the population served. The second software program is Paradox which is used primarily for scheduling. The third program is E-Therapist which allows physicians, therapists, and case managers to write documentation on services rendered and store other client information.

#### **Project Logic Model**

Resources	Program Components	Outputs	Outcomes
Staff ISCMHC will provide culturally-	<u>Client Level</u> Electronic Outreach Recovery.	<u>Client Level</u> Expedited intake process to facilitate	<u>Client Level</u> Improved Customer Service with same or next day appointment and

<p>competent knowledge and experience with proposed target population.</p> <p>Project will enhance and expand services.</p> <p><b>Funds</b></p> <ul style="list-style-type: none"> <li>Medicaid</li> <li>Private Insurance</li> <li>Federal Grant Dollars</li> <li>General revenue funding</li> </ul> <p><b>Equipment &amp; Data Infrastructure</b></p> <ul style="list-style-type: none"> <li>Electronic Health Records (EHR)</li> <li>Software System with GPRA capabilities.</li> <li>Web/computer infrastructure- ValueOptions.</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Implementation in all four facilities throughout Butler County.</li> <li>Community Partners.</li> </ul>	<p>Management Check-ups and increase mobile services.</p> <p>Recovery Support Services</p> <p>Initial assessment.</p> <p>Client Relations</p> <p>Specialist orientation and assistance.</p> <p>Appropriate treatment/ program.</p> <p><b>Systems Level</b></p> <p>Cross-system training and cross-provider collaboration.</p> <p><b>Service Level</b></p> <p>Ongoing staff training, supervision and support (technical, etc.).</p> <p>Enhancement of data gathering and computer systems.</p> <p>Effective GPRA protocol.</p>	<p>consumer engagement.</p> <p>Improved quality of care due to real time access to information.</p> <p>Increased positive consumer outcome due to treatment team congruence toward consumer goals.</p> <p>Improved consumer-centered approach.</p> <p>Increased access to care in rural areas and for consumers facing obstacles in gaining services due to disability or poverty.</p> <p>Linkages to Recovery Support Services.</p> <p><b>Program Level</b></p> <p>Fidelity to intervention.</p>	<p>initial assessments.</p> <p>Consumer engagement in their care and recovery.</p> <p>Increased consumer and family engagement.</p> <p>Increased consumer retention.</p> <p>Increased consumer and provider satisfaction.</p> <p>Permanently housed in the community.</p> <p>Employed/in school.</p> <p>No or reduced criminal involvement.</p> <p>Increased social connectedness.</p> <p>Improved health and mental health status.</p> <p><b>Systems Level:</b></p> <p>Increased availability and access to EHR by other providers and community partners.</p> <p><b>Program Level</b></p> <p>IT infrastructure prepared for the federally required Medicaid and Medicare Plan.</p> <p>Enhancement of consumer services.</p> <p>Expansion of consumers served in Butler County and surrounding areas.</p>
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## **Section E: Performance Assessment and Data**

### **Ability to collect and report on the required performance measures.**

The data gathering and performance assessment of the project will be conducted by ValueOptions, Inc. (See table at end of section for full description of data gathering and reporting plan.). ValueOptions has found that data driven management is key to quality assurance, evaluation and management decisions and utilizes a proven GPRA protocol that has been successful in other projects. Multi-level analysis of gathered GPRA quantitative data through ValueOptions Connects Platform, follow up and engagement with clients, and utilization of consumer satisfaction surveys will provide data to show progress toward the goals of the Technology Makeover. Quarterly focus groups with participants and clinicians will provide qualitative data to inform quality improvement activities and trainings. ValueOptions will create an easy to use dashboard report for ISCMHC and other stakeholders to see progress and trends towards project benchmarks and services. This information will support sustainability and project excellence. Monthly progress data and performance reports will be presented to the ISCMHC project team to discuss and plan for process improvement. Data will be gathered and entered by the Client Relations Specialist (CRS) on secure computers. Data will include client specific demographics, services provided, and all required GPRA sections and follow ups. Data will be aggregated and analyzed at least monthly by ValueOptions.

ISCMHC will comply with all GPRA reporting requirements, including client service and system change benchmarks as described within this proposal. The first year of the project, ValueOptions will upload the data into the SAIS system as required. ISCMHC will customize the EHR system to accommodate the GPRA data gathering and upload by year two of the project. The EHR system will include tools, available to the CRS, to gather GPRA data in years two and three of the project. Initial GPRA interviews will be conducted by the Client Relations Specialist. GPRA discharge and six month follow ups will be completed by the CRS assistance from the Project Director. The project will utilize the GPRA performance protocol developed by ValueOptions utilizing the Health Study Locator Form, client incentives of up to \$20 per required follow up interview of gift card for local gas and/or department stores where alcohol is not sold. A specially constructed GPRA due dates and tracking database will be provided by ValueOptions to Client Relations Specialists monthly, and language requiring a minimum 80% sample for follow up at each level of service, as described in this application. Data will be uploaded via SAIS to SAMHSA per the required protocol. The first year of the project the data upload will be conducted by ValueOptions. In years two and three of the project, ISCMHC's EHR software system will be customized and will have the capacity to gather and upload GPRA data directly. The Project Director will monitor GPRA follow-up rates weekly and work with ValueOptions to ensure follow-up is completed and meeting the rates required by the grant.

### **Data will be used to manage the project and assure continuous quality improvement.**

Quality improvement activities will include a system “walk-through” prior to “going live” by ISCMHC and ValueOptions. Both will walk through the entire process as participants from first contact through first session of the process to make sure the system is working effectively and noting and addressing any challenges proactively. Additionally, ISCMHC will review data each

month to ensure that ValueOptions performance is within the required outcome measure range as required by the grant. The project team will convene at least monthly to proactively address challenges, review and discuss findings in the review process, and discuss ways to improve, enhance and support of the project. ValueOptions will use a multi-dimensional analysis of related data sets to enhance the capacity to trend, and report quality indicators, outcomes, utilization, and other findings. State-of-the-art analytical tools allow data to be analyzed in hundreds of configurations without writing new report programs. The ValueOptions system supports the implementation of outcomes-based services by identifying the best combination of services to cost effectively achieve outcome goals in specific implementation sites. These discussions, strategies and interventions will be documented in the project meeting minutes. Process improvement change projects will use the PDSA (plan, do, study, act) process with clear baseline data, focused interventions and expected change thresholds within a relatively short period, usually two to three weeks, and documented using a logic model template.

**Plan for conducting performance assessment.**

The performance assessment will be guided by a participatory evaluation theoretical foundation (Whitmore, 1998). Participatory evaluation involves the evaluator in non-traditional roles (facilitator, change agent, trainer) to promote collaboration and further the goals of the group by making the research process accessible to everyone. Participatory evaluation assumes that the evaluator helps the group by actively applying what is learned in the service of the people affected by the program (Brisloara, 1998). External evaluators are expected to “walk the walk” and promote knowledge of the population being served and show sensitivity to them by employing good participatory practices including listening to the people affected by the program and employing the values and cultural practices used by the group (Coupal and Simoneau, 1998). The Evaluators will include the use of appreciative inquiry methods (Preskill, 2004). These methods will allow ValueOptions to collect information on community and programmatic strengths and focus program improvement strategically. Summative reports on outcomes will be prepared annually for all key stakeholders. If additional levels of Quality Improvement are needed, the following resources are located in-house at ValueOptions and can be drawn upon for expertise and guidance.

A comprehensive performance assessment for this project will be conducted by ValueOptions. The assessment will include quantitative and qualitative data. The performance assessment will be directed towards the following: 1) the use of technology tools 2) evidence-base practices, 3) service delivery, 4) target population, 5) outcome data, 6) fidelity and 7) implementation processes. The data used in the assessment will include the following items: the quality of life outcome measures specified in the GPRA tool, the level of service provision stated in this proposal, the goals and objectives identified by ISCMHS including the EHR software system functionality and capabilities, key activities and timeline, consumer, provider, and community partner feedback, sustainability, the effectiveness of the use of electronic recovery management check-ups, and the contribution of recovery support services focused on permanent housing, healthcare, community support, and purpose.

ValueOptions maintains continuous quality improvement projects compliant with Utilization Review Accreditation Committee (URAC) standards. These activities are designed to improve

services or clinical outcomes and at least one is always focused on improving consumer safety. Using URAC standards as background, ValueOptions designs quality improvement activities in a multidisciplinary group. The activities would then be reviewed and approved by ISCMHC. Interventions and current status of the quality activities are reviewed quarterly. Both Performance Improvement Plans (PIP) and Quality Improvement Activities (QIAs) are routinely monitored by ValueOptions. New interventions, training, or corrective actions as needed are decided and implemented by the management team. ValueOptions was first awarded URAC accreditation under the Health Utilization Management Standards on March 1, 1999. The American Accreditation Healthcare Commission/URAC has awarded full accreditation under the Health Utilization Management Standards, version 6.0 to eight ValueOptions Service Center.

#### **Data Gathering and Performance Assessment**

Goals	Objectives	Target	Activity	Stakeholders	Time-frame
1. Enhance services by improving the functionality of ISCMHC's EHR system. Staff will be able to acquire a real-time medical record of the consumer regardless of whether the record is being accessed in the facility or in the consumer's home. The web-based capability will allow for community-based mobile	1. Clinical Scheduling: Facilitate scheduling of clinical procedures for consumers, clinicians, and other resources for all of ISCMHC's locations including outpatient, partial hospital, or residential settings. To be able to include specific information per the consumers' preference, such as a particular clinician type or specialty needed, specific service needed, location, language preferred or needed, et cetera.	Data Gathering	Completion of the GPRA/Follow Ups/Client level and aggregated data. Upload to SAIS per protocol.	ISCMHC ValueOptions	Ongoing
	2. Treatment Planning and Clinical		Completion of the consumer satisfaction surveys.	ISCMHC ValueOptions	Ongoing
			Focus groups comprised of participants and clinicians will provide qualitative data to inform the Utilization Review Committee of quality improvement activities and trainings.	ISCMHC ValueOptions Consumers/ Stakeholders	Quarterly

Goals	Objectives	Target	Activity	Stakeholders	Time-frame
programs to make real time updates to the consumer's treatment team and improve monitoring of patient needs, treatments and supports, as well as outcomes, resulting in a substantially improved quality of care especially for consumers with serious and chronic illnesses and disabilities.	Documentation: Provide comprehensive treatment plans with user-definable elements such as problems, interventions, and outcomes. The treatment plan is included as part of a patient's electronic medical record. Documents that can be created include progress notes, symptoms, side effects, psychiatric medication, and medical history.	Quality Improvement	ISCMHC staff will walk through the entire process as participants to make sure the system is working effectively and noting and addressing any challenges proactively.	ISCMHC	Within the first 90 days.
2. Expand services with the support of a functional EHR system. With an EHR system that no longer requires re-entry of data, has long downtimes, and lacks timely access to consumer charts, there will be a drastic	3. Residential Care Management: Track a real-time census, bed management, and automatic occupancy charges. 4. Accounts Receivable and Billing: Create a standard electronic claim form to meet the ISCMHC's specific, county or insurer submission requirements, or to accommodate the ISCMHC's unique data structure. Customization is		ISCMHC will review data monthly to ensure ValueOptions performance is within the required outcome measures range as required by the grant.	ISCMHC ValueOptions	Monthly
			ISCMHC will review monthly progress data and performance reports to discuss and plan for process improvements.	ISCMHC ValueOptions	Monthly
			ISCMHC project team will convene to proactively address challenges, review and discuss findings in the review process, and discuss ways to improve and enhance the project.	ISCMHC ValueOptions	Monthly

Goals	Objectives	Target	Activity	Stakeholders	Time-frame	
improvement on the overall workflow of ISCMHC. This improvement in the agency's efficiency will allow for an increase in the number of consumers that can be served. The combination of increased efficiency in staff time and an increase in their billable time will give the agency the ability to increase service provision. 3. Expand service offerings with the integrated co-occurring Jake's Place Program. The project will implement evidence-based care for co-occurring consumers. ISCMHC's Jake's Place	required for this system to be specific to the ISCMHC's billing and accounting system.		Process improvement change projects will use the PDSA (plan, do, study, act) process with clear baseline data, focused interventions and expected change thresholds within a relatively short period, usually two to three weeks and documented using a logic model template.	ISCMHC ValueOptions	Ongoing	
	5. Medical Records Tracking: Facilitate ISCMHC's creation, maintenance, and tracking of consumer charts. To automate aspects of a complete medical-records operation including chart check-in/check-out, chart location on demand, chart reservation requests and recalls.		Collection of information on community and programmatic strengths and focus on strategic program improvement.	ValueOptions	Ongoing	
	6. Active Management: Automate processing batch data entry or batch claims to run at off-hours so that daily operations will not be interrupted. To have the ability to notify specific users of conditions, such as delays in obtaining authorization for services, missed payments, or incomplete documentation.		Outcome Evaluation	Multi-level analysis of gathered GPRA quantitative data through ValueOptions Connects Platform, follow up and engagement with clients, utilization of consumer satisfaction surveys will provide data to show progress toward the goals of	ValueOptions	Quarterly
	7. Security: Reduce or eliminate security breaches and assist in meeting HIPAA compliance measures.					

Goals	Objectives	Target	Activity	Stakeholders	Time-frame
program will use an integrated approach to treat both SUD and mental health disorders jointly. The Jake's Place program will also use a holistic approach with foci on housing, health, community, and purpose. 4. Expand and enhance SUD services in the Jake's Place program with the inclusion of electronic contacts and a surge of mobile services. The use of the two strategies will increase consumer engagement in their own treatment and access to recovery support services	8. Mobile Function: Ability to use a portable laptop to connect to ISCMHC's database to download caseload information. To increase efficiencies in caseload and documentation of services via the laptop and later on connect to the database to upload the service documents for processing.	Performance Assessment	the project.		
	9. Service Expansion: Integrate and EHR software system to increase provider efficiency, consumer and provider satisfaction, smoother workflow targeted towards consumer-centered and consumer-driven treatment and goals resulting in increased treatment availability and service provision.		ValueOptions will use a multi-dimensional analysis of related data sets to enhance the capacity to trend, and report quality indicators, outcomes, utilization, and other findings.	ValueOptions	Quarterly
	10. Service Enhancement: Integration of EHR, Jake's Place, and evidence-based services (CDP, Recovery Support Services, and electronic		Summative reports on outcomes will be prepared.	ValueOptions	Annually
			ValueOptions will create a dashboard report.	ValueOptions	Monthly
			Evaluator will promote collaboration and further the goals of the group by making the research process accessible to everyone.	ValueOptions	Monthly
			Documentation management meetings minutes will include discussions, strategies and interventions.	ISCMHC	Monthly/ Quarterly

Goals	Objectives	Target	Activity	Stakeholders	Time-frame
resulting in improved recovery outcomes.	outreach/recovery check-ups) to enhance service delivery and augment quality of care throughout ISCMHC.				

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## **Section F: Literature Citations.**

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Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer  
Center, Philadelphia Department of Behavioral Health/Mental Retardation Services

**Section G: Budget and Budget Narrative.****A. Personnel:****FEDERAL REQUEST**

Position	Name	Annual Salary	Level of Effort	Cost
Executive Director	Roger Kelly	In-Kind	05%	\$0
Project Director/Operations Manager/Compliance	Eileen Talarico	In-Kind the first year	100%	\$0
		\$50,000 (Y2 and Y3)	100%	\$50,000
Business Operations Specialist	Taylor Wyman	In-Kind	50%	\$0
Information Technology Supervisor	Scott Lutz	In-Kind	50%	\$0
Evaluator	ValueOptions	In-Kind	50%	\$0
<b>TOTAL PERSONNEL:</b>				<b>\$0</b>

**JUSTIFICATION:**

- (1) Executive Director: This position will provide leadership and oversight of the grant, including fiscal and personnel management, community relations, and project implementation and evaluation. This position will provide 5% in-kind to support this project.
- (2) Project Director/Operations Manager/Compliance: This position will provide oversight of implementation and day-to-day operations. This position is responsible for personnel management and training of support staff responsible for data entry and management of medical records, billing and scheduling. This position will ensure compliance with the grant requirements. This position will provide 100% in-kind for the first year to support this project. \*For years two and three each, \$50,000 is requested to pay for this position's salary.
- (3) Business Operations Specialist: This position will provide oversight of the grant through the implementation, coordinate staff training, analyze outcome data and develop corrective workflow protocols in continuous efforts to enhance of operational practices. This position will be 50 % in-kind to support this project.
- (4) Information Technology Supervisor-This position will manage the network infrastructure, consisting of network administration, network security and e-mail. Provide user support for both software and hardware. This position will provide 50% in-kind to support this project.
- (5) Evaluator: This position will prepare monthly and annual reports. This position will conduct a qualitative and quantitative performance assessment to determine outcomes. This position will gather data for required federal reports, will serve as project staff to review and analyze the collected data prior to dissemination to SAMHSA. This position will provide 50% in-kind to support this project.

**FEDERAL REQUEST - PERSONNEL** **\$0**

**B. Fringe Benefits:** There is no request within this category for the first year. This will be provided in-kind on year one of the project.

\*For years two and three each, \$16,500 (33% rate based on the \$50,000 wage) is requested to pay for FICA, Workers Compensation, and Insurance.

**FEDERAL REQUEST - FRINGE** **\$0**

**C. Travel:**

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
Countywide Travel (Implementation/Monitoring/ Technical Assistance/ Evaluation)	Countywide	24 Trips to various program sites	3,600 Miles X .51 mile	\$1836
<b>Total Countywide Travel (Implementation/Technical Assistance):</b>				<b>\$1836</b>
Joint Grantee Meeting	Washington, D.C.	Airfare	\$500/flight x 2 staff x 1 trip	\$1,000
		Lodging	\$211/night x 2 staff x 1 trip x 2 nights	\$844
		Per Diem	\$71/day x 2 staff x 1 trip x 3 days	\$ 426
		Parking	\$10/day x 2 staff x 4 days	\$ 80
		Transportation (Taxi)	\$40/round trip x 2 staff x 1 trip	\$ 80
<b>Total Joint Grantee Meetings - Travel:</b>				<b>\$2430</b>

**JUSTIFICATION:** Countywide travel includes travel to rural sites throughout Butler County. Travel will support the staff working in other program sites. This will include travel necessary for implementation, monitoring, technical assistance, training, evaluation, and other functions relevant to the implementation of the project. There is also one trip to Washington, D.C. to attend the mandatory joint grantee meetings. Up to two staff will attend this meeting, which may include the Agency Director, Project Director, IT Supervisor and/or the Evaluator.

**FEDERAL REQUEST - TRAVEL** **\$4266**

**D. Equipment:** There are no other items being requested within this category. Any additional resources that may be needed will be in-kind.

**E. Supplies:**

Item(s)	Quantity	Rate	Cost
Askesis PsychConsult EHR Software System	1	Total Cost \$260,000	\$86,667
Desktop computers (60 total)	20	\$750	\$15,000
Laptop computers (30 total)	10	\$1,000	\$10,000
Application server	1	\$2,500	\$2,500
Uninterruptable power supply	1	\$2,700	\$2,700
Firewalls	2	\$600	\$1,200
12-port layer three-switch	1	\$1,300	\$1,300
Required software servers	4	\$3,732	\$14,928
EDI Translation Software (HIPAA compliant)	1	\$2,000	\$2,000
Data Transfer customization	1	\$6,000	\$6,000
Billing customization	1	\$10,000	\$10,000
GPRA customization (Total Cost \$24,000)	1	\$ 8,000	\$ 8,000
Electronic prescriptions	5	\$420	\$2,100
<b>TOTAL EQUIPMENT:</b>			<b>\$162,395</b>

**JUSTIFICATION:** The procurement of the Askesis PsychConsult® Provider EHR software system. This will include all components and customization to ISCMHC's specifications (based on their needs assessment). The Askesis PsychConsult® Provider EHR Software System cost is split up into the three years of the project. The computers and laptops are for use of staff and include all software (except PsychConsult® Provider and EDI Translation Software), hardware, and connectivity. The desktop and laptop procurement is split up into the three years. The application server is the framework where applications can run and is dedicated to efficient execution of procedures. The uninterruptable power supply is to protect the system and equipment from any damage during power outages. The two firewalls are to protect patient information in the EHR software system. The 12 port layer three switch improves network performance and efficiency. The purpose for the four software servers is to store all of the data collected from patient information to billing and demographics. The EDI Translation Software ensures that ISCMHC is HIPAA compliant by providing all required privacy documentation in the language that the consumer can read and understand. The data transfer is intended to transfer all current, reliable and active consumer information from all three systems to PsychConsult®

Provider. The billing customization is based on the needs assessment to track billing and meet the requirements of all payers. The GPRA customization will allow for GPRA data collection and upload by the provider. The procurement for this customization is split up into the three years. The five electronic prescription licenses offer an electronic method of prescribing medications, recording them, tracking usage, and listing the pharmacies that provide the medications.

**FEDERAL REQUEST - EQUIPMENT** \$162,395

**F. Contract:**

**FEDERAL REQUEST**

Name / Entity	Service	Cost
ValueOptions	Data Gathering, Performance Assessment, and Technical Assistance, track systems change	\$36,000
Askesis PsychConsult® Provider EHR	IT consulting fee, Training, and Technical Assistance	\$75,000
<b>CONTRACT GRAND TOTAL:</b>		<b>\$111,000</b>

**JUSTIFICATION:**

Contractual: ValueOptions will provide the IT support, data gathering and performance evaluation. Askesis will provide IT consultation, training for ten staff members and additional technical assistance during implementation.

**FEDERAL REQUEST - CONTRACTUAL** \$111,000

**G. Construction:** Not allowed

**H. Other:** There are no other items being requested within this budget. Any additional resources that may be needed will be in-kind.

**Indirect Cost Rate:** There is no indirect cost rate.

**FEDERAL REQUEST**

	<b>TOTAL FEDERAL REQUEST:</b>	<b>\$277,661</b>
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Proposed Project Period

a. Start Date:	10/1/2011	b. End Date:	09/30/2014
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**BUDGET SUMMARY:**

Category	Year 1	Year 2	Year 3	Total Projected Costs
Personnel	\$0	\$85,000	\$85,000	<b>\$170,000</b>
Fringe	\$0	\$28,050	\$28,050	<b>\$56,100</b>
Travel	\$4,266	\$4,266	\$4,266	<b>\$12,798</b>
Equipment	\$0	\$0	\$0	<b>\$0</b>
Supplies	\$162,395	\$119,667	\$119,667	<b>\$401,729</b>
Contractual	\$111,000	\$30,000	\$30,000	<b>\$171,000</b>
Other	\$0	\$0	\$0	<b>\$0</b>
<b>Total Direct Costs</b>	<b>\$277,661</b>	<b>\$266,983</b>	<b>\$266,983</b>	<b>\$811,627</b>
Indirect Costs	\$0	\$0	\$0	<b>\$0</b>
<b>Total Project Costs</b>	<b>\$277,661</b>	<b>\$266,983</b>	<b>\$266,983</b>	<b>\$811,627</b>

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

<b>TOTAL FEDERAL REQUEST FOR THREE YEARS:</b>	<b>\$718,527</b>
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**For requested future years, there are some variations in the following categories:**

**Personnel:** The Project Director will provide 100% level of effort for this project for three years. The Project Director will provide the first year in-kind, but year two and three the salary compensation is included. The second and third year there will be an addition of a case manager position in the program to complete GPRA follow-up and recovery management check-ups. The salary for this position is \$35,000.

**Fringe Benefits:** The Project Director will provide 100% level of effort for this project for three years. The Project Director will provide the first year in-kind, but year two and three the salary the fringe benefits are requested (33% based on the \$50,000 annual salary). The second and third year there will be an addition of a case manager position in the program to complete GPRA follow-up and recovery management check-ups. The fringe benefits are requested is \$11,550 (33% based on the \$35,000 annual salary).

**Supplies:** The purchase of the PsychConsult® Provider EHR software system, desktop computers and laptop computers, and GPRA customization are divided into the three years, but all of the other items on the supply list will be acquired the first year.

**Contractual:** The Askesis consultation fee is only necessary the first year of the project, during implementation. The ValueOptions IT, data gathering, and evaluation performance fee is reduced the second and third year.

**Section G: Budget and Budget Narrative.****A. Personnel:****FEDERAL REQUEST**

Position	Name	Annual Salary	Level of Effort	Cost
Executive Director	Roger Kelly	In-Kind	05%	\$0
Project Director/Operations Manager/Compliance	Eileen Talarico	In-Kind the first year	100%	\$0
		\$50,000 (Y2 and Y3)	100%	\$50,000
Business Operations Specialist	Taylor Wyman	In-Kind	50%	\$0
Information Technology Supervisor	Scott Lutz	In-Kind	50%	\$0
Evaluator	ValueOptions	In-Kind	50%	\$0
<b>TOTAL PERSONNEL:</b>				<b>\$0</b>

**JUSTIFICATION:**

- (1) Executive Director: This position will provide leadership and oversight of the grant, including fiscal and personnel management, community relations, and project implementation and evaluation. This position will provide 5% in-kind to support this project.
- (2) Project Director/Operations Manager/Compliance: This position will provide oversight of implementation and day-to-day operations. This position is responsible for personnel management and training of support staff responsible for data entry and management of medical records, billing and scheduling. This position will ensure compliance with the grant requirements. This position will provide 100% in-kind for the first year to support this project. \*For years two and three each, \$50,000 is requested to pay for this position's salary.
- (3) Business Operations Specialist: This position will provide oversight of the grant through the implementation, coordinate staff training, analyze outcome data and develop corrective workflow protocols in continuous efforts to enhance of operational practices. This position will be 50 % in-kind to support this project.
- (4) Information Technology Supervisor-This position will manage the network infrastructure, consisting of network administration, network security and e-mail. Provide user support for both software and hardware. This position will provide 50% in-kind to support this project.
- (5) Evaluator: This position will prepare monthly and annual reports. This position will conduct a qualitative and quantitative performance assessment to determine outcomes. This position will gather data for required federal reports, will serve as project staff to review and analyze the collected data prior to dissemination to SAMHSA. This position will provide 50% in-kind to support this project.

**FEDERAL REQUEST - PERSONNEL****\$0**

**B. Fringe Benefits:** There is no request within this category for the first year. This will be provided in-kind on year one of the project.

\*For years two and three each, \$16,500 (33% rate based on the \$50,000 wage) is requested to pay for FICA, Workers Compensation, and Insurance.

**FEDERAL REQUEST - FRINGE** \$0

**C. Travel:**

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
Countywide Travel (Implementation/Monitoring/ Technical Assistance/ Evaluation)	Countywide	24 Trips to various program sites	3,600 Miles X .51 mile	\$1836
<b>Total Countywide Travel (Implementation/Technical Assistance):</b>				<b>\$1836</b>
Joint Grantee Meeting	Washington, D.C.	Airfare	\$500/flight x 2 staff x 1 trip	\$1,000
		Lodging	\$211/night x 2 staff x 1 trip x 2 nights	\$844
		Per Diem	\$71/day x 2 staff x 1 trip x 3 days	\$ 426
		Parking	\$10/day x 2 staff x 4 days	\$ 80
		Transportation (Taxi)	\$40/round trip x 2 staff x 1 trip	\$ 80
<b>Total Joint Grantee Meetings - Travel:</b>				<b>\$2430</b>

**JUSTIFICATION:** Countywide travel includes travel to rural sites throughout Butler County. Travel will support the staff working in other program sites. This will include travel necessary for implementation, monitoring, technical assistance, training, evaluation, and other functions relevant to the implementation of the project. There is also one trip to Washington, D.C. to attend the mandatory joint grantee meetings. Up to two staff will attend this meeting, which may include the Agency Director, Project Director, IT Supervisor and/or the Evaluator.

**FEDERAL REQUEST - TRAVEL** \$4266

**D. Equipment:** There are no other items being requested within this category. Any additional resources that may be needed will be in-kind.

**E. Supplies:**

Item(s)	Quantity	Rate	Cost
Askesis PsychConsult EHR Software System	1	Total Cost \$260,000	\$86,667
Desktop computers (60 total)	20	\$750	\$15,000
Laptop computers (30 total)	10	\$1,000	\$10,000
Application server	1	\$2,500	\$2,500
Uninterruptable power supply	1	\$2,700	\$2,700
Firewalls	2	\$600	\$1,200
12-port layer three-switch	1	\$1,300	\$1,300
Required software servers	4	\$3,732	\$14,928
EDI Translation Software (HIPAA compliant)	1	\$2,000	\$2,000
Data Transfer customization	1	\$6,000	\$6,000
Billing customization	1	\$10,000	\$10,000
GPRA customization (Total Cost \$24,000)	1	\$ 8,000	\$ 8,000
Electronic prescriptions	5	\$420	\$2,100
<b>TOTAL EQUIPMENT:</b>			<b>\$162,395</b>

**JUSTIFICATION:** The procurement of the Askesis PsychConsult® Provider EHR software system. This will include all components and customization to ISCMHC's specifications (based on their needs assessment). The Askesis PsychConsult® Provider EHR Software System cost is split up into the three years of the project. The computers and laptops are for use of staff and include all software (except PsychConsult® Provider and EDI Translation Software), hardware, and connectivity. The desktop and laptop procurement is split up into the three years. The application server is the framework where applications can run and is dedicated to efficient execution of procedures. The uninterruptable power supply is to protect the system and equipment from any damage during power outages. The two firewalls are to protect patient information in the EHR software system. The 12 port layer three switch improves network performance and efficiency. The purpose for the four software servers is to store all of the data collected from patient information to billing and demographics. The EDI Translation Software ensures that ISCMHC is HIPAA compliant by providing all required privacy documentation in the language that the consumer can read and understand. The data transfer is intended to transfer all current, reliable and active consumer information from all three systems to PsychConsult® Provider. The billing customization is based on the needs assessment to track billing and meet the requirements of all payers. The GPRA customization will allow for GPRA data collection and upload by the provider. The procurement for this customization is split up into the three years. The five electronic prescription licenses offer an electronic method of prescribing medications, recording them, tracking usage, and listing the pharmacies that provide the medications.

**FEDERAL REQUEST - EQUIPMENT** \$162,395

**F. Contract:**

**FEDERAL REQUEST**

Name / Entity	Service	Cost
ValueOptions	Data Gathering, Performance Assessment, and Technical Assistance, track systems change	\$36,000
Askesis PsychConsult® Provider EHR	IT consulting fee, Training, and Technical Assistance	\$75,000
<b>CONTRACT GRAND TOTAL:</b>		<b>\$111,000</b>

**JUSTIFICATION:**

Contractual: ValueOptions will provide the IT support, data gathering and performance evaluation. Askesis will provide IT consultation, training for ten staff members and additional technical assistance during implementation.

**FEDERAL REQUEST - CONTRACTUAL** \$111,000

**G. Construction:** Not allowed

**H. Other:** There are no other items being requested within this budget. Any additional resources that may be needed will be in-kind.

**Indirect Cost Rate:** There is no indirect cost rate.

**FEDERAL REQUEST**

	<b>TOTAL FEDERAL REQUEST:</b>	<b>\$277,661</b>
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**Proposed Project Period**

<b>a. Start Date:</b>	<b>10/1/2011</b>	<b>b. End Date:</b>	<b>09/30/2014</b>
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**BUDGET SUMMARY:**

Category	Year 1	Year 2	Year 3	Total Projected Costs
Personnel	\$0	\$85,000	\$85,000	\$170,000
Fringe	\$0	\$28,050	\$28,050	\$56,100
Travel	\$4,266	\$4,266	\$4,266	\$12,798

Equipment	\$0	\$0	\$0	\$0
Supplies	\$162,395	\$119,667	\$119,667	\$401,729
Contractual	\$111,000	\$30,000	\$30,000	\$171,000
Other	\$0	\$0	\$0	\$0
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Indirect Costs	\$0	\$0	\$0	\$0
<b>Total Project Costs</b>	<b>\$277,661</b>	<b>\$266,983</b>	<b>\$266,983</b>	<b>\$811,627</b>

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

<b>TOTAL FEDERAL REQUEST FOR THREE YEARS:</b>	<b>\$718,527</b>
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**For requested future years, there are some variations in the following categories:**

**Personnel:** The Project Director will provide 100% level of effort for this project for three years. The Project Director will provide the first year in-kind, but year two and three the salary compensation is included. The second and third year there will be an addition of a case manager position in the program to complete GPRA follow-up and recovery management check-ups. The salary for this position is \$35,000.

**Fringe Benefits:** The Project Director will provide 100% level of effort for this project for three years. The Project Director will provide the first year in-kind, but year two and three the salary and the fringe benefits are requested (33% based on the \$50,000 annual salary). The second and third year there will be an addition of a case manager position in the program to complete GPRA follow-up and recovery management check-ups. The fringe benefits are requested is \$11,550 (33% based on the \$35,000 annual salary).

**Supplies:** The purchase of the PsychConsult® Provider EHR software system, desktop computers and laptop computers, and GPRA customization are divided into the three years, but all of the other items on the supply list will be acquired the first year.

**Contractual:** The Askesis consultation fee is only necessary the first year of the project, during implementation. The ValueOptions IT, data gathering, and evaluation performance fee is reduced the second and third year.

## Section H: Biographical Sketches and Job Descriptions.

### BIOGRAPHICAL SKETCH

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

NAME Roger A. Kelly  eRA COMMONS USER NAME (credential, e.g., agency login)	POSITION TITLE Executive Director		
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Valley Forge Military Academy	Assoc.of Arts	1968-1970 1970-1972 1972-1975	
Clarion University	BA		Psychology Major
Slippery Rock University	M.Ed.		Counseling Services

**NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions on the attached sample.**

**A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

Current Certifications:

1. National Board Certified Counselor, #35720
2. Certified Psychiatric Rehabilitation Practitioner, #155177
3. Licensed Professional Counselor, State of Pennsylvania, #PC000400

I entered the Valley Forge Military Academy with a full scholarship for music in 1968 after high school graduation. While at Valley Forge, I received designation as a superior student with the award of "Silver Stars." I was awarded the "Sanders Award" in the Spring of 1969 given to the best new cadet for that year. In 1970, I was given the award for "Excellence in the Russian Language." During my stay, I moved from being designated as a "plebe" to a "senior noncommissioned officer." Upon graduating with an Associate of Arts Degree in 1970, I entered Clarion University.

I finished my bachelors work at Clarion University in 1972 while working as a psychiatric aide in the psychiatric unit of Oil City Hospital.

Upon graduating from Clarion University with a Bachelor of Arts Psychology Degree, I obtained my first full-time employment as a psychiatric aide then caseworker at Butler Memorial Hospital in Butler, Pennsylvania. I worked there as a psychiatric caseworker for only 11 months before accepting a position at the Irene Stacy Community Mental Health Center as the Coordinator of Mental Health Mobile Services in 1973. Within six months, I accepted a position as a member of the "Crisis Intervention Team." I continued my Master-level work part-time at

Slippery Rock University during my employment and graduated with a M.Ed. in Counseling Services in 1975.

I was 23-years old when I began working at the Irene Stacy Community Mental Health Center, so you might say I grew up there, currently being in my 39th year of service.

My work as a member of the Crisis Intervention Team continued until 1974 when I accepted a position as a counselor in the Adult Partial Hospital Program. I continued in this position until 1989 when I was promoted to Director of the program. It was during those years that I developed a passion for working with consumers struggling with serious mental illness. That passion has continued to date.

In 1993, during my directorship of the Adult Partial Hospital, I developed and was able to implement an Adult Partial component for the dually diagnosed consumer struggling with serious mental illness and substance abuse. I named the program "Jake's Place" in memory of an employee who was in recovery and extremely helpful to the consumers of our Addictive Behaviors Unit. This program was licensed under the Office of Mental Health and Substance Abuse Services.

Throughout the years, I became more and more involved with the concept of "Recovery" and the Psychiatric Rehabilitation Model. Through this education process, I became a Certified Psychiatric Rehabilitation Practitioner. In 1999, I had written policies and procedures and was able to implement "Site-based Psychiatric Rehabilitation Services" as well as a Mobile Psychiatric Rehabilitation Program."

I was then directing the adult partial hospital and psychiatric rehabilitation programs until I accepted the position of Executive Director in 2004. As the executive director in working with my Board of Directors, they resolved and have endorsed the Recovery Model, Psychiatric Rehabilitation Philosophy. The motto of the Center is "Recovery is a Reality." I personally know this as I have seen it throughout my career.

Currently as we operate under extreme budgetary pressure, my Board has become very active and supportive of my position.

The Irene Stacy Center has provided services to Butler and surrounding counties since 1958. I, as well as my staff, am committed to our mission:

*"to provide a comprehensive array of outpatient and residential services to those individuals in our community who struggle with mental illness, substance abuse, and intellectual disabilities."*

## BIOGRAPHICAL SKETCH

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

NAME <b>Eileen Talarico</b>	POSITION TITLE <b>Project Manager</b>		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Robert Morris University	BS	1980-1986	Business Management

**NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions on the attached sample.**

**B. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

### Positions

Irene Stacy Community Mental Health Center – 112 Hillvue Drive, Butler, PA 16001

- Project Manager – September, 2010 to Present  
Oversee implementation plan and timelines. Coordinate team member assignments, and assign personnel as needed.
- Administrative Assistant – April, 1997 to September, 2010  
Supervise fifteen clerical staff, at four locations, responsible for client's medical records, receptionist, switchboard operator and secretaries. Maintain facility credentialing and individual licensed personnel with insurance companies. Audit billed services for correct insurance codes, and medical charts for documentation. Maintain computerized telephone system and appointment reminder software. Quality Assurance Chairperson, quarterly meetings to review internal and external client satisfaction surveys, resolve and report complaints to appropriate personnel.

North Hills School of Health Occupations – 1500 Northway Mall, Pittsburgh, PA, 15237

- Instructor – October, 1994 to March, 1997  
Developed and taught Health Claims Examiner/Medical Biller Program to adult students.

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Health America – 5 Gateway Center, Pittsburgh, PA 15222

- Claims Examiner – September, 1993 to September, 1994  
Adjudicated Indemnity, Preferred Provider Organization and HMO claims for self-funded plan.

Venango Orthopedics & Sports Medicine – 373 Circle Street, Franklin, PA 16323

- Office Manager – September, 1992 to July, 1993  
Initiated all aspects of starting a new physician's practice, which included the Medical Manager, a computerized billing system. Performed electronic billing and trained all personnel.

Presbyterian University Hospital – O'Hara and DeSoto Streets, Pittsburgh, PA 15213

- Reimbursement Specialist – February, 1979 to September, 1992  
Responsible for maximizing reimbursements from insurance companies for twelve orthopedic surgeons in the University Orthopedics Incorporated group.

Blue Cross of Western Pennsylvania – Fifth Avenue Place, Pittsburgh, PA 15222

- Various Positions – February, 1979 to February, 1990  
Started at an entry level position, as a typist. I was promoted seven times.  
Responsibilities included developing and conducting a corporate orientation program for new employees, training customer service employees, supervising sixteen Major Medical claims processors, mapping the conversion of Blue Cross' provider file to a new computer system, and special projects.

## BIOGRAPHICAL SKETCH

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

NAME Taylor Wyman	POSITION TITLE Business Operations Specialist
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Wright State University Carnegie Mellon University – Heinz School of Public Policy & Management	Bachelor's Master of Science	2001 2006	Analytic Philosophy Public Policy & Administration

**NOTE:** The Biographical Sketch may not exceed four pages. Follow the formats and instructions on the attached sample.

**C. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

### Positions -

**Public Sector Management Consultant, Deloitte Consulting LLP**      **Jul. 2006—May 2009**

- Primary experience in managing small teams, financial, statistical and information systems analysis, strategy and operations performance improvement, Excel-based applications, stakeholder facilitation, and client interviews
- Led first in the nation assessment of Pennsylvania's early learning data and reporting capabilities; worked with client to determine informational requirements, then developed IT architectural options with estimated costs and levels of effort
- Investigated and evaluated business and purchasing practices at 39 school districts; identified opportunities for shared services and consortium purchases for statewide savings over \$1 million
- Analyzed Pennsylvania's current Mental Health/Retardation (MH/MR) rate-setting methodology and business practices; identified process improvement options to increase fiscal accountability and stability; led development and support for statewide implementation of Excel-based rate-setting tool

**Project Manager, Thesis Project**      **Jan. 2006—May 2006**

- Directed an 11-member original research project into Homeland Security risk-based allocations for advisors at Government Accountability Office (GAO) and Office of Management and Budget (OMB)

**Research Assistant, Heinz School**      **Jun. 2005—Dec. 2005**

- Identified and summarized scholarly and business articles on corporate social responsibility (CSR); debated findings in relation to the professor's hypothesis and proposed future directions for research

**United States Peace Corps Volunteer**

**Oct. 2002—Dec. 2004**

- Designed and implemented a nationwide teacher-training program in conjunction with Ukrainian Education Officials and Peace Corps Volunteers, training more than 100 teachers in the first year
- Analyzed a non-governmental organizations (NGO) activities, and collaborated on the creation of a national network of regional mentors, generating a 50% increase in project implementation rates
- Developed and presented a 30-hour, English teacher-training course, organized and supervised 5 major English teacher-training conferences for more than 300 teachers
- Authored a successful grant and supervised its implementation, which supplied and staffed a Resource Center for 106 Yalta teachers.

**Honors -**

- **Presidential Management Fellow Finalist (PMF)** 2006
- **Graduated Summa Cum Laude from Carnegie Mellon's Heinz School** 2006

## BIOGRAPHICAL SKETCH

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

NAME <b>D. Scott Lutz</b>	POSITION TITLE <b>IT Supervisor</b>
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Clarion University, Clarion, PA	BS	1979	Accounting
Butler County Community College, Butler, PA	AA	1977	Accounting
Computer Systems Institute, Pittsburgh, PA	Certificate	1982	Computer Programming

**NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions on the attached sample.**

**D. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

- a. Butler County Easter Seal Society, Butler, PA 9/1979 – 2/1980 Administrative Assistant
- b. St. John's Lutheran Home, Mars, PA 2/1980 – 4/1982 Accountant
- c. Nallathambi Medical Associates, Butler, PA 2/1983 – 8/1983 Accountant
- d. Computer Systems Institute, Pittsburgh and Meadville, PA Instructor in Accounting and Computer Programming
- e. Irene Stacy Community Mental Health Center, Butler, PA 1/1986 – Present

## Section H2. Job Descriptions

<b>Title</b>	Executive Director
<b>Description of duties and responsibilities</b>	Oversees training, technical assistance, and implementation of the Technology Makeover Project. Provide guidance and oversight of planning and implementation process, personnel and fiscal management, community relations and evaluation oversight.
<b>Qualifications</b>	Masters degree or PhD in administration or human services with at least five years of experience in training and technical assistance.
<b>Supervisory relationships</b>	Supervises all staff and ValueOptions evaluation team member.
<b>Skills and knowledge required</b>	<ul style="list-style-type: none"> <li>▪ Extensive experience in implementing evidence-based treatment practices</li> <li>▪ Expertise in systems change</li> <li>▪ Knowledge of, and experience in, fidelity measurement</li> </ul>
<b>Prior experience required</b>	<ul style="list-style-type: none"> <li>▪ Previous senior management experience in substance use disorder treatment system or governmental entity responsible for publicly-funded substance use disorder treatment services</li> <li>▪ Previous experience providing substance use disorder treatment</li> </ul>
<b>Personal qualities</b>	Professionalism, integrity, creativity, flexibility, commitment, ability to work both independently and as part of a management team, and compassion for individuals with substance use issues and their families.
<b>Amount of travel and any other special conditions or requirements</b>	Travel to implementation sites and other communities will be required throughout the Project.
<b>FTE</b>	5%

<b>Title</b>	Project Director/Operations Manager/Compliance
<b>Description of duties and responsibilities</b>	Oversees the implementation of the Technology Makeover Project. Responsible to ensure that the project in compliance Center for Substance Abuse Treatment guidelines and is aligned with the grant proposal Responsible for day-to-day operations including personnel management and training of support staff responsible for data entry and management of medical records, billing and scheduling. Responsible to ensure that services are rendered using evidence-based practices and striving to meet project goals and outcomes.
<b>Qualifications</b>	Bachelors or Masters degree in administration or human services with at least five years of experience in management of substance abuse treatment systems.
<b>Supervisory relationships</b>	Reports Agency Director.
<b>Skills and knowledge required</b>	<ul style="list-style-type: none"> <li>▪ Expertise in project development and implementation</li> <li>▪ Knowledge of performance and outcome measurement</li> </ul>
<b>Prior experience required</b>	<ul style="list-style-type: none"> <li>▪ Previous experience as project director</li> <li>▪ Previous experience in personnel management</li> <li>▪ Previous experience in compliance</li> </ul>
<b>Personal qualities</b>	Professionalism, integrity, creativity, flexibility, commitment, ability to work both independently and as part of a management team, and compassion for individuals with substance use issues and their families.
<b>Amount of travel and any other special conditions or requirements</b>	Travel to implementation sites and other communities will be required throughout the Project.
<b>FTE</b>	100%

<b>Title</b>	Business Operations Specialist
<b>Description of duties and responsibilities</b>	Assists the Project Director by providing oversight of the grant through implementation by coordinating staff training, analyzing outcome data, developing corrective workflow protocols in continuous efforts to enhance of operational practices and training to meet project goals and outcomes.
<b>Qualifications</b>	Bachelor or Masters degree in administration or human services with at least five years of experience in management of substance abuse treatment systems.
<b>Supervisory relationships</b>	Reports to the Agency Director. financial, statistical and information system analysis, strategies and operations performance improvement. He has over five years of experience analyzing governmental and non-governmental agencies for business practices, operating systems, operations, and project implementation. He also has experience as Project Manager,
<b>Skills and knowledge required</b>	<ul style="list-style-type: none"> <li>▪ Expertise in analyzing systems, strategies and operations for performance improvement</li> <li>▪ Expertise in analyzing outcome and performance data to create/review plans to achieve project goals</li> <li>▪ Excellent communication and motivation skills</li> </ul>
<b>Prior experience required</b>	<ul style="list-style-type: none"> <li>▪ Previous experience developing effective business and operational models</li> <li>▪ Previous experience developing efficient workflows</li> </ul>
<b>Personal qualities</b>	Professionalism, integrity, creativity, flexibility, commitment, ability to work both independently and as part of a management team, and compassion for individuals with substance use issues and their families.
<b>Amount of travel and any other special conditions or requirements</b>	Travel to implementation sites and other communities may be required throughout the Project.
<b>FTE</b>	50%

<b>Title</b>	Information Technology Supervisor
<b>Description of duties and responsibilities</b>	Assists the Project Director by managing the network infrastructure, consisting of network administration, network security and e-mail. Provide user support for both software and hardware throughout and beyond the implementation of the project. Identify staff, training, or other system needs and coordinate with ISCMHC management team resolve issues.
<b>Qualifications</b>	Bachelor or Masters degree in administration or human services with at least five years of experience in management of substance abuse treatment systems.
<b>Supervisory relationships</b>	Reports to the Agency Director.
<b>Skills and knowledge required</b>	<ul style="list-style-type: none"> <li>▪ Expertise in systems change</li> <li>▪ Expertise in analyzing outcome and performance data to create/review plans to achieve project goals</li> <li>▪ Excellent communication and motivation skills</li> </ul>
<b>Prior experience required</b>	<ul style="list-style-type: none"> <li>▪ Previous experience with IT in a behavioral health environment</li> <li>▪ Previous experience developing efficient workflows</li> </ul>
<b>Personal qualities</b>	Professionalism, integrity, creativity, flexibility, commitment, ability to work both independently and as part of a management team, and compassion for individuals with substance use issues and their families.
<b>Amount of travel and any other special conditions or requirements</b>	Travel to implementation sites and other communities will be required throughout the Project.
<b>FTE</b>	50%

<b>Title</b>	Evaluator
<b>Description of duties and responsibilities</b>	Assists the Project Director by providing oversight of the grant through implementation by coordinating staff training, analyzing outcome data, developing corrective workflow protocols in continuous efforts to enhance operational practices and training to meet project goals and outcomes.
<b>Qualifications</b>	Bachelor or Masters degree in administration or human services with at least five years of experience in management of substance abuse treatment systems.
<b>Supervisory relationships</b>	ValueOptions works with the Agency Director.
<b>Skills and knowledge required</b>	<ul style="list-style-type: none"> <li>▪ Expertise in analyzing outcome and performance data to create/revise plans to achieve project goals</li> <li>▪ Extensive experience in implementing evidence-based treatment practices</li> <li>▪ Knowledge of, and experience in, fidelity measurement</li> </ul>
<b>Prior experience required</b>	<ul style="list-style-type: none"> <li>▪ Previous experience as a trainer and technical assistance provider for substance use disorder treatments</li> <li>▪ Previous experience in gathering, analyzing, creating reports and presenting quantitative and qualitative evaluation methods</li> </ul>
<b>Personal qualities</b>	Professionalism, integrity, creativity, flexibility, commitment, ability to work both independently and as part of a management team, and compassion for individuals with substance use issues and their families.
<b>Amount of travel and any other special conditions or requirements</b>	Travel to implementation sites and other communities may be required throughout the Project.
<b>FTE</b>	50%

## **Section J. Confidentiality and SAMHSA Participant Protection/Human Subjects**

### **1. Protection from Potential Risks**

Consumers will not be exposed to any foreseeable physical, medical, psychological, social, legal or other risks or adverse effects by this program. It is possible that issues may arise in the course of asking questions of Consumers, such as psychological triggering or level of discomfort. However, all mental health intake and Consumer-level data collection will be conducted in a therapeutic context by a well-trained Client Relations Specialist or clinician. The evaluation team will conduct the six-month follow up in a safe setting.

Confidentiality will be protected by those agencies administering the care and would fall under 42 CFR Part 2 and HIPAA regulations. Data will be downloaded electronically through protected and encrypted means. Any hard-copy files that exist will be kept in separate locked file drawers with restricted access keys. A brief health screen for medical risk will screen for any identified risk. Those Consumers with an identified risk will be referred for additional assessment.

The project will be unusually conscious of respecting the anonymity of consumers in the initial contact phase. All encounter information and Consumer charts are kept in a secure location and are subject to strict release of information procedures of the State. Comprehensive training for all staff will ensure appropriate methods and approaches.

The project recognizes that developing a strong, respectful, trusting relationship provides the foundation for all Consumer interventions. All staff are qualified and certified for the work they will be doing on this project, abiding by state licensing policies and procedures.

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

The target population for this project is persons seeking co-occurring treatment. The project will work with adults age 18 and older from all ethnic/racial groups. People under the age of 18 are excluded from participation in the funded services. The intervention is targeted to adults. Younger participants would require a different targeted program intervention, set of providers and therefore exclusion is justified.

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

The philosophical base of the project is that staff strives to meet consumers at their own stage of readiness to change and accepts them in a nonjudgmental way, providing genuine client choice and an environment conducive to engagement and continuation. The staff has a responsibility to inform consumer about their options, and describe the possible risks and benefits of their choices. The Informed Consent Form states that participation is voluntary and this form will be signed before interventions or treatment services are provided.

### **4. Data Collection**

Data for the purposes of Consumer tracking and evaluation will be collected at the initial contact, with additional information obtained from addiction and psychological instruments and staff observation. The primary data collection is the initial assessment by the Triage Unit. A Masters level clinician will conduct an objective screening that assesses need in multiple domains, including: demographics, drug and alcohol use and history, medical, employment, legal, family, and psychiatric.

Consumers will be asked questions that pertain to GPRA; other questions that may be required as part of receiving funding and other questions that operationalize outcome measures. Consumers will also be asked questions about their experience of participating in the program to ascertain

their satisfaction and of any barriers they may have encountered in the system. Consumers will be asked these questions at assessment, discharge and six-months after discharge. Locator forms, completed at assessment, will assist locating participants for the six-month follow-up. Assessment, discharge and six-month follow-up consumer identification and location data collection will occur at originally at intake.

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

The project will require that all paid and volunteer staff sign a basic statement of confidentiality as a condition of acceptance of employment, and on an annual basis thereafter. All personnel files contain a signed statement, which provides the basis of agreement and assurance that all staff adhere to strict procedures established to protect the confidentiality of Consumer information.

ISCMHC agrees to maintain the confidentiality of alcohol and drug abuse Consumer records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. This includes the maintenance of Consumer record and release of information. In the event Consumer information is required or required outside the agency, a Release of Information, which contains specific reference to whom the information is being referred and for what purposes, is carefully discussed with the Consumer. ISCMHC will only release the information in the exact manner agreed upon with the Consumer. The Release of Information sample form is included in Attachment 3, including Consent to Treatment forms. These forms are standardized forms used by the ISCMHC.

As described above, clinicians and the evaluation team will implement data collection instruments. Necessary hard copy data will be stored prior to full EHR implementation in written form, kept in file folders, and locked in secure file cabinets, per HIPPA standards. Access will be limited to project staff. Full confidentiality of the data will be maintained through website security protocols that limit access to data and prohibit modifications of data. All data downloaded for analysis will be stored on a secure computer with access given only to the evaluation team, who will maintain records. All staff that enters data will comply with state standards of confidentiality. Confidentiality will be protected by those agencies administering the care and would fall under 42 CFR or the new HIPAA regulations (or both). Data will be downloaded electronically through protected and encrypted means. Any hard-copy files that exist will be kept in separate locked file drawers with restricted access keys. Consumer data will never be stored on any user's personal computer.

Consumer names, social security numbers, addresses and other sensitive information are stored once, in a single table, access to which is tightly governed by the user-role authentication process requiring password and logon to access an authorized part of the site.

### **6. Adequate Consent Procedures**

Signed Consent for Treatment is obtained by the Client Relations Specialist prior to services being rendered. In addition, consent to participate in the evaluation will be obtained during intake. Data collected for clinical purposes will be utilized for both the clinical program and the evaluation. Participation in the program and the evaluation is entirely voluntary. If an individual chooses not to participate in the evaluation, he/she will not be penalized and will still be able to fully participate in the program. Informed consent forms will be revised for this grant cycle that explicitly addresses GPRA data collection including the six-month follow-up. Client Relations Specialists will distribute the Consumers rights and responsibilities policy to each new

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participant. In seeking consent to participate, staff will explain carefully all data that will be collected, why the information is necessary, how it will be used, and how it will be stored and protected. Each Consumer will be provided with a copy of all consent forms. If the Consumers first language is not English, the documentation will be provided in the Consumers preferred language.

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

ISCMHC believes fundamentally in building of respectful, caring and professional/ Consumer relationships, the provision of treatment services, clear service standards and internal monitoring along with Consumer choice offset most risks that might exist for the participants in this program. Given the already multiple, chaotic, and sometimes life-threatening risks associated with addiction, the risks of participation in this program are small when compared to the benefits they can derive from engaging in a safe, healthy environment aimed at developing new skills to start a new life. A description of the benefits can provide hope and motivation to individuals and families.

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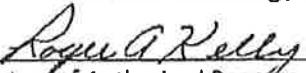
**Attachment 1: Service Provider Organization, Statement of Assurance, Certifications,  
Letters of Support**

The service provider organization applying for the Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need (RFA No. TI-11-002) is the Irene Stacy Community Mental Health Center located in Butler, PA. This is a licensed mental health and substance abuse treatment provider with over 50 years of service in this community.

## Appendix D – Statement of Assurance

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

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

  
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
June 10, 2011  
\_\_\_\_\_  
Date

<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

# Certificate of Licensure



Licensed By: TRENTE STACY COMMUNITY MENTAL HEALTH CENTER INC.

THIS CERTIFICATE AUTHORIZES

TRENE STACY COMMUNITY MENTAL HEALTH CENTER  
1121 MELVILLE DRIVE  
SUITE 200, PA 15241

Facility No.: 10167

Type:  
H.S.A.

To Provide The Following Drug and Alcohol Activities Up To The Labeled Maximum Number Of Patients  
1000 Patients (70)

Approval Date:

July 1, 2010

Expiration Date:

Dec 31, 2011

Requestor's Name:  
Dawn L. Miller  
Dawn L. Miller  
Dawn L. Miller  
Dawn L. Miller

*Sheray Thompson*

pennsylvania  
DEPARTMENT OF HEALTH

Executive Director  
Department of Health

NOTE: THIS CERTIFICATE OR LICENSE IS ISSUED TO THE LICENSEE, THIS LICENSE AND NO OTHER, AND IS NOT TRANSFERABLE AND CANNOT BE RESOLD.



Bureau of Equal Opportunity  
Western Region  
301 Fifth Avenue, Suite 410, Pittsburgh, PA 15222

Teresa R. Randleman, Ph.D.  
[randleman@state.pa.us](mailto:randleman@state.pa.us)

Telephone: 412-565-7607  
Fax: 412-880-0207  
TDD Relay: 412-880-0971

FEBRUARY 9, 2011

MR. ROGER A. KELLY  
EXEC. DIRECTOR  
IRENE STACY COMMUNITY MENTAL HEALTH CENTER  
112 HILLVUE DRIVE  
BUTLER PA 16001

License Number: 403498  
Facility Number: 4100010154  
Service Provided: LONG TERM STRUCTURED RESIDENCE

Dear Provider:

We have reviewed the Civil Rights Compliance information received from your agency on FEBRUARY 8, 2011 in response to our compliance questionnaire.

Results of our review indicate your agency is currently in compliance with applicable Federal and State Civil Rights regulations in regard to the delivery of human services.

If you have any questions regarding this correspondence, please contact a member of my staff at (412)565-7607.

Sincerely,

A handwritten signature in black ink that appears to read "Teresa R. Randleman".

Teresa R. Randleman  
Western Regional Manager

cc: Office of Mental Health and Substance Abuse Services  
file



January 2011

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
**OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**  
Bureau of Community and Hospital Operations  
Division of Western Operations  
Pittsburgh Field Office  
301 Fifth Avenue, Suite 480  
Pittsburgh, PA 15222-2420

TELEPHONE:  
(412) 565-5226

April 29, 2010

FAX:  
(412) 565-5393

Mr. Roger Kelly  
Executive Director  
Irene Stacy Community MH Center  
112 Hillvue Drive  
Butler, Pennsylvania 16001-3498

Re: Blended Case Management Program  
PROMISE # 100003515

Dear Mr. Kelly:

The above referenced program approval issued by the Office of Mental Health and Substance Abuse Services expires June 4, 2010. The annual survey material completed by the service provider and the County Mental Health/Mental Retardation Administrator is acceptable.

Your program continues to operate subject to the Department of Public Welfare, Office of Mental Health and Substance Abuse Services Targeted Case Management regulations and guidelines.

This letter continues your approval to operate the program located at 415 Hansen Avenue, Butler, Pennsylvania 16001, effective June 4, 2010 to June 4, 2011. Please be advised that the Office of Mental Health and Substance Abuse Services is no longer issuing case management approval certificates.

If you have any questions about the approval process, please contact Bob Sposito of the Pittsburgh Field Office at (412) 880-3481 or email to [rspito@state.pa.us](mailto:rspito@state.pa.us).

Sincerely,

Ray Jaquette  
Acting Community Program Manager

cc: OMHSAS Provider Enrollment Unit  
Amanda Pearson, BPPD  
Barb Fidler, Div. of Community Operations  
Butler County MH/MR Administrator

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to IRENE STACY COMMUNITY MENTAL HEALTH CENTER

To operate IRENE STACY FAMILY CONNECTIONS

Located at 121 HOMMEY DRIVE, BUTLER, PA 16001

On July 6, 2010

At 121 HOMMEY DRIVE, BUTLER, PA 16001

To provide Family Based Services

The total number of persons which may be cared for at one time may not exceed N/A, or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations.

Article IX. of Public Welfare Code

and shall remain in effect from July 6, 2010 until July 6, 2011, unless sooner revoked for noncompliance with applicable laws and regulations.

No. 457480

*Robert E. Robinson*

*Henry K. Snyder*

DOB 7/7/1947 - 2010 REGISTRATION NO. 457480

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **IRENE STACY COMMUNITY MENTAL HEALTH CENTER**

To operate **IRENE STACY COMMUNITY MENTAL HEALTH CENTER**

Located at **2104 N. WASHINGTON STREET, BUTLER, PA 15601**

NUMBER OF BEDS/STAYS

NUMBER OF STAFF

To provide **Comm. Res. Rehab. Svcs.-Adults**

The total number of persons which may be cared for at one time may not exceed **29 ( 13-FULL CARE; 16-PARTIAL)** or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions

This Certificate is granted in accordance with the Public Welfare Code of 1987, P.L. 31, as amended, and Regulations

## 55 Pa. Code Chapter 5310: Community Residential Rehabilitation Services

and shall remain in effect from **July 1, 2010** until **July 1, 2011**, unless sooner revoked for non-compliance with applicable laws and regulations.

No. **405650**

PRINTED ON RECYCLED PAPER  
PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

PW-5310-4002

*Robert E. Raber*

*Henry H. Snyder*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **IRENE STACY COMMUNITY MENTAL HEALTH CENTER**

To operate **BUTLER COUNTY LTSR**

Located at **335 NEW CASTLE ROAD, BUTLER, PA 16001**

To provide **Long-Term Structured Residence**

The total number of residents which may be cared for at one time may not exceed **16**  
Or the maximum capacity as indicated by the Certificate of Occupancy, whichever is smaller

Residence \_\_\_\_\_

This certificate is issued in accordance with the Public Welfare Code of 1987, P.L.31, as amended, and Regulations

**55 Pa. Code Chapter 5320: Long-Term Structured Residences**

and shall remain in effect from **May 23, 2010** until **May 23, 2011**, unless sooner revoked for non-compliance with applicable laws and regulations.

No. **403490**

*Robert E. Robinson*

*Sherry G.*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to IRENE STACY COMMUNITY MENTAL HEALTH CENTER

To operate IRENE STACY COMMUNITY MENTAL HEALTH CTR - SITE BASED MOBI

Located at 112 MILLVILLE DRIVE BUTLER, PA 16001

AS A QUALIFIED

PROVIDER OF MENTAL HEALTH SERVICES

AS A PROVIDER OF

MENTAL HEALTH SERVICES

To provide Psychiatric Rehabilitation, Mobile

The total number of persons which may be cared for at one time may not exceed 60  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

Article X, Section 1001 of Public Welfare Code

and shall remain in effect from July 1, 2010 until July 1, 2011,

unless sooner revoked for non-compliance with applicable laws and regulations.

No. 416361

Robert P. Robinson

Dherry K. Snyder

NOTE: This certificate is issued by the above authority under a law enacted March 2007.  
It is dated on behalf of the Commonwealth of Pennsylvania.

FYI 420-4007

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **IRENE STACY COMMUNITY MENTAL HEALTH CENTER**

To operate **IRENE STACY COMMUNITY MENTAL HEALTH CTR - SITE BASED MOB**

Located at **112 HILLVIEW DRIVE, ELLER, PA 16601**

ASSESSMENT DATE: 12/10/2010  
NAME OF INSPECTOR: ROBERT E. ROBINSON

To provide **Psychiatric Rehabilitation, Site based: Mobile**

The total number of persons which may be cared for at one time may not exceed 50  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

The certificate is granted in accordance with the Public Welfare Code of 1987, PL. 31, as amended, and Regulations

**Article X, Section 1001 of Public Welfare Code**

and shall remain in effect from December 1, 2010 until July 1, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No. 416360

*Robert E. Robinson*

*Douglas H. Dryer*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to IRENE STACY COMMUNITY MENTAL HEALTH CENTER

To operate IRENE STACY COMMUNITY MENTAL HEALTH CENTER - JAKES PLACE

Located at 10 PITTSBURGH ROAD, BUTLER, PA 16001

On 10/10/2010 for a period of one year from 10/10/2010 to 10/10/2011.

To provide Partial Hospitalization

The total number of persons which may be cared for at one time may not exceed 12

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1951, P.L. 31, as Amended, and Regulations

55 Pa. Code Chapter 5210: Mental Health Partial Hospitalization Program

and shall remain in effect from November 1, 2010 until July 6, 2011, unless sooner revoked for non-compliance with applicable laws and regulations.

No 442720

*Robert E. Robinson*

*Douglas H. Dryden*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to IRENE STACY COMMUNITY MENTAL HEALTH CENTER

To operate IRENE STACY COMMUNITY MENTAL HEALTH CENTER

Located at 112 HILLVIEW DRIVE, BUTLER, PA 16001

CLERK OF PUBLIC WELFARE

ACCESS TO MEDICAL RECORDS

ACCESS TO PATIENTS

ACCESS TO STAFF

ACCESS TO EQUIPMENT

ACCESS TO PROPERTY

To permit Partial Hospitalization

The total number of persons whom may be cared for at one time may not exceed 15

MAXIMUM CAPACITY

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967; P.L. 21, as amended; and Regulations

55 Pa. Code Chapter 5210: Mental Health Partial Hospitalization Program

This permit remains in effect from July 6, 2010 until July 6, 2011.  
Annual repermits required for non-compliance with applicable laws and regulations.

No: 423010

*Robert C. Patterson*

*Douglas W. Dryden*



## CERTIFICATE OF LIABILITY INSURANCE

OP ID M1

DATE (MM/DD/YYYY)  
08/10/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTRACT NAME: PRODNE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>IRENE-2</b>		FAX (A/C, No):
First Nat'l Ins - Chippewa 110 Central Square Dr. Suite B Beaver Falls PA 15010 Phone: 724-846-1550 Fax: 724-846-0845	INSURER(S) AFFORDING COVERAGE NAIC #		
INSURED	INSURER A: Philadelphia Insurance Co	18058	INSURER B: Allied Eastern Indemnity
Irene Stacy Community Mental Health Center 112 Hillview Drive Butler PA 16001-3498	INSURER C:		INSURER D:
	INSURER E:		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBS WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			PHPK460234	08/30/10	08/30/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								
	GENL AGGREGATE LIMIT APPLIES PER. POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
A	AUTOMOBILE LIABILITY			PHPK460234	08/30/10	08/30/11	COMBINED SINGLE LIMIT (\$1,000,000) BODILY INJURY (Per person) \$ BOILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$		
A	X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS								
A	X UMBRELLA/LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE			PHUB282197	08/30/10	08/30/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$		
B	X RETENTION \$ 10,000								
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	01000003008003	04/26/10	04/26/11	X WC STATO- RY LIMITS E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Professional Liability - each incident \$1,000,000/Aggregate \$3,000,000. Sexual/Physical Abuse or Molestation - Occurrence \$1,000,000/Aggregate \$3,000,000									

CERTIFICATE HOLDER	CANCELLATION
<i>Roger A. Kelly Executive Director Irene Stacy CMHC</i> Sample Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



Administrative Offices

Diocesan-wide Programs:

Adoption

Basic Needs Assistance

Free Health Care Center

Refugee Services

212 Ninth Street  
Pittsburgh, PA 15222  
412-456-6999

Allegheny County

Neighborhood-Based  
Services  
258 44<sup>th</sup> Street  
Pittsburgh, PA 15201  
412-687-6683

Rosella Center  
624 Clyde Street  
Pittsburgh, PA 15213  
412-682-4410

St. Joseph  
House of Hospitality  
for Older, Homeless Men  
1635 Bedford Avenue  
Pittsburgh, PA 15219  
412-471-0666

Beaver County Office  
3582 Brodhead Road  
Monaca, PA 15061  
724-775-0758

Butler County Office  
120 W. New Castle Street  
Butler, PA 16001  
724-287-4011

Greene County Office  
72 East High Street  
Waynesburg, PA 15370  
724-627-6410

Lawrence County Office  
413 Highland Avenue  
New Castle, PA 16101  
724-658-5526

Challenges:  
Options in Aging  
2706 Mercer Road  
New Castle, PA 16105  
724-658-3729

Washington County Office  
331 South Main Street  
Washington, PA 15301  
724-228-7722

[www.ccpgh.org](http://www.ccpgh.org)

1910. 2010

DIOCESE OF PITTSBURGH

*100 Years of Saying "Yes" and Serving All*

June 6, 2011

Mr. Roger Kelly  
Executive Director  
Irene Stacy Community Mental health Center  
112 Hillvue Drive  
Butler, PA 16001

Dear Mr. Kelly:

Please accept this letter offering Catholic Charities' full support of your effort to secure a SAMSHA Grant to "Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need." The need is to utilize technology to increase access to substance abuse treatment for those who because of geographical and financial concerns cannot otherwise do so is apparent, especially in very rural counties such as Butler. This technology would enable The Irene Stacy Center to track and manage clients' care and ensure treatment and other related services are available where and when needed. For this we applaud your efforts. Please keep us apprised as to the progress of this application. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Al Lane".

Al Lane  
Director

BOARD OF COUNTY COMMISSIONERS  
A. Dale Pinkerton, Chairman  
James L. Kennedy, Vice-Chairman  
James C. Lokhaiser, Secretary

Donna J. Jenereski  
Director

Ann. M. Brown  
Human Services Finance Director

Carmine A. Scotece  
Human Services Director



#### DRUG AND ALCOHOL PROGRAM

COUNTY GOVERNMENT CENTER – 2<sup>ND</sup> FLOOR  
124 WEST DIAMOND STREET, P.O. BOX 1208  
BUTLER, PA 16003-1208

## Butler County

TELEPHONE: (724) 284-5114 – TTD USERS: (724) 284-5473  
FAX: (724) 284-5128 – EMAIL: bcmhmr@co.butler.pa.us

June 7, 2011

Ms. Carol Cushman  
Irene Stacy Community MH Center  
112 Hillvue Drive  
Butler PA 16001

Dear Ms. Cushman:

The Butler County Drug and Alcohol Program acknowledges the importance of the Outpatient Drug and Alcohol services provided by the Irene Stacy Community MH Center (ISCMHC) and its vital role within the community. Their willingness and ability to provide services to all populations, including those with co-occurring disorders, speaks volumes about their dedication to serving the residents of Butler County.

Despite the programmatic struggles that often occur when providing drug and alcohol Outpatient treatment, ISCMHC continues to maintain excellent services and clinically sound treatment.

Given the excellent working relationship between the Butler County Drug and Alcohol Program and ISCMHC and the excellent services that the facility has provided over the years, our office wholeheartedly supports your continued efforts to meet the needs of individuals struggling with substance use issues.

Sincerely,

A handwritten signature in black ink that reads "Donna Jenereski".

Donna Jenereski  
Director  
Butler County Drug and Alcohol Program



**Main office:**  
613 N. Pike Road, Cabot, PA 16023  
Toll Free: 1.877.352.6200

**Beaver County Branch:**  
1525 Beaver Road, Baden, PA 15005  
Toll Free: 1.866.869.8669

June 2, 2011

RE: Irene Stacy Community Mental Health Center

To whom it may concern.

Individuals with mental health along with substance-abuse problems in today's society still suffer an unwarranted stigma and discrimination. What is often left out in the confusion surrounding mental and substance-abuse disorders is how many treatment choices are available to the average individual. The Irene Stacy Community Mental Health Center provides those much-needed services in our community.

For a start, you have to know where you want to end up. From an employer perspective, that means effective and cost effective care for employee problems. Ideally, quality mental health care and substance abuse outlays will be more than offset by savings in such employer costs as absenteeism, recruitment and training, reduced productivity, and other health care expenses. From the employee's perspective, the desired outcome is accurate identification of the problem, appropriate treatment, and resolution of problems.

The Irene Stacy Community Mental Health Center provides employers like Concordia Visiting Nurses with a wide array of outpatient and residential services if our employees, should they ever need the service. In short, quality mental-health care and substance-abuse treatment require ready access for employees in need.

Therefore, it is with great need that we recommend that the Irene Stacy Community Mental Health Center is the recipient of current and future grants to continue operations in our community.

Sincerely,

# DINO CAPESTRANI

**Dino Capestrani**  
*Director of Marketing*

***Concordia Visiting Nurses***

613 N. Pike Road, Cabot, PA 16023  
Phone: 724-352-6200 or 1-877-352-6200 toll free  
Direct line: 724-352-1571 ext. 8512  
Fax: 724-352-6021  
[www.concordiavn.org](http://www.concordiavn.org)  
[dcapestrani@concordiavn.org](mailto:dcapestrani@concordiavn.org)



## BUTLER MEMORIAL HOSPITAL

June 8, 2011

To Whom It May Concern:

Please accept this letter in support of the Irene Stacy Community Mental Health Center. The I.S.C.M.H.C. has always been and continues to be, and invaluable resource in our community. It is the primary provider of out-patient Behavioral Health Services in Butler County and therefore essential in meeting the needs of the population served. Butler Memorial Hospital and the Irene Stacy Community Mental Health Center have, since its inception, maintained a positive relationship, enabling us to provide continuity of care to Behavioral Health consumers in our community. Butler Memorial Hospital fully supports the Irene Stacy Center in its mission to continue to provide care for the Mental Health and Substance Abuse population.

Sincerely,

A handwritten signature in black ink that reads "MaryKay Kelly, L.C.S.W."

MaryKay Kelly, L.C.S.W.  
Butler Memorial Hospital  
Behavioral Health Department



**HOUSING  
AUTHORITY  
COUNTY OF  
BUTLER**

EXECUTIVE DIREC'  
PERRY O'MAI

COMMISSION  
MARGARET M. CLAWSON, CHAIRWO  
ERMA J. MOWRY, VICE-CI  
THE HONORABLE MIKE K  
JERRY ANC  
NORMAN R. T

June 8, 2011

Irene Stacy Community Mental Health Center  
112 Hillvue Drive  
Butler, PA 16001

To Whom It May Concern:

The Housing Authority of the County of Butler strongly supports the efforts of the Irene Stacy Community Mental Health Center in seeking a Health Information Technology Grant from the Substance Abuse and Mental Health Services Administration to enable the expansion of care coordination. The Irene Stacy Community Mental Health Center is an integral part of the local continuum of care and provides affordable and accessible mental health services to numerous individuals and families in Butler County.

As a community partner of the Stacy Center, the Housing Authority of the County of Butler will continue to support their efforts to provide quality mental health care services for Butler County individuals and families. The need for mental health counseling, care, and support services for individuals and families is clearly evident in our community. Effective coordination of services is a collaborative effort between community agencies and is crucial to the success of any program. Obtaining this grant will assist the Stacy Center in coordinating the care for clients with other community agencies.

The Irene Stacy Community Mental Health Center is an essential part of the continuum of care for Butler County residents. All efforts to assist their programming and services will continue to be encouraged and supported by the Housing Authority of the County of Butler.

Sincerely,

HOUSING AUTHORITY OF  
THE COUNTY OF BUTLER

  
Kevin Boozel  
Resident Initiatives Director

**BUTLER TIRE DISTRIBUTORS, INC.**

**DBA TIRES FOR LESS**

**8 PITTSBURGH ROAD    BUTLER PENNSYLVANIA 16001  
PHONE 724 287 7088    FAX 724 283 8343**

Re: The Irene Stacy Community Mental Health Center

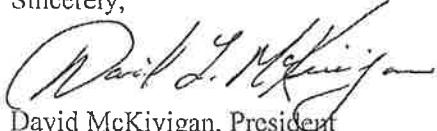
To whom it may concern:

The Irene Stacy Center has been serving the Butler Community and Southwestern Pennsylvania for more than 50 years. The Irene Stacy Center's programs serve individuals struggling with intellectual disabilities, mental illness and substance abuse. We have seen many young people come into the Irene Stacy Center with mental health problems often tied to drug and alcohol addiction. Some of these individuals pass through the Irene Stacy Center right out of the criminal justice system. Some do not make it but a lot do, and we at Butler Tires hire as many individuals as we can to offer them a second chance and to help bring them back into mainstream society through meaningful employment.

Without the Irene Stacy Community Mental Health Center, the Butler Community could be in jeopardy; at this time the Irene Stacy Center is the only facility in Butler treating individuals suffering with co-occurring mental illness and substance abuse. There is nowhere in our rural county for them to receive the treatment they receive.

We are proud to call the Irene Stacy Center our friend and an integral part of the well being-of our community. We can count on the Center to be creative and innovative in its care of those individuals struggling with intellectual disabilities, substance abuse issues, and mental illness. We believe that given the opportunity, the Irene Stacy Center will continue its excellent work and treatment of the mentally impaired and disabled and expand its programs to treat even a greater population.

Sincerely,



David McKivigan, President

---

**Attachment 2: Data Collection Instruments/Interview Protocols**

The Government Performance And Results Act:

<http://www.samhsa.gov/grants/tools.aspx>

### Attachment 3: Sample Consent Forms

IRENE  
STACY

COMMUNITY MENTAL HEALTH CENTER



112 HILLVUE DRIVE  
BUTLERPA 16001-3498

(724) 287-0791  
FAX (724) 287-2730  
TDD (724) 287-4299

#### CLIENT CONSENT TO TREATMENT

I, \_\_\_\_\_ agree to be treated at the Irene Stacy Community Mental Health Center, 112 Hillvuc Drive, Butler, PA 16001-3498. These services are provided without discrimination as to gender, race, color, creed, religion, national origin, or sexual orientation.

I understand that I have the right to treatment that recognizes and respects behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, and practices characteristic of my particular racial, ethnic, religious, and/or social group or sexual orientation.

I understand that I will be assigned to a primary therapist who will assess my needs and arrange for therapy.

I understand that an individualized treatment and rehabilitation plan will be developed with my input and signed approval.

I have been advised that if at any time I become dissatisfied with my treatment or my therapist/case manager, I may request that my situation be reviewed by the department director. It has been recommended that I do this with my therapist/case manager first.

I have been advised during the intake process of the Center's criteria for admission, treatment, completion and discharge, and of general Center services, policies, compliance with Civil Rights requirements, hours of operation, and fee schedule.

If I have a complaint of discrimination, I may contact the Bureau of Equal Opportunity, Department of Public Welfare, Room 521, Health and Welfare Building, P.O. Box 2675, Harrisburg, PA 17105; U.S. Department of Health and Human Services, Office for Civil Rights, Region III, Suite 372, Public Ledger Building, 150 South Independence Mall West, Philadelphia, PA 19106; Pennsylvania Human Relations Commission, Suite 390, Piatt Place, 301 Fifth Avenue, Pittsburgh PA 15222; Bureau of Equal Opportunity, Department of Public Welfare, Western Region, Suite 410, Piatt Place, 301 Fifth Avenue, Pittsburgh, PA 15222.

I understand that my record will be secure within locked storage and protected by the Irene Stacy Center policy on confidentiality. I have been provided with a copy of the Notice of Privacy Practices with which Irene Stacy Center complies.

All clients have the right of access to their own records by making a written request to the medical records personnel. Access to part or whole may be denied if, after review by a licensed mental health professional it is determined that access may be deemed likely to cause substantial harm to you or another individual referenced in the record.

The client may request in writing to medical records personnel the correction of inaccurate, irrelevant, outdated, or incomplete information in his/her record. The client may submit written amendments to his/her own record.

I have \_\_\_\_\_ accepted (or) \_\_\_\_\_ refused a copy of this form.

Client Signature

Therapist Signature

Program Director's Signature

We are nonprofit  
& have no  
funding to  
obtain records.  
If fees apply,  
please advise

Date

## Irene Stacy Community Mental Health Center



112 Hillvue Drive, Butler, PA 16001-3498  
(724) 287-0791 FAX: (724) 287-2730 TDD: (724) 287-4299

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Case # \_\_\_\_\_

I hereby authorize      Irene Stacy Community Mental Health Center  
Name of agency etc. Address if other than Irene Stacy Center

Q to release      Q to receive information from the records of: \_\_\_\_\_  
Records may be:  
Q released to      Q received from \_\_\_\_\_  
Name of agency      address

for the purpose of \_\_\_\_\_

**The information to be released is:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> All Records              | <input type="checkbox"/> Therapy Notes          | <input type="checkbox"/> EKG reports     |
| <input type="checkbox"/> Social History           | <input type="checkbox"/> Medication Maintenance | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> X-Ray Reports          | Other: Specify _____                     |
| <input type="checkbox"/> Psychiatric Evaluation   | <input type="checkbox"/> Laboratory Reports     |  |

**Permission is given to:**      Oclarify by phone      Ofax records      Omail records      OConsult  
This statement must be signed and dated and may be revoked at any time; except to the extent action has been taken prior to any expressed action to revoke this statement.

**This release is valid until such time as the case is closed OR from: \_\_\_\_\_ to \_\_\_\_\_**

I acknowledge my records are protected under applicable state and federal regulations, and that I have been provided with a copy of the Notice of Privacy Practices. I understand that the records released subsequent to this authorization may possibly be re-disclosed by the facility person that receives this information, and that ISCMHC staff/employees have no responsibility or liability as a result of re-disclosure and such information is no longer protected by the Privacy Notice. I have been informed that my treatment cannot be conditional upon signing this release unless it is determined by the Medical Director that to treat me without this information could be potentially dangerous to my health or welfare.

I have accepted a copy of this form       Yes       No

Witnessed by: \_\_\_\_\_

Signature of patient or legal guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship if not patient

**IRENE STACY  
COMMUNITY MENTAL HEALTH CENTER**

112 JULIUS DRIVE  
BUTLER PA 16001-3498



(724) 287-0791  
FAX (724) 287-2730  
TDD (724) 287-4799

CONSENT TO TREATMENT - AMH

I, \_\_\_\_\_ agree to be treated in the Addictive Behaviors Unit at the Irene Stacy Community Mental Health Center, 112 Julius Drive, Butler, PA 16001-3498. These services are provided without discrimination as to gender, race, color, creed, religion, national origin, or sexual orientation.

I understand that I have the right to treatment that recognizes and respects behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, and practices characteristic of my particular racial, ethnic, religious, and/or social group or sexual orientation.

I understand that I will be assigned to a primary therapist who will assess my needs and arrange for therapy.

I understand that an individualized treatment and rehabilitation plan will be developed with my input and signed approval.

I have been advised that if at any time I become dissatisfied with my treatment or my therapist, I may request that my situation be reviewed by the department director. It has been recommended that I discuss this with my therapist first.

I have been advised during the intake process of the Addictive Behaviors Unit's criteria for admission, treatment, completion and discharge, and of clients' Center services, policies, compliance with Civil Rights requirements, hours of operation, and fee schedule.

If I have a complaint of discrimination, I may contact the Bureau of Equal Opportunity, Department of Public Welfare, Room 521, Health and Welfare Building, P.O. Box 2675, Harrisburg, PA 17105; U.S. Department of Health and Human Services, Office for Civil Rights, Region III, Suite 372, Public Ledger Building, 150 South Independence Mall West, Philadelphia, PA 19106; Pennsylvania Human Relations Commission, Suite 390, Plaza Place, 301 Fifth Avenue, Pittsburgh PA 15222; Bureau of Equal Opportunity, Department of Public Welfare, Western Region, Suite 410, Plaza Place, 301 Fifth Avenue, Pittsburgh, PA 15222.

I understand that my records will be secure within locked storage and protected by the Pennsylvania Department of Health, Division of Drug and Alcohol Program licensure policy on confidentiality. I have been provided with a copy of the Notice of Privacy Practices with which the Irene Stacy Community Mental Health Center complies.

All clients have the right of access to their own records by making a written request to the project director. Access to part or whole may be denied if the project director determines that the information may be detrimental if presented to the individual. The individual has the right to appeal a decision limiting access to the record to the project director.

The client may request in writing to the project director for the correction of inaccurate, irrelevant, outdated, or incomplete information from his/her records. The client also has the right to add additional data or memoranda to his/her own records.

I have \_\_\_\_\_ accepted \_\_\_\_\_ (or) \_\_\_\_\_ refused a copy of this form.

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

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

CLINICER-02000-000000

Revised 08/10

**IRENE STACY  
COMMUNITY MENTAL HEALTH CENTER**

113 DELIVER DRIVIA  
SUITE 100 PA 16061-3498



(724) 287-0791  
FAX (724) 287-2740  
TDD (724) 287-5299

**PERMISSION TO LEAVE MESSAGES OR CALL WORK  
TELEPHONE POLICY**

I give Irene Stacy Community Mental Health Center's personnel permission to leave a message on my home answering machine.

YES       NO

I give Irene Stacy Community Mental Health Center's personnel permission to leave a message with a family member, when I am not available.

YES       NO

I give Irene Stacy Community Mental Health Center's personnel permission to call me at my place of employment.

YES       NO

I understand that if the Irene Stacy Community Mental Health Center calls me or my employer, the Center's name and number will appear on caller ID.

I have read and understand Irene Stacy Community Mental Health Center's Telephone Policy.

YES       NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Patient's Name: \_\_\_\_\_

2002-07-17, 2014-07-14 10:42:02

Revised 03/04

## **Confidentiality Policy**

### **Section 4: Confidentiality of Mental Health Records**

The following violations are extremely serious and cannot be tolerated. If after investigation and a hearing before the Clinical Services Committee, allegations concerning the following are substantiated, the employee will be dismissed. The confidentiality of Mental Health Records will be governed by the applicable sections of the Mental Health Manual governing Mental Health Procedures for the State of Pennsylvania; sections T100.31-5100.39. (Particularly relevant sections are cited below; however compliance is not limited to those sections cited.) All staff are responsible for complying with these regulations according to the following general principles.

A. Confidentiality – Ordinarily, all information the Center has about a client is held in confidence. Since the Center is a private agency, even the identity of clients is not a matter of public record.

1. Confidentiality is a basic right of the client, a right which cannot be abrogated except in the event of a clear and imminent danger to an individual or to society.
2. If a staff member should violate this right without the explicit consent of the client concerned, he must, individually, bear the responsibility for this action.
3. The staff member who asks that a client reveal personal information or who allows such information to be divulged to him/her, does so only after making certain that the client is fully aware of the purposes of the interview, testing or evaluation and of the ways the information may be used.
4. Even where permission to share information has been obtained, the staff member has the responsibility for insuring that the client understands:
  - Which information will and will not be shared.
  - With whom it will be shared.
  - For what purpose the information will be shared.

5. Even with the written consent of the client authorizing a release of information, the staff member remains responsible for the protection of the welfare of the client. **Only necessary and relevant** information should be released at any time.

6. Whenever a situation arises which is not clearly covered by the foregoing statements, the staff member involved should seek the advice of at least one other staff member, preferably his/her supervisor and/or another senior staff member.

7. If it has been determined that confidentiality has been violated, the supervisor of the employee will present the incident to the Executive Director with the recommendation for termination of employment of the staff member involved. The Executive Director will confer with the Personnel Manager. If any questionable area(s) exist, legal consultation with the Center's management consultant will occur. This process will serve an ethical function for the Center.

- 
8. All staff member should be aware that it is against the Center's policy on confidentiality to talk about patients in the reception areas and in the hallway or in any other areas where they can be overheard by patients and visitors to the Center. Staff members should also refrain from using patient's names in any area where they can be overheard.
  9. Phone numbers and addresses of patients should never be given to other patients or to anyone outside the Center who may request this information.
  10. Staff addresses and phone numbers should never be divulged to outsiders without the permission of the staff member.

#### **B. Scope and Policy (5100.31)**

As used in this chapter, "records" includes, but is not limited to, all written clinical information, observations and reports of fiscal documents, relating to prospective, present or past, client or patient, which are required or authorized to be prepared by the act or by the Mental Health and Mental Retardation Act of 1966. This includes any center file of client/patient records and reports which are required to be maintained by the Department's regulations or other statutes and regulations regarding service content for mental health programs. Every therapist who reports objective findings must carefully consider the impact of placing in the records statements made privately in therapy sessions.

Records of a person receiving mental health services are the property of the hospital or facility in which the person is or has received services. The person who is or was receiving services shall exercise control over the release of information contained in his/her record except as limited by 5100.32 (relating to nonconsensual release of information), and be provided with access to the records except to the limitations under 5100.33 (relating to patient's access to records and control over release of records).

#### **C. Nonconsensual Release of Information (5100.32)**

Records concerning persons receiving or having received treatment shall be kept confidential and shall not be released nor their content disclosed without the consent of a person given under 5100.34 (relating to consensual release to their parties), except that relevant portions or summaries may be released or copied as follows:

1. To those actively engaged in treating the individual, or to persons at other facilities, including professional treatment staff of State Correctional Institutions and county prisons, when the person is being referred to that facility and a summary or portion of the record is necessary to provide for continuity of proper care and treatment.
2. To third party payors, both those operated and financed in whole or in part by any governmental agency and their agents or intermediaries, or those who are identified as payor

or copayor for services and who require information to verify that services were actually provided. Information to be released without consent or court order under these subsections is limited to the names, dates, types and costs of therapies or services and a short description of the general purpose of each treatment session or service.

3. To reviewers and inspectors, including the Joint Commission on the Accreditation of Hospitals (JCAHP and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services).
4. To those participating in PSRO or Utilization Review.
5. To the administrator, under his duties under applicable statutes and regulations.
6. To court or mental health review officer, in the course of legal proceedings authorized by the act or this chapter.
7. In response to a court order, when production of the documents is ordered by a court under 5100.35(b) (relating to release to courts).
8. To appropriate Department personnel 5110.38 (relating to child or patient abuse).
9. In response to emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only specific information pertinent to the relief of the emergency may be released on a nonconsensual basis.
10. To parents or guardians and others when necessary to obtain consent to medical treatment.
11. To attorneys assigned to represent the subject of a commitment hearing specific conditions under which information may be released without their consent.

Information made available under this section shall be limited to that information relevant and necessary to the purpose for which the information is sought. The information may not, without the patient's consent, be released to additional persons or entities, or used for additional purposes. Requests for information and the action taken should be recorded in the patient's records.

#### **D. Patient's Access to Records and Control Over Release of Records (5100.33)**

1. When a client/patient, 14 years of age or older, understands the nature of documents to be released and the purpose of releasing them, he/she shall control release of his/her records. For a client who lacks this understanding, any person chosen by the patient may exercise this right if found by the director to be acting in the patient's best interest. In the event that the client/patient is deceased, control over release of records may be exercised by the client's/patient's chosen executor, administrator, or other personal representative of his estate, or, if there is no chosen personal representative, by a person otherwise empowered by court order to exercise control over the records. In the event that the client/patient is less than 14 years of age or has been adjudicated legally incompetent, control over release of

client's/patient's records may be exercised by a parent or guardian of the client/patient respectively.

2. The term "access" when used in this section refers to physical examination of the record, but does not include nor imply physical possession of the records themselves or a copy thereof except as provided in this chapter.

3. A person who has received or is receiving treatment may request access to his record, and shall be denied such access to limited portions of the record only:

a. Under documentation by the treatment team leader, it is determined by the director that disclosure of specific information concerning treatment will constitute a substantial detriment to the patient's treatment.

b. When disclosure of specific information will reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.

4. A patient may obtain access to his records through the facility, or in the case of those records kept by the county administrator, through the physician or mental health professional designated by the administrator. Any third parties who are granted access to records may discuss this information with the patient only insofar as necessary to represent the patient in legal proceedings or other matters for which records have been released. Discussion of records with patient should be part of the therapeutic process and is not to be undertaken by other than mental health professionals.

5. The limitations in subsection (3) are applicable to parents, guardians and others who may control access over records as described in subsection (1) except that the possibility of substantial detriment to the parent, guardian or other person may also be considered.

6. If a person wishes to enter a written reaction qualifying or rebutting information in their records which they believe to be erroneous or misleading, they shall have the right to prepare such statement for inclusion as part of their record. The patient's written reaction shall accompany all released records.

7. The director of the treatment team or the facility director may require that a mental health professional, who is a member of the treatment team, and who has reviewed the record in advance, be present when the patient or other person examines the record to aid in the interpretation of documents in the record. If the record pertains to a former patient, an appropriate mental health professional may be designated by the facility director.

8. Access by pre sentence reports, which may be part of the persons' record, is governed 234 PA Code Rule 1404 (relating to disclosure of reports) and the patient may have access to these records only upon order of the sentencing judge. Any conditions of confidentiality imposed by the sentencing judge must be complied with. Similarly, parole and probation reports shall be released or access to them given only in accordance with 37 PA Code Part II (relating to Board of Probation and Parole).

- 
9. If a person is denied access to all or part of his record, this fact and the basis for the denial shall be noted in the person's record.
  10. When records or information have been forwarded from one agency to another agency, the receiving agency may not refuse the client or patient access to the records received except in accordance with subsection (3).
  11. Records received from other agencies become part of the client/patient's active record and are subject to the controls exercised over them by the client, patient or those with authority over records as defined in 5100.31 (relating to scope and policy).

#### **E. Consensual Release to Third Parties (5100.34)**

Access to records, as defined in 5100.33 (b) (relating to patient's access to records and control over the release of records) will be granted to persons other than the patient upon written consent of the client/patient. With such consent, copies of excerpts or a summary of a record may be provided to specific person at the discretion of the director. If copies of excerpts or summaries are provided a charge may be made against the patient or person receiving the record for the cost of making such copies. The facility may require payment for the copies in advance.

If a client requests access, as defined in 5100.33, to his/her record, this request will be forwarded to the Departmental Director. The Director, in a timely manner and in collaboration with the client's therapist (if available), will examine the record and arrange a time with the client and/or his/her designee, for review of the record with a mental health professional (generally the client's therapist and/or the Departmental Director).

Release of copies of the record, or portions thereof, to the client will be at the discretion of the Executive Director, and will occur only after the material has been reviewed with the client, as described above, to assure understanding of the material and to monitor the client's response to the information provided. A charge may be made to cover the cost of making such copies. As noted in 5100.34, upon written consent of the client, copies of excerpts or a summary may be released to a third party at the discretion of the Executive Director, again subject to a charge to cover the cost of copies which may be required in advance. At the discretion of the Executive Director, if release of copies to a third party present the possibility that a client may have direct access to the records, the above procedure for review of records with the client prior to release may be followed.

#### **F. Drug and Alcohol Confidentiality Regulations**

This section is to inform all Irene Stacy staff of Drug and Alcohol confidentiality regulations. This information is in addition to section 4 of the Center's Personnel Policies on confidentiality. It is a Drug and Alcohol State Regulation that no staff member other than

Drug and Alcohol Personnel may access Drug and Alcohol Treatment information without a consent form signed by the client. Federal regulations (42CRF Part 2) prohibit making any further disclosure of any information without the specific written consent of the person to whom they pertain or as otherwise permitted by such regulations. The Drug and Alcohol files will remain locked in a special file cabinet and can only be accessed by the designated medical records personnel.

#### **Addictions Behavior Unit Confidentiality Policy**

##### **709.28 Confidentiality**

- (a) A written procedure shall be developed by the project director which will comply with the provisions of 4 Pa. Code 255.5 (relating to projects and coordinating bodies: disclosure of client oriented information). The procedure shall include but not be limited to:

**(1) Confidentiality of client identity and records.**

Projects should include a description of how they plan to address security and the release of records. They should also identify the person(s) responsible for maintenance of client records.

(a) Ordinarily, all information which we have about a client is held in confidence. Since we are a private agency even the identities of our clientele are not a matter of public record.

b) Confidentiality is a basic right of the client, a right which cannot be abrogated except in the event of clearly defined situations. In these situations ABU staff are permitted to release information without client consent. ABU staff are permitted to release only that information which is relevant to the situation and is required, by the agency or authorities to whom ABU staff are reporting, for these individuals to complete their responsibilities. These situations are as follows

(i) Imminent danger to an individual. In cases such as this, where a medical situation exists and the client's life is in jeopardy, we may release information without the client's consent solely for the purpose of providing medical treatment to the client.

(ii) Imminent danger to another or society. As Pennsylvania does not have a law mandating a "duty to warn," ABU staff are prohibited from identifying themselves as employees of the ABU or the individual as a client of the ABU. In those situations where a client is perceived as a threat to another or society, the Crisis Unit of the Irene Stacy Center will be utilized to assess the level of the threat and any reports or contacts will be made by this unit of the Irene Stacy Center, rather than the ABU.

(iii) Child abuse. As the ABU and its' staff members are "mandated reporters," at any time that we become aware of child abuse, ABU staff are to contact Butler county's Children and Youth Services and provide them with the information.

(iv) Court Order. If a staff member of the ABU is court ordered to release information concerning a client, that staff member must respond to the court order and provide the information requested.

(v) Crimes on the premises/directed against staff. In those situations where crimes on the premises or crimes against staff members occur, the police will be contacted in order to report the crimes and cooperation given in their investigation of the crime. Only demographic information pertaining to the client and information pertaining to the incident is to be released.

(c) If a staff member should violate this right without the explicit consent of the client concerned, he/she must, individually, bear the responsibility for his or her actions.

(d) The staff member who asks a client to reveal personal information or who allows such information to be divulged, does so only after making certain that the client is fully aware of the purposes of the interview, testing or evaluation, and of the ways in which the information may be used.

(e) Even where permission to release information has been obtained, the staff member has the responsibility for ensuring that the client understands:

(i) Which information will and will not be released.

- (ii) To whom it will be released, and
  - (iii) For what purpose the information will be released.
- (f) Even with the written consent of the client authorizing a release of information, the staff member remains responsible for the protection of the welfare of the client. Only necessary and relevant information should be released at any time.
- (g) When a release of information form is completed, the name of the person to whom the information is to be released must be clearly indicated. The release of information form must be completely filled out and the client offered a copy.
- (h) Release of information forms must also reflect a time frame that is reasonable for the information to be released. Disclosure of information to a probation officer or insurance company where the release of information will occur throughout the client's stay in treatment can reflect a time limit consistent with the length of stay. However, it is not appropriate to have a client sign a release of information with a time frame beyond 60 - 90 days in a situation where information will be released on one single occasion.
- (i) Whenever a situation arises which is not clearly covered by the policies of the project, the staff member involved must seek the advice of his or her supervisor.
- (j) Client records are maintained within the Medical Records department of The Irene Stacy Center, by the staff of the Medical Records Department. The records are kept in separate locked file cabinets and the supervisor of the department is responsible for assuring that the files are locked and secure and that the keys are kept in a secure location.
- (k) In situations where a lawyer is acting on the client's behalf in an attempt to obtain benefits for the client (ie. disability benefits) and the client has signed an appropriate Release of information form, ABU staff are permitted to provide information beyond the guidelines of 4 Pa. Code 255.5 and 42 C.F.R. In these cases the ABU staff will provide the information requested, ideally directly to the client. Information which is viewed as potential harmful to the client will not be released. In addition, a cover letter to the individual requesting the information, acknowledging what was released and also explaining that the information is prohibited from being re-disclosed, will also be included.
- (l) If it has been determined that confidentiality has been violated, the case will be brought to the Project Director of the Irene Stacy Center Addictive Behavior Unit with the recommendations for termination of employment of the staff member involved.
- (m) At all public meetings and speaking engagements, it is to be announced at the beginning and at the conclusion of the program that confidentiality is to be carefully maintained.

All staff members should be aware that it is against the Center's policy on confidentiality to talk about clients in the reception areas and in the hallway or in any areas where the conversation can be easily overheard. Staff members should also refrain from using client's names in any area where they can be overheard. Phone numbers and addresses of clients should never be given to other clients or to anyone outside the Center who may request this information.

Staff addresses and phone numbers should never be divulged to outsiders or clients without the permission of the staff member.

#### **Public Presentations:**

It is policy of the Center, that at no time shall a staff member divulge any information that would identify a specific client in any way. A statement is made before C&E presentations making it clear that all information shared by the audience of a personal nature is to remain confidential.

#### **(2) Staff access to client records.**

- (a) Project staff having access to the records should be identified either by name or position. The methods by which staff gains access to records should also be outlined.

The staff members who have access to client records are:

- (i) Medical Records(file room) Personnel
- (ii) ABU Clerk
- (iii) ABU therapists

(iv) Project/Facility Directors

It is the responsibility of the staff of the Medical Records department to pull charts each day in preparation for sessions an ABU therapist will be having on any given day. These files are then placed within a designated area of the file cabinet that the client records are maintained within. Prior to scheduled sessions for that day, the therapist assigned to the case, removes the chart from the designated area. Upon completion of the session or work to be completed on that case, the file is returned by the therapist to the staff member of the Medical Records department on duty at that time. It is the responsibility of this staff member to assure that the chart is in order, and return it to the ABU file cabinet.

(b) The project shall secure client records within locked storage containers.

Client records are maintained within the Medical Records department of The Irene Stacy Center, by the staff of the Medical Records Department. The records are kept in separate locked file cabinets and the supervisor of the department is responsible for assuring that the files are locked and secure and that the keys are kept in a secure location.

(c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and shall include, but not be limited to:

- (i) The name of the agency or organization to whom the disclosure is to be made and the name of the person who the information is specifically to be released to.
- (ii) Specific name or general designation of the program or person permitted to make the disclosure.
- (iii) The specific information that is to be disclosed.
- (iv) The purpose of the disclosure.
- (v) Dated signatures of the client or guardian.
- (vi) Dated signature of the witness (generally ABU staff).
- (vii) Expiration of the Consent to Release Information must include an expiration date. This date must reflect a time frame that is reasonable for the information to be released. Disclosure of information to a probation officer or insurance company where the release of information will occur throughout the client's stay in treatment can reflect a time limit consistent with the length of stay. However, it is not appropriate to have a client sign a release of information with a time frame beyond 60 - 90 days in a situation where information will be released on one single occasion. This time frame should include a time, date, event or condition depending upon the nature of the information to be disclosed.
- (viii) A statement that consent is subject to revocation by the client at any time except to the extent that the program or person which is to make the disclosure has already done so in reliance on it.
- (ix) A notice will also be stated within the form concerning the prohibition of non-consensual re-release of information, the use of general releases and the limitations of use pursuant to criminal investigation of clients.

(d) A copy of the consent shall be offered to the client and if the original is mailed to a third party, a copy shall be maintained in the client's record.

The Consent to Release Information form will include an area that indicates whether the client accepted a copy of the Consent to Release Information form or not.

copy of the Consent to Release Information form or not.

(e) Where consent is not required, the project personnel shall:

- (i) Fully document the disclosure in the client records.
- (ii) Inform the client, as readily as possible, that the information was disclosed, for what purposes and to whom.

Confidentiality is a basic right of the client, a right which cannot be abrogated except in the event of clearly defined situations. In these situations ABU staff are permitted to release information without client consent. ABU staff are permitted to release only that information which is relevant to the situation and is required, by the agency or authorities to whom ABU staff are reporting, for these individuals to complete their responsibilities. These situations are as follows:

- a.Imminent danger to an individual. In cases such as this, where a medical situation exists and the client's life is in jeopardy, we may release information without the client's consent solely for the purpose of providing medical treatment to the client.
- b.Imminent danger to another or society. As Pennsylvania does not have a law mandating a "duty to warn," ABU staff are prohibited from identifying themselves as employees of the ABU or the individual as a client of the ABU. In those situations where a client is perceived as a threat to another or society, the Crisis Unit of the Irene Stacy Center will be utilized to assess the level of the threat and any reports or contacts will be made by this unit of the Irene Stacy Center, rather than the ABU.
- c.Child abuse. As the ABU and its' staff members are "mandated reporters," at any time that we become aware of child abuse, ABU staff are to contact Butler county's Children and Youth Services and provide them with the information.
- d.Court Order. If a staff member of the ABU is court ordered to release information concerning a client, that staff member must respond to the court order and provide the information requested.
- e.Crimes on the premises/directed against staff. In those situations where crimes on the premises or crimes against staff members occur, the police will be contacted in order to report the crimes and cooperation given in their investigation of the crime.

Should a situation arise that necessitates the release of information without written consent by the client, the client will be notified by ABU staff as readily as possible:

- (i) Why information was disclosed.
- (ii) What information was disclosed.
- (iii) What the purpose was for the disclosure.
- (iv) Who the information was disclosed to.

#### 42 CFR Part 2, Subpart D

##### Subsection 2.53

If patient records are not to be copied or removed, patient identifying information may be disclosed in the course of a review of records on program premises to any person who agrees, in writing to comply with the limitations on re-disclosure and use in paragraph (d) of this section and who:

- (1) Performs the audit or evaluation activity on behalf of:
  - (a) Any Federal, State, or local governmental agency which provides financial assistance to the program, or is authorized by law to regulate its activities:[(Medicare, Medicaid, ODAP, Single County Authorities, Department of Public Welfare, etc)] or
  - (b) Any private person which provides financial assistance to the program, which is a third party payer covering patients in the program, or which is a peer review organization performing utilization or quality control review: [(Insurance Companies, Health Maintenance Organizations, JCAHO, CARF, etc.)] or
- (2) Is determined by the Program Director to be qualified to conduct the audit or evaluation activities, [(Consultants, Utilization Review Committees, Quality Assurance Teams, etc.)]

At any time of an audit or evaluation is scheduled, the Facility Director is responsible for assuring that 42 CFR Part 2, Subpart D, Subsection 2.53 is followed. In addition, before any audit or evaluation will be permitted to begin, the auditor(s)/evaluator(s) will be required to sign an agreement signifying that he/she understands and agrees to the provisions of 42 CFR Part 2, Subpart D, Subsection 2.53. The Addictive Behavior Unit also utilizes the services of the Utilization Management Review Committee of the Irene Stacy Community Mental Health Center for the purpose of continuous quality improvement.

## **Right to Choose Disclosure**

I, \_\_\_\_\_, (name of member), have been informed that I have the right to choose a mental health provider. I have had the opportunity to discuss my treatment/service needs with \_\_\_\_\_, (name of staff), who informed me of the choices available and if necessary, has offered to assist me to schedule an appointment. I have been advised that if I would like to discuss further options for treatment that I can call:

### **Value Behavioral Health**

Armstrong County	1-877-688-5969
Beaver County	1-877-688-5970
Butler County	1-877-688-5971
Fayette County	1-877-688-5972
Greene County	1-877-688-5973
Indiana County	1-877-688-5974
Lawrence County	1-877-688-5975
Washington County	1-877-688-5976
Westmoreland County	1-877-688-5977
TTY (Hearing impaired)	1-877-688-8502

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment 4: Non-Profit Certification

 IRS Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248567569  
May 03, 2010 LTR 4168C EO  
25-1069977 000000 00  
00030165  
BODC: TE

IRENE STACY COMMUNITY MENTAL HEALTH  
CENTER  
112 HILLVUE DR  
BUTLER PA 16001-3426

.92

Employer Identification Number: \*\*\*-\*\*\*9977  
Person to Contact: MRS. BLACK  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Apr. 22, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JANUARY 1966.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

Sincerely yours,

*Michele M. Sullivan*

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I

**CHECKLIST**

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

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

- Civil Rights Assurance (45 CFR 80) .....
- Assurance Concerning the Handicapped (45 CFR 84) .....
- Assurance Concerning Sex Discrimination (45 CFR 86) .....
- Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....

3. Human Subjects Certification, when applicable (45 CFR 46) .....

Included NOT Applicable

03/18/2011
01/01/2011
01/01/2011
01/01/2011

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

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....

YES NOT Applicable

2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....

3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....



4. Have biographical sketch(es) with job description(s) been provided, when required?.....



5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....



6. Has the 12 month narrative budget justification been provided? .....



7. Has the budget for the entire proposed project period with sufficient detail been provided? .....



8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? .....



9. For Competing Continuation and Supplemental applications, has a progress report been included? .....



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

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

Prefix:  Ms. First Name:  Carol Middle Name:  Ann Suffix:   
 Last Name:  Cushman  
 Title:  Director of Program Development  
 Organization:  Irene Stacy Community Mental Center  
 Street1:  112 Hillvue Drive  
 Street2:   
 City:  Butler ZIP / Postal Code:  16001 ZIP / Postal Code4:  3426  
 State:  PA: Pennsylvania  
 E-mail Address:  ccushman@irenestacy.com  
 Telephone Number:  724-287-0791 ext. 2149 Fax Number:  724-287-2730

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

Prefix:  Ms. First Name:  Eileen Middle Name:   
 Last Name:  Talarico Suffix:   
 Title:  Project Director  
 Organization:  Irene Stacy Community Mental Health Center  
 Street1:  112 Hillvue Drive  
 Street2:   
 City:  Butler ZIP / Postal Code:  16001 ZIP / Postal Code4:  3426  
 State:  PA: Pennsylvania  
 E-mail Address:  etalarico@irenestacy.com  
 Telephone Number:  724-287-0791 ext. 2139 Fax Number:  724-287-2730

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

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

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

Previously Filed with: (Agency)

on (Date)

## INVENTIONS

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

## EXECUTIVE ORDER 12372

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

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

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

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

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

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

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

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

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

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

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

**Debarment and Suspension – Title 2 CFR part 376.**

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

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

**Environmental Tobacco Smoke – Public Law 103-227.**

**Program Fraud Civil Remedies Act (PFCRA)**

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OMB Number: 4040-0004

Application for Federal Assistant SF-424

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

Allegheny County, PA; Armstrong County, PA; Fayette County, PA; Beaver County, PA; Butler County, PA; Crawford County, PA; Green County, PA; Lawrence County, PA; Mercer County, PA; Venango County PA; Washington County, PA; Westmoreland County, PA;

**Irene Stacy Community Mental Health Center**

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**Technology Makeover Project**

**Additional Congressional Districts**

**PA-005**

**PA-009**

**PA-012**

**PA-014**

**PA-018**