

**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND  
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
<i>Brian L. Willison</i>	<i>Executive Director</i>
APPLICANT ORGANIZATION	DATE SUBMITTED
<i>Benton County Caring Community, Inc.</i>	<i>7/22/13</i>

TI024762 - TCE-TAC - Application Review - Response Requested  
SAMHSA Rent Questions

Who Owns the Building?:

The building in which the Randolph County Caring Community Partnership (RCCCP) rents office space is owned by the following: (See Copy of Signed Lease Agreement with Floor Plan)

Randolph County Health Department  
423 E. Logan Street  
Moberly, MO 65270

Rental Costs

The following rental costs are calculated based upon a FTE analysis of the CASE Project

Office #1-Program Director @ .50FTE

.50 FTEs x \$62 per month x 12 months= \$372

Office #2-Site Manager @ .25FTE

.25 FTEs x \$63 per month x 12 months= \$189

Office #3-Case Coordinator @ .50 FTE

.50 FTEs x \$62 per month x 12 months= \$372

Office #4-Executive Director @ .10 FTE

.10 FTEs @ \$62 per month x 12 months= \$74.40

Office #5-Administrative Assistant @ .25 FTE

.25 FTEs @ \$240 per month x 12 months= \$720

Office #6-Resource Room for community based kiosks for client portal access

.50 FTEs @ \$240 per month x 12 months= \$1,440

Office #7-Treatment/Clinician Office

1.0 FTEs @ \$54 per month x 12 months= \$648

Total Rent Costs per Year= **\$3,815.40**

## LEASE

THIS LEASE entered into this 1<sup>st</sup> day of January 2013, by and between Randolph County Health Department hereinafter called "Landlord" and Randolph County Caring Communities Partnership, 423 E. Logan, Moberly, MO 65270, hereinafter called "Tenant".

WITNESSETH:

In consideration of the mutual covenants and agreements set forth in this lease, Landlord and Tenant do hereby covenant and agree as follows:

1. LEASE PREMISES

Landlord does hereby lease to Tenant and Tenant does hereby rent from Landlord, upon and subject to the terms, conditions, covenants and agreements set forth in this Lease, the premises outlined in red on Exhibits "A, B, & C" attached hereto and made a part hereof, hereafter referred to as the Lease Premises and consisting of approximately 1,797 square feet of space in the building known as the Randolph County Health Department Building, located at 423 E. Logan in the City of Moberly, County of Randolph, State of Missouri, and hereinafter referred to as The Building.

2. TERM

The term hereof shall be for a period of twelve (12) months, commencing on January 1, 2013 and ending December 31, 2013.

3. RENT

The rent will be 778.00 per month, payable on the first day of each month, in advance. Rent includes utilities which are defined as electricity, gas, water, sewer, and garbage disposal.

All rent and utility charges are due and payable by the first of the month in advance. Late charges of 10% of the rent and utility charges will be assessed for rent paid more than 10 days following the due date. The late charge will also apply if a check is given for rent and utilities and fails to clear the bank due to insufficient funds. A returned check fee will also apply.

4. USE

The premises are to be used for Caring Communities office space and storage.

5. USES PROHIBITED

Tenant shall not use any portion of the premises for purposes other than those specified hereinabove, and no use shall be made or permitted to be made upon the premises, nor acts done, which will increase the existing rate of insurance upon the property, or

19. ATTORNEY FEES

In case suit should be brought for recovery of the leased premises, or for any sum due hereunder, or because of any act which may arise out of the possession of the leased premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including a reasonable attorney's fee.

20. WAIVER

No failure of Landlord to enforce any term hereof shall be deemed to be a waiver.

21. NOTICES

Any notice which either party may or is required to give, shall be given by mailing the same, postage prepaid, to the other at the address stated above, or at such other place as may be designated by the parties, in writing, from time to time.

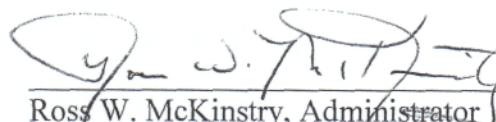
22. HOLDING OVER

Any holding over after the expiration of this Lease, with the consent of Landlord, shall be construed as a month-to-month tenancy and shall be in accordance with all the terms hereof, as applicable.

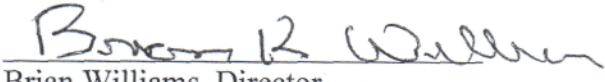
23. ENTIRE AGREEMENT

The foregoing constitutes the entire agreement between the parties and may be modified only in writing and signed by both parties. The following Exhibits, if any, have been made a part of this lease before the parties' execution hereof: "A, B, & C".

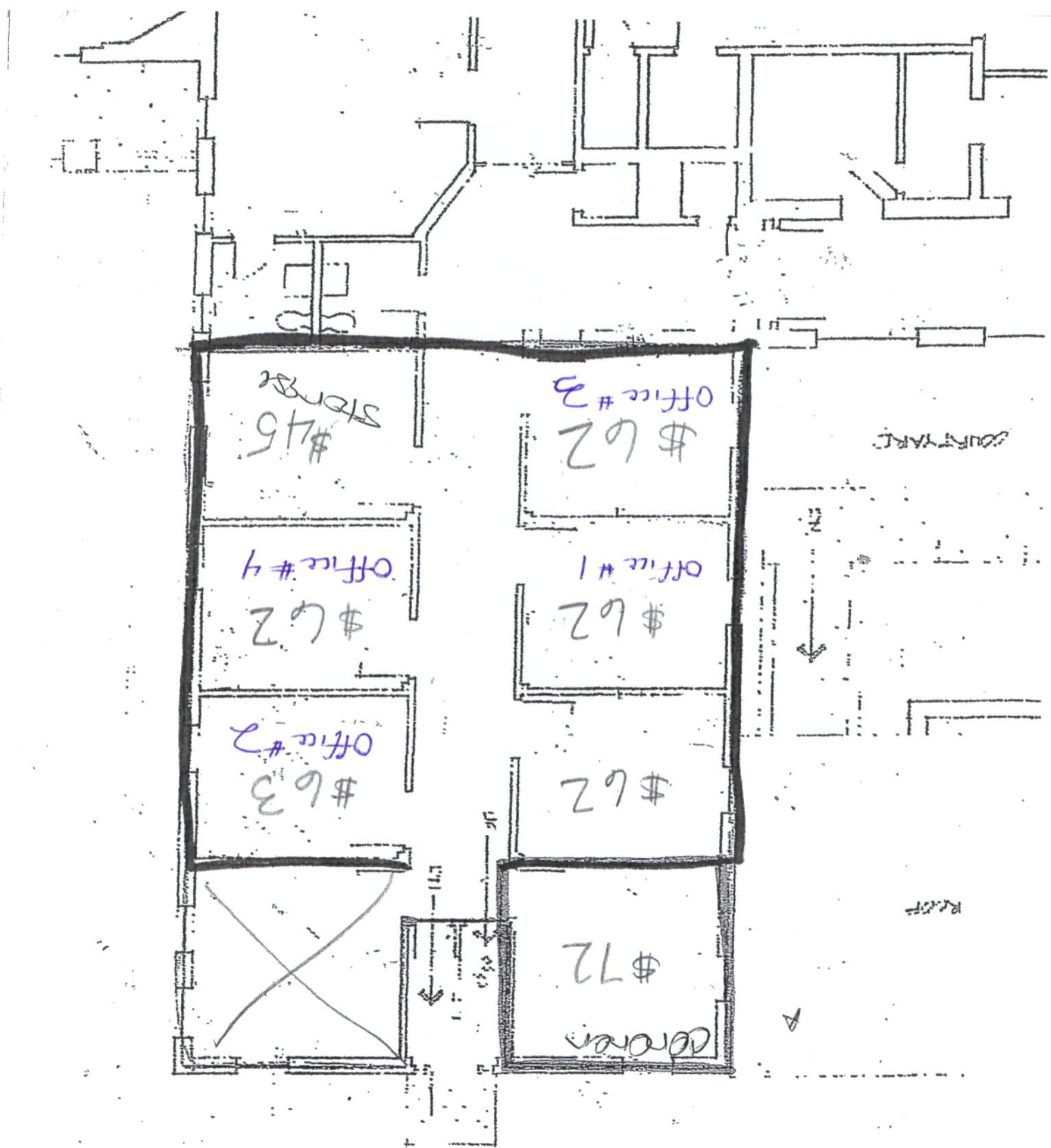
IN WITNESS WHEREOF, the parties have executed this Lease, in duplicate, the day and year first above written.



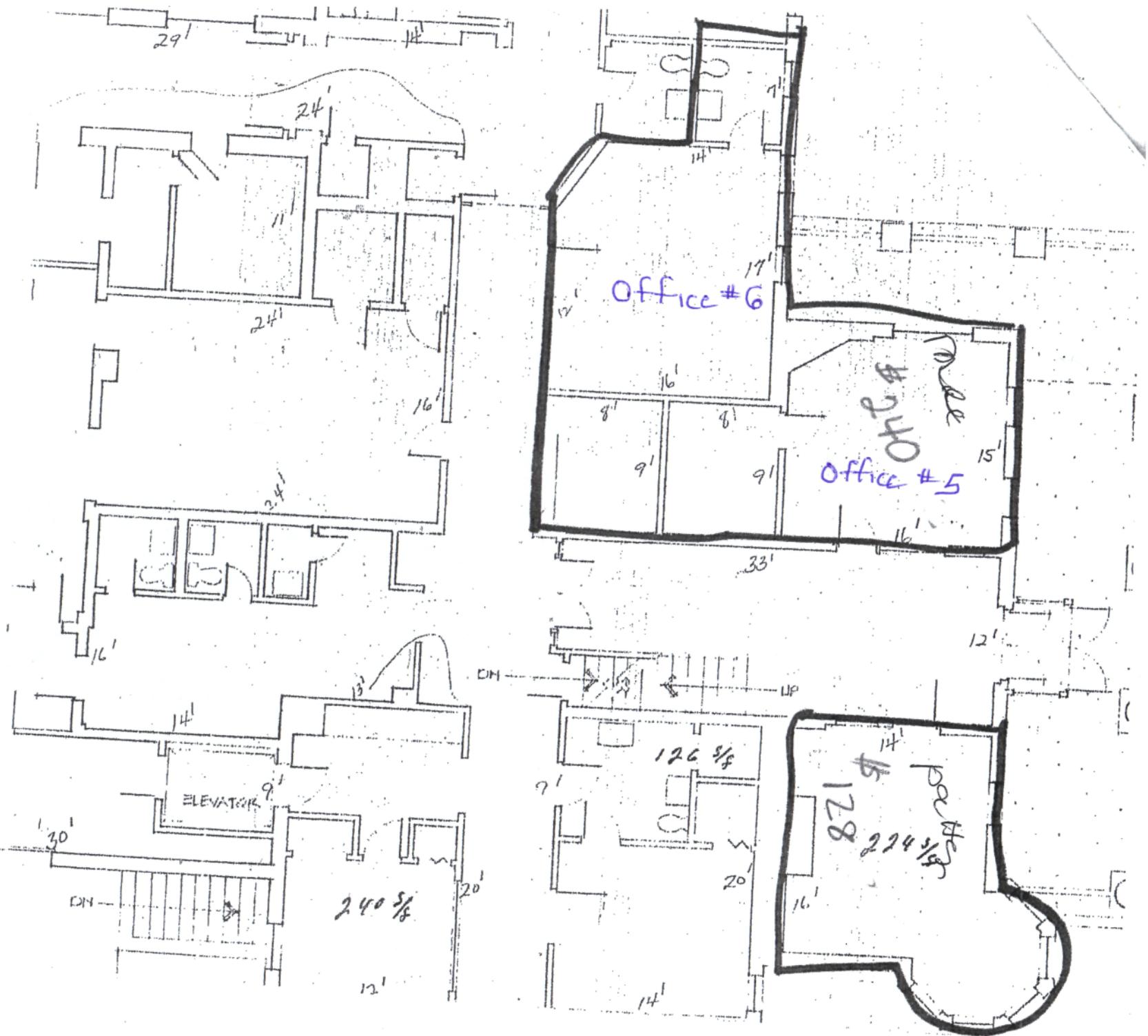
Ross W. McKinstry, Administrator  
Randolph County Health Department, LANDLORD



Brian Williams, Director  
Randolph County Caring Communities Partnership,  
TENANT



**Exhibit A**



## Exhibit B

EXHIBIT C

54  
Offic-47

TI024762 - TCE-TAC - Application Review - Response Requested  
Overhead Costs Breakdown

Administration:

- Office Manager- .10 FTE @ \$12 per hour x 2080 hours=\$2,496
- Telephone- 3 cell phones @ \$40 per month @ 12 months= \$1,440
- Printing- 1000 copies per month @ \$.10 per copy @ 12 months= \$1,200
- Copier Maintenance Fee- 2 copiers @ \$49.30 fee per year=\$98.60
- Postage- 1000 stamps @ \$.45 per stamp= \$450

Total Cost of Administration= \$5,684.60

Accounting:

- Accounting services-200 hours @ \$25 per hour=\$5,000
- Payroll services- 7 employees @ \$12.50 per check @ 24 checks= \$2,100
- Audit services (A-133 audit) 1 additional audit fee for A-133 audit @ \$3,000

Total Cost of Accounting= \$10,100

Rent: See Attached Document

Total Cost of Rent= \$3,815.40

Total Overhead Costs= **\$19,600**

## Foster, Alania (SAMHSA)

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**From:** caringcomm@rcccpmo.org  
**Sent:** Wednesday, June 26, 2013 8:41 AM  
**To:** Foster, Alania (SAMHSA)  
**Subject:** Re: TI024762 - TCE-TAC - Application Review - Response Requested  
**Attachments:** TI024762-TCE-TAC Application Responses.pdf

Dear Ms. Foster,  
Please find attached the requested responses for T1024762-TCE-TAC that I am submitting in behalf of the Randolph County Caring Community, Inc.

If there is a need for additional information, please feel free to contact me. Your assistance was immensely appreciated.

Thanks,  
Brian K. Williams, Executive Director  
Authorizing Representative

> Dear Lorna,  
>  
> My name is Alania Foster from the Division of Grants Management at SAMHSA.  
>  
> Your organization recently applied to the FY 2013 Grants to Expand  
> Care Coordination through the Use of Technology-Assisted Care in  
> Targeted Areas of Need announcement, RFA # TI-13-008. I have started  
> the financial review of your application, and the following items need  
> to be addressed before I can complete the review:  
>  
>  
> 1. Provide a copy of your organizations Indirect Cost Rate  
> Agreement, that shows a 7% rate.  
>  
> 2. It was noted that your organization did not provide an adequate  
> breakdown and calculations for the Treatment costs listed under Other.  
> How did you arrive at \$2,500 per person in treatment costs?  
>  
> 3. It was noted that your organization did not provide an adequate  
> breakdown and calculations for the First Call - CCL contract. Provide  
> a detailed breakdown of all costs for that contract.  
>  
> 4. Provide the annual salaries for each of the Personnel listed.  
>  
> 5. As a note: Meals/food is generally unallowable unless it is an  
> integral part of a conference grant or specifically stated as an  
> allowable expense in the RFA. Grant funds may be used for light  
> snacks, not to exceed \$2.50 per person.  
>  
> 6. As a note: Equipment is any item purchased under the grant with  
> an acquisition cost of \$5,000 or more. The laptops and kiosks listed  
> in your budget are considered supplies.  
>  
>  
> If you make any changes to the budget you must submit a full revised  
> detailed budget and a revised SF424A. Also, if any changes are made  
> to the budget, please ensure that the bottom line of \$279,613 does not

> change.

>

> The requested items should be submitted to me via e-mail as one PDF  
> attachment by COB on June 26, 2013. If you have questions regarding  
> this request, do not hesitate to contact me.

>

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

>

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

>

> Thank you,

> Alania Foster

> Alania Foster, M.S.

> Grants Management Specialist

> U.S. Department of Health and Human Resources (DHHS) Substance Abuse  
> and Mental Health Services Administration (SAMHSA) Office of Financial  
> Resources (OFR), Division of Grants Management (DGM)

> 1 Choke Cherry Road, Room 7-1091

> Rockville, MD 20857

> (240) 276-1409 (phone)

> (240) 276-1430 (fax)

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

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

>

>

>

>

**TI024762 - TCE-TAC - Application Review - Response Requested**

**1. Provide a copy of your organizations Indirect Cost Rate Agreement that shows a 7% rate-** The Randolph County Caring Community Partnership does not currently have an Indirect Cost Rate Agreement. We moved the request from the Indirect Charges category to the Other category.

**2. It was noted that your organization did not provide an adequate breakdown and calculations for the Treatment costs listed under Other. How did you arrive at \$2,500 per person in treatment costs?** Below is a breakdown of the how we arrived at the \$2,500 per person treatment costs:

**Treatment Services Breakdown**

Intake and addictions assessment-history (No charge)

Mental health comp diagnostic DSM-IV \$290

2 hour groups per week- 2 group sessions per week x \$20 per session x 26 weeks=\$1040

1 hour individual counseling per week- 1 session x \$45 per session x 26 weeks=\$1170

**3. It was noted that your organization did not provide an adequate breakdown and calculations for the First Call - CCL contract. Provide a detailed breakdown of all costs for that contract. Below is a breakdown of the all costs for the First Call Contract:**

Year 1 licensing fee for use of the software product-\$10,000

Business process review to establish key business processes and information sharing to identify the CCL configuration and set up-\$5,000 (One-time fee)

Site set up to establish agency management, referrals, partner agencies, and end user accounts -\$5, 400

Training for system administration and clinical staff (MET and MI training) - \$4, 000 (One-time fee)

Year 2 and Year 3 software maintenance fee per year- \$7,200

Additional individual users (agencies) after 25 unduplicated end users accounts- \$240 per end user account

Monthly hosting fee- \$100 per month

**4. Provide the annual salaries for each of the Personnel listed-** Information placed into budget narrative

**5. As a note: Meals/food is generally unallowable unless it is an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person-** Funds expended will follow set guidelines

**6. As a note: Equipment is any item purchased under the grant with an acquisition cost of \$5,000 or more. The laptops and kiosks listed in your budget are considered supplies-** Expenses have been placed in the Supplies category

## **BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (other federal and non-federal sources).**

### **Client Access and Services Exchange (CASE) MET**

#### ***Budget Justification***

This budget justification is for year one of the grant period.

#### **Expense**

##### *Personnel*

Program Director@ .50 FTE = \$22,500 (**Annual Salary: \$45,000**)

Lorna Miles

Provide oversight and service supervision

Site Managers (3) @ .25 FTE = \$29,250 (**Annual Salary \$39,000 per Site Manager**)

Randolph County: Tim Fugate, Boone County: Damian Dean, Saline County: Laresa Jackson

Oversee client services, implementation of MET and utilization of web-based tools; relationship development with service providers

Case Coordinators (3) @ .50FTE = \$45,000 (**Annual Salary \$30,000 per Coordinator**)

Randolph County: Brittani Williams, Boone County: Rance Austin, Saline County:

Jayne Falls

Direct client services, input client data with MET, provide guidance to clients on wrap around services.

Clinician @.10 FTE = \$6,000 in-kind (**Annual Salary \$60,000**)

Jessica Grenz

Provide clinical supervision.

**PERSONNEL TOTAL-\$102,750  
(\$96,750 SAMHSA and \$6,000 In-Kind)**

##### *Fringe Benefits*

Fringe Benefits @ 25% = \$24,418

Health insurance, FICA, Social Security, disability insurance

**FRINGE BENEFITS TOTAL- \$24,418  
(\$24,418 SAMHSA)**

##### *Travel*

National Meetings @ \$3,500 includes:

- Airfare (2 trips annually @ 300each for 2 people) = \$1,200
  - Registration (2 registrations for additional training @\$250) = \$500
  - Hotel, Meals, and Ground Transportation (2 persons @\$450 for 2 trips) = \$1,800
- Local Travel @ \$2,700 = 6,000miles @ .45 per mile
- Reimbursed to program director working across the 3 sites

**TOTAL TRAVEL- \$6,200  
(\$6,200 SAMHSA)**

*Supplies*

Office Supplies @\$900 = \$300 per site (3sites)

Hardware @ \$9,000 includes:

- Six PC/laptops @ \$1,000/each = \$6,000
- Three community-based kiosks (access to client portal) @ \$1,000/each = \$3,000

**TOTAL SUPPLIES- \$9,900  
(\$9,900 SAMHSA)**

*Equipment*

NONE REQUESTED

*Contractual*

Project Manager @ \$50/hour x 350 hours = \$17,500

Bonita Powell

Directs and coordinates implementation of the project

Systems Administrator @\$60/hour x 335 hours = \$20,100

Dan Larimer

Oversight for implementation of licensed software, technical training and support

Evaluator @ 10% is \$1,250/month x 12 months = \$15,000

Dr. Nadie Bubose, University of Missouri (Columbia)

Program evaluation contractor

Licensing Fees (First Call - CCL) per contract \$24,500

(\$12,250 SAMHSA and \$12,250 In Kind)

Year 1 licensing fee for use of the software product-\$10,000

Business process review-\$5,000 (One-time fee)

Site set up -\$5, 400

Training (MET and MI training)- \$4, 000 (One-time fee)

**TOTAL CONTRACTUAL- \$77,100  
(\$64,850 SAMHSA and \$12,250 In-Kind)**

*Other*

Strategic Marketing @ \$2,000/year

Direct marketing campaign including print literature with clients, wrap around service providers, and treatment providers

Treatment @ \$2500 per person (\$51,000 SAMHSA and \$12,750 In Kind) - Includes treatment for 34% of the 75 clients within the first year as uninsured patients.

Meeting Expenses @ \$750

Expenses for quarterly meetings including food, setup, and materials for personnel, agencies, and service providers as applicable

Transportation Vouchers

829 vouchers @ \$5 per voucher = \$4,145

Overhead @ 7% = \$19,600

Randolph County Caring Community administration, rent, accounting

Other agency overhead (3 Sites) @ \$3,000/agency in-kind

Training @ \$5,000 in-kind

CASE MET and technology training provided by First Call

**TOTAL OTHER- \$104,245**

**(\$77,495 SAMHSA and \$26,750 In-Kind)**

*Indirect Charges*

NONE REQUESTED

Program Income

SAMHSA Request: \$279, 613

*In-Kind Donations*

Licensing Fees

\$12, 250 in kind for licensing fees by contract with First Call for CCL software

Treatment

\$12,750 in-kind for Treatment Clinicians for identified uninsured client

Other

\$5,000 MET and technology training for pilot agency staff- “train the trainer” beyond resources included in Licensing Agreement

Overhead

\$9,000 in-kind administration, rent, accounting at three pilot sites

Professional – Clinician (.10 FTE)

\$6,000 in-kind for clinical supervision

***Existing Resources and Other Support***

- **Each of the five pilot agencies currently contract area treatment and behavioral health agencies, which will be trained to utilize the CCL shared EMR and who will, as a part of CASE, be trained in MET and use of the client portal.**
- **Participating CASE agencies will provide in-kind overhead.**
- **RCCCP is utilizing existing staff and computer space. RCCCP is providing a partner agency Clinician at .10% FTE, as well as, some training.**
- **With respect to accessibility, CASE agencies are ADA compliant and all offer transportation to their facility.**

## BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget			Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)		
1. Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need	93.243	\$	\$	\$ 279,613.00	\$ 45,000.00	\$ 324,613.00	
2.		\$	\$	\$	\$	\$ 0.00	
3.		\$	\$	\$	\$	\$ 0.00	
4.		\$	\$	\$	\$	\$ 0.00	
5. TOTALS		\$ 0.00	\$ 0.00	\$ 279,613.00	\$ 45,000.00	\$ 324,613.00	

SECTION B - BUDGET CATEGORIES							
		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
		(1) Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need	(2)	(3)	(4)		
6. Object Class Categories	a. Personnel	\$ 96,750.00	\$	\$	\$	\$ 96,750.00	
	b. Fringe Benefits	\$ 24,418.00	\$	\$	\$	\$ 24,418.00	
	c. Travel	\$ 6,200.00	\$	\$	\$	\$ 6,200.00	
	d. Equipment	\$ 0.00	\$	\$	\$	\$ 0.00	
	e. Supplies	\$ 9,900.00	\$	\$	\$	\$ 9,900.00	
	f. Contractual	\$ 64,850.00	\$	\$	\$	\$ 64,850.00	
	g. Construction	\$ 0.00	\$	\$	\$	\$ 0.00	

h. Other	\$ 77,495.00	\$	\$	\$	\$ 77,495.00
i. Total Direct Charges ( <i>sum of 6a -6h</i> )	\$ 279,613.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 279,613.00
j. Indirect Charges	\$ 0.00	\$	\$	\$	\$ 0.00
k. TOTALS ( <i>sum of 6i and 6j</i> )	\$ 279,613.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 279,613.00
7. Program Income	\$	\$	\$	\$	\$ 0.00

### SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Applicant In-Kind	\$ 36,000.00	\$	\$	\$ 36,00.00
9. In-Kind Overhead	\$ 9,000.00	\$	\$	\$ 9,000.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS ( <i>sum of lines 8 and 11</i> )	\$ 45,000.00	\$ 0.00	\$ 0.00	\$ 45,000.00

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 279,613.00	\$ 83,884.00	\$ 83,883.00	\$ 55,923.00	\$ 55,923.00
14. Non- Federal	\$ 45,000.00	\$ 13,500.00	\$ 13,500.00	\$ 9,000.00	\$ 9,000.00
15. TOTAL ( <i>sum of lines 13 and 14</i> )	\$ 324,613.00	\$ 97,384.00	\$ 97,383.00	\$ 64,923.00	\$ 64,923.00

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

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SAMHSA	\$ 279,613.00	\$ 279,613.00	\$ 279,613.00	\$
17. In-Kind	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00	\$
18.	\$	\$	\$	\$

19.	\$	\$	\$	\$
20. TOTALS ( <i>sum of lines 16 -19</i> )	\$ 324,613.00	\$ 324,613.00	\$ 324,613.00	\$ 0.00
<b>SECTION F - OTHER BUDGET INFORMATION</b>				
21. Direct Charges:	22. Indirect Charges:			
23. Remarks				

## **Dayhoff, Sarah (SAMHSA)**

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**From:** caringcomm@rcccpmo.org  
**Sent:** Tuesday, June 04, 2013 8:47 AM  
**To:** Dayhoff, Sarah (SAMHSA)  
**Subject:** [Fwd: Registration Activated for RANDOLPH COUNTY CARING COMMUNITY, INC. / 017462784 / 5GEZ9]

Good morning,  
Please find below the information confirming the activation of our registration in the SAM system.

If you need additional information please let me know.

Thanks,  
Brian Williams

----- Original Message -----  
**Subject:** Registration Activated for RANDOLPH COUNTY CARING COMMUNITY, INC. / 017462784 / 5GEZ9  
**From:** [samadmin@sam.gov](mailto:samadmin@sam.gov)  
**Date:** Mon, June 3, 2013 5:46 pm  
**To:** [caringcomm@rcccpmo.org](mailto:caringcomm@rcccpmo.org)

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This email was sent by an automated administrator. Please do not reply to this message.

Dear Brian Williams,

Congratulations! The registration for RANDOLPH COUNTY CARING COMMUNITY, INC. / 017462784 / 5GEZ9 is now active in the U.S. federal government's System for Award Management (SAM). If you did not provide a CAGE code during the registration process, one has been assigned and is provided above.

You are now eligible for contracts, assistance awards, and to do business with the federal government as determined by your Entity's profile.

Important: The Periodic Update Requirement Date for the registration is 03-JUN-14. You must renew the registration by this date to remain active.

In addition, you may continue to invite additional users by following the below steps:

- \* Login to SAM using a valid Username and Password
- \* Select "Manage Entity Users" from the left-hand navigation menu
- \* Select "Invite User" from the left-hand navigation menu
- \* Select the desired Entity
- \* Provide invitee's email address
- \* Assign Role(s) to be associated with the user account
- \* Click Submit

All invitees will receive an email message from SAM with instructions on how to complete the process.

For assistance, please contact the Federal Service Desk at [www.fsd.gov](http://www.fsd.gov) or by telephone at 866-606-8220 (toll free) or at 334-206-7828 (internationally).

Thank you,  
The System for Award Management (SAM) Administrator <http://www.sam.gov>

RANDOLPH COUNTY CARING COMMUNITY, INC.

DUNS: 017462784 CAGE Code: 5GEZ9

Status: Active

423 E LOGAN ST

MOBERLY, MO, 65270-2222 ,

UNITED STATES

## Entity Overview

### Entity Information

**Name:** RANDOLPH COUNTY CARING COMMUNITY, INC.

**Business Type:** Business or Organization

**POC Name:** None Specified

**Registration Status:** Active

**Expiration Date:** 06/03/2014

### Exclusions

**Active Exclusion Records?** No

SAM | System for Award Management 1.0

IBM v1.970.20130522-1640

WWW4

**Note to all Users:** This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

## **Dayhoff, Sarah (SAMHSA)**

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**From:** Brian Williams [willib4@lpha.mopublic.org]  
**Sent:** Monday, June 03, 2013 4:51 PM  
**To:** Dayhoff, Sarah (SAMHSA)  
**Subject:** RE: TI024762 TI13-008 TCE-TAC- Randolph County Caring Community, Inc  
**Attachments:** HHS\_690\_RandolphCountyCaringComm.pdf

Sarah,

Attached is the HHS 690. Do I need to go back into the checklist and mark any of the items or will this document suffice?

Thanks,

Brian Williams

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**From:** Dayhoff, Sarah (SAMHSA) [<mailto:Sarah.Dayhoff@samhsa.hhs.gov>]  
**Sent:** Monday, June 03, 2013 10:33 AM  
**To:** [caringcomm@rccpmo.org](mailto:caringcomm@rccpmo.org)  
**Cc:** Foster, Alania (SAMHSA)  
**Subject:** TI024762 TI13-008 TCE-TAC- Randolph County Caring Community, Inc

Hello,

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

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

While reviewing your application, I noticed the following discrepancies:

- The DUNS number you provided, **017462784**, is currently expired in the System for Award Management (SAM). Please re-activate this DUNS number in the SAM system no later C.O.B. Wednesday, June 5, 2013.
- On the checklist, Part A, #2 need to be marked completely and have the dates indicated. If your organization has never filed these assurances with an HHS agency please submit them to us at this time.

Please submit the requested documents to me via email no later than C.O.B, Wednesday, June 5, 2013.

Thanks,

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

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

6-3-13

Date

Brian L. Williams

Signature of Authorized Official

Brian L. Williams, Executive Director

Name and Title of Authorized Official (please print or type)

Randolph County Caring Community

Name of Healthcare Facility Receiving/Requesting Funding

423 E. Logan St.

Street Address

Moberly, MO 65270

City, State, Zip Code

**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"/>  <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
<input type="text" value="04/10/2013"/>	<input type="text"/>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<input type="text"/>	<input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Randolph County Caring Community, Inc"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="522199775"/>		* c. Organizational DUNS: <input type="text" value="0174627840000"/>
<b>d. Address:</b>		
* Street1:	<input type="text" value="423 E. Logan Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Moberly"/>	
County/Parish:	<input type="text" value="Randolph"/>	
* State:	<input type="text" value="MO: Missouri"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="65270-2222"/>	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name: <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="Mr."/>	* First Name: <input type="text" value="Brian"/>
Middle Name:	<input type="text" value="Keith"/>	
* Last Name:	<input type="text" value="Williams"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Executive Director"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	<input type="text" value="660-263-7173"/>	Fax Number: <input type="text" value="660-263-7244"/>
* Email:	<input type="text" value="caringcomm@rcccpmo.org"/>	

## Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Substance Abuse & Mental Health Services Adminis.

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

93.243

CFDA Title:

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

### \* 12. Funding Opportunity Number:

TI-13-008

\* Title:

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

### 13. Competition Identification Number:

Title:

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

Areas Affected By Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Client Access and Services Exchange (CASE) Project

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

b. Program/Project

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

### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="838,839.00"/>
* b. Applicant	<input type="text" value="90,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="45,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="973,839.00"/>

### \* 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

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:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Brian"/>
Middle Name:	<input type="text" value="Keith"/>		
* Last Name:	<input type="text" value="Williams"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Executive Director"/>		
* Telephone Number:	<input type="text" value="660-263-7173"/>	Fax Number:	<input type="text" value="660-263-7244"/>
* Email:	<input type="text" value="caringcomm@rcccpmo.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Brian Williams"/>	* Date Signed:	<input type="text" value="04/10/2013"/>

## BUDGET INFORMATION - Non-Construction Programs

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

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need	93.243	\$ [ ]	\$ [ ]	\$ 279,613.00	\$ 45,000.00	\$ 324,613.00
2.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
3.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>5. Totals</b>		\$ [ ]	\$ [ ]	\$ 279,613.00	\$ 45,000.00	\$ 324,613.00

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## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need	(2)	(3)	(4)	
a. Personnel	\$ 114,250.00	\$	\$	\$	\$ 114,250.00
b. Fringe Benefits	28,563.00				28,563.00
c. Travel	6,200.00				6,200.00
d. Equipment	9,000.00				9,000.00
e. Supplies	900.00				900.00
f. Contractual	47,350.00				47,350.00
g. Construction					
h. Other	53,750.00				53,750.00
i. Total Direct Charges (sum of 6a-6h)	260,013.00				\$ 260,013.00
j. Indirect Charges	19,600.00				\$ 19,600.00
k. TOTALS (sum of 6i and 6j)	\$ 279,613.00	\$	\$	\$	\$ 279,613.00
 <b>7. Program Income</b>	\$	\$	\$	\$	\$

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### SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Applicant - In-Kind	\$ 36,000.00	\$	\$	\$ 36,000.00
9.	In-Kind Overhead	9,000.00			9,000.00
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 45,000.00	\$	\$	\$ 45,000.00

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 279,613.00	\$ 83,884.00	\$ 83,883.00	\$ 55,923.00	\$ 55,923.00
14. Non-Federal	\$ 45,000.00	13,500.00	13,500.00	9,000.00	9,000.00
15. TOTAL (sum of lines 13 and 14)	\$ 324,613.00	\$ 97,384.00	\$ 97,383.00	\$ 64,923.00	\$ 64,923.00

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. SAMHSA	\$ 279,613.00	\$ 279,613.00	\$ 279,613.00	\$
17. In-Kind	45,000.00	45,000.00	45,000.00	
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 324,613.00	\$ 324,613.00	\$ 324,613.00	\$

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	296,013	22. Indirect Charges:	28,600
23. Remarks:			

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## **ABSTRACT**

Randolph County Caring Community Partnership requests \$280,000/year for three years for the Client Access and Services Exchange (CASE) project, a person-centered Motivational Enhancement Therapy (MET) project designed to increase clients' motivation for sustained engagement with treatment providers through the use of web-based tools/client portal. The population to be served is uninsured and underserved individuals aged 18 and over who reside in the rural Missouri Counties of Randolph, Saline, Pettis, Lafayette, and Boone Counties lacking access to treatment in their community. This project is designed to initiate services during the pre-treatment phase and to sustain client engagement throughout the continuum of care.

The CASE project goal is initiation of services during pretreatment and improved access to treatment through the utilization of technology-based applications. CASE will provide Motivational Enhancement Therapy (MET), an evidence-based intervention, by supporting increased, person-centered motivational interviewing and communication between the client and provider. Participating clients will engage with providers via a client portal built into the Iconic Health's Homepsych web-based system and Community CareLink (CCL) shared Electronic Medical Record (EMR) that includes encrypted email; text messaging; and electronic enrollment forms, screening tools, and assessment tools, including the Addiction Severity Index Multimedia Version (ASI-MV). The RCCCP has utilized Homepsych for over three years and have been developing plans for the implementation of the CCL for over 6 months.

CASE outcomes, in alignment with SAMHSA's National Registry of Evidence Based Programs outcomes for MET, include: 1) decreased substance and marijuana use, and 2) decreased alcohol consumption. In addition, our project hopes to: 4) increase retention among pre-treatment clients who utilized CASE services, 5) increase access to treatment for clients who utilized CASE services, and 6) increase in recovery support retention for clients who utilized HISI services.

The Client Access and Services Exchange (CASE) project will serve 100 unduplicated clients in year one, 175 in year two and 250 in year three. The client portal and ASI-MV will be available to all treatment and behavioral health agencies by the end of year one, with 5 agencies participating in the initial phase; 8 treatment/behavioral health agencies will adopt use of the client portal by the end of year two; 12 treatment/behavioral health agencies will adopt use of the client portal by the end of year three.

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### **Other Information (Included in SF-424)**

- Project/Performance Site Location(s) Form
- Assurances
- Certifications
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.

**SAMHSA TCE-TAC (CFDA No.: 93.243)**  
**Randolph County Caring Community Partnership Application – April 2013**

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## Section A: Statement of Need

### Demographic Information

The Client Access and Services Exchange (CASE) project is a person-centered Motivational Enhancement Therapy (MET) project designed to increase clients' motivation for sustained engagement with treatment providers through the use of web-based tools/client portal. The target population to be served is uninsured and underserved individuals aged 18 and over who reside in the rural Missouri Counties of Randolph, Saline, Pettis, Lafayette, and Boone Counties lacking access to treatment in their community. This project is designed to initiate services during the pre-treatment phase and to sustain client engagement throughout the continuum of care.

The geographic area for the target population is bounded by MSAs including Moberly, Sedalia, Columbia, and Marshall Missouri. Our geographic target area is situated in the central and eastward corridor of the state of Missouri, the 18th most populated state. The rural nature of this population is further exhibited with the lack of density and proximity to residences, retail and health services demonstrated by the persons per square mile within the county of 30ppl (Saline), 53ppl (Randolph and Lafayette) and 62ppl (Pettis). This is in comparison to the average of 87ppl per square mile across the state. These counties are home to a disproportionate share of the unemployed and undereducated in the rural areas of Missouri based across demographic and economic factors:



Figure 1

Table 1: Demographic and Economic Factors by County

	#	Missouri	Primary			Satellite	
			Boone	Randolph	Saline	Lafayette	Pettis
<b>Race and Age</b>							
Population, 2012 estimate	#	6,021,988	168,535	25,330	23,339	33,080	42,319
White	%	84%	84%	91%	91%	95%	93%
Black	%	12%	9%	6%	6%	2%	3%
American Indian and Alaska Native	%	1%	1%	0%	1%	1%	1%
Asian persons	%	2%	4%	1%	1%	0%	1%
Native Hawaiian and Other Pacific Islander	%	0%	0%	Z	1%	0%	0%
Persons of Hispanic or Latino Origin	%	4%	3%	2%	9%	2%	8%
Persons under 18 years, 2011	%	24%	21%	23%	23%	24%	25%
Persons 65 years and over, 2011	%	14%	9%	14%	16%	17%	15%
<b>Economic and Social</b>							
Veterans, 2007-2011	#	503,720	10,515	2,083	1,785	2,908	3,827
Persons below poverty level, 2007-2011	%	14%	19%	18%	20%	11%	16%
Median household income, 2007-2011	\$	\$47,202	\$47,123	\$36,484	\$39,727	\$50,000	\$38,669
Source: US Census Bureau State & County QuickFacts							

According to the National Survey on Drug Use and Health, an estimated 477,000 individuals in Missouri have alcohol or illicit drug dependence or abuse, representing roughly 10% of the State's population (NSDUH 2010). Excessive drinking is equivalent or higher in all counties as compared to the state, except two of the counties as well as the percent of uninsured. The illustration below typifies the constant balancing act this population experiences given behavioral and environmental factors. Table 2 below identifies variables that relate to this target population for each county which highlights the need for accessible treatment within this group:

Table 2: Variables related to Drug and Mental Health Treatment, by County

	Missouri	Primary			Satellite	
		Boone	Randolph	Saline	Lafayette	Pettis
					%	%
<b><i>Health Care, Behaviors, and Surroundings</i></b>						
Poor or Fair Health	16	11	21	36	11	21
Uninsured	15	14	16	17	15	20
Adult Smoking	23	18	27	27	20	29
Excessive Drinking	17	16	17	18	15	13
Inadequate Social Support	19	18	20	22	15	21
Single Parent Household	33	29	40	39	24	27
Unemployment	9	6	9	8	10	8

Source: County Health Rankings & Roadmap, 2013, Robert Wood Johnson Foundation

There remains a need to triage individuals for placement in inpatient or outpatient treatment and to prioritize the needs of individuals with co-occurring disorders. Single parents in particular have transportation and access barriers to in person visits to participating providers. Twenty-five to Forty percent of the targeted county residents are single parent households with Eighteen to Twenty-Two percent of them having inadequate social support (RWJF County Health Rankings 2013). Most participating providers are located in Boone and Randolph Counties, while most of the targeted population are spread across the five rural counties. Accessibility issues are magnified for this population because of the rural geography. Additionally, the current systems requires numerous appointments at different or the same agency prior to the initiation of treatment services. Use of the client portal reduce the number of required trips (by a minimum of three) prior to initiating services. Addition of the ASI-MV will further reduce the number of trips and transportation challenges.

Recent consumer based satisfaction research conducted with a like target population conducted by First Call Kansas City (2010) indicates that consumers find technology based processes easy to use and consumer friendly. The proposed project intends to place portals for client use at the three agencies within the targeted communities and distribute promotional information through a strategic communications plan that reminds consumers that they can access their information while attending to other social service related issues.

#### Nature of the Problem/Need

Coordination of care among behavioral health providers is lacking, especially when compared to recent advances in coordination of care among primary healthcare providers. Unlike primary healthcare provider agencies, who have received incentives to develop and utilize Health

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**Randolph County Caring Community Partnership Application – April 2013**

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Information Technology ( HIT), the target agencies in this proposal are still operating in silos due to lack of funding to develop the technological infrastructure needed to move forward.. This has created a barrier for the inclusion of mental health in the sharing of data and referral information (Institute for Family Health 2011). Most community mental health providers are either not utilizing electronic systems or are in the beginning stages of implementation.

A client portal could greatly improve care coordination for both mental health consumers and their providers, enabling mental health clients, who often use multiple systems, to have access to their records and information. This would facilitate communication with multiple providers and community services. Accessing both medical and mental health information on-line and providing accurate information to a provider could dramatically impact the assessment time needed and services provided to a client. This is even more greatly enhanced with the rural community when sparsity and distance to service providers can be overwhelming.

In a public opinion survey conducted by the Missouri State Highway Patrol in 2011, Missouri citizens were asked to rank several social issues facing the United States. These social concerns were ranked in the following order from most to least problematic: **crime**; economy; public education; heath care; **drug abuse**. Missouri's data shows that offenders who complete both institutional and community-based substance abuse treatment have the lowest re-incarceration rate (5%) compared to those who did not complete institutional treatment or community-based treatment or did not receive any treatment but needed treatment (34%). Of the approximately 543,000 Missouri Veterans, an estimated 7.3 % or 39,600 have a substance abuse problem.

In a 2009 Women's Foundation of Greater Kansas City study, *Voices from the Heart of America*, the top two identified health and healthcare issues identified by survey respondents were 1) access to services, and 2) complexity of service system. The report states that "when services are available, they are set up in such a way that they are too complex for the consumer to access, and the challenges are multiple: geographic location, specialty providers, silos/fragmentation of service, language barriers, and lack of comprehensive treatment planning" (Couchonnal and Brook 2009). The same study found that the Latina population, in particular, is overall consistently underserved.

Escalating costs is another aspect of the problem. The cost of not serving this population is tremendous, particularly as a preventative or first step measure having an impact on the client and the overall community. Once in the system, offenders within our target population have over a 93% chance of some type of guilty verdict on the circuit level and 77% on the associate level with Alcohol offenses indicating some level of abuse, and with alcohol being the gateway to other drug abuse. Concurrently, drug charges result in a guilty verdict over 51% at the circuit level and 39% at the associate level.

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Table 3: Criminal System Outcomes by County (Drug and Alcohol) 2011

		Missouri Judiciary Criminal System - Fiscal Year 2011				
		Boone	Lafayette	Randolph	Pettis	Saline
<b>Selected Drug Charges Filed and Disposed</b>						
Circuit Level	Total Cases Filed	328	223	211	183	115
	Total Guilty Outcomes	235	159	124	154	59
	% of Guilty Outcomes	72%	71%	59%	84%	51%
Associate Level						
Associate Level	Total Cases Filed	1022	473	262	393	271
	Total Guilty Outcomes	571	186	115	213	110
	% of Guilty Outcomes	56%	39%	44%	54%	41%
<b>Selected Alcohol Related Charges Filed and Disposed</b>						
Circuit Level	Total Cases Filed	1154	45	59	46	30
	Total Guilty Outcomes	1098	44	51	46	28
	% of Guilty Outcomes	95%	98%	86%	100%	93%
Associate Level						
Associate Level	Total Cases Filed	176	214	209	239	159
	Total Guilty Outcomes	166	204	184	247	122
	% of Guilty Outcomes	94%	95%	88%	103%	77%
<i>Source: Provided by Office of State Courts Administrator, Division of Court Programs and Research</i>						

The cost of treatment should an offender be sentenced to a jail term is significantly higher than outpatient treatment. Furthermore, should the targeted population not have access to treatment and services to become productive members of society then they subsequently pose a public safety issue and are poised to become repeat offenders. The need and impact to provide accessible service is great for the individual and for society as a whole

The CASE project, in addition to addressing coordination and cost issues derived from substance abuse; will also addresses a number of current service gaps in our central region, which are probably indicative of gaps across the state and nationally.

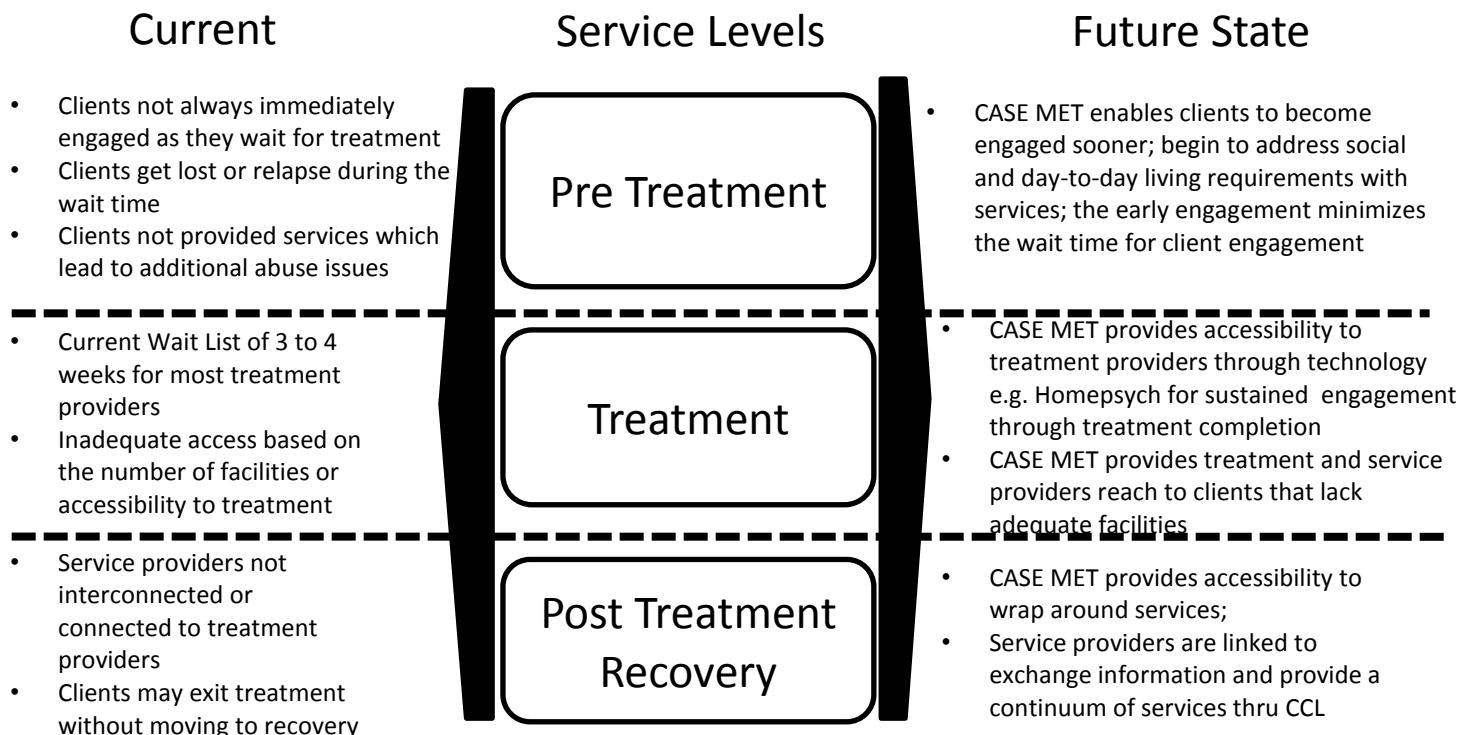
1. *Wait List.* The vast majority of the target population experience a wait period of three to four weeks in order to begin residential treatment for a substance use disorder, based on a survey conducted by the RCCCP. Fifty-two percent (52%) of individuals on a waiting list report a decline in interest to enter treatment (Washington Circle Policy Group 2000).
2. *Not enough facilities.* For our 5 counties, there are a total of 7 community treatment facilities for substance abuse and for behavioral health, there are 8 facilities. We have identified that because of this gap in service, many clients cycle from pre-treatment (intake assessment) to post-treatment services (self-monitoring), skipping intensive and necessary treatment altogether.

**SAMHSA TCE-TAC (CFDA No.: 93.243)**  
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3. *Length of time:* the policy for the facilities is 21 days and you are discharged. The habit of alcohol abuse and mental health disorders cannot be fixed in 21 days. It requires intensive, ongoing, and patient services in the community.
4. *Lack of health insurance compounds the problem.* The ability to go to a doctor or health care professional and talk through addiction issues and mental health concerns could prevent incidence and prevalence of drug abuse or mental disorders. All of our counties, except one, have equal or higher than the state for uninsured. Most of the referrals that occur for substance abuse come through the criminal system which in most cases presents a higher of occurrence of uninsured.

Figure 2 - Future State to address gaps in the continuum of Service Levels



## Section B: Proposed Evidence Based Service/Practice

### Describe the Purpose of the Proposed Project, Including Its Goals and Objectives

The overall goal of the CASE Project is to increase client access to treatment. Our project will accomplish this goal through the key components of client engagement during pre-treatment and the utilization of information technology. In Table 4, we provide an overview of the SAMHSA and CASE Project outcomes and our objectives for this project to achieve the stated outcomes. More details about our activities and measurement of our success are provided in the timeline and evaluation section with the logic model.

**Table 4: Outcomes and Objectives of the Client Access and Services Exchange Project**

SAMHSA Outcome	Objective
1. Sharing of effective treatment models and results among providers	To provide training for all providers on the utilization and implementation of the Motivational Enhancement Therapy evidence based model within 30 days of signing on as a CASE Connections partner.
2. Increased engagement of persons in treatment in their health care	To provide a client portal supporting person-centered motivational interviewing and communication between the client and providers within 7 days of signing consent/release of information forms.
3. Increased monitoring and tracking the health status of individuals	To increase the number of treatment/behavioral health providers utilizing the CCL EMR, Mobile CCL, and Homepsych systems to 12 by the end of year three of the project.
4. Improvement in recovery and resiliency rates	To provide access to the CASE Connections recovery oriented system of care for 75% of clients by the end of year three of the project.
CASE Outcomes	Objectives
5. Increased intrinsic motivation to change	To provide motivational interviewing to 100% of clients entering into the CASE Project by the end of year three.
6. Increase retention among pre-treatment clients who utilized technology-based services	To administer the ASI-MV to 80% of clients in pre-treatment phase upon enrollment into the project.
7. Increase retention for clients who utilized technology-based services from treatment admission to recovery	To increase average length of stay for clients in both treatment and recovery support by 50% once engaged in CASE Connections services

## **B. EVIDENCE-BASED SERVICE/PRACTICE**

### Evidence-Based Practice- *Motivational Enhancement Therapy*

The CASE goal is improved client access to treatment and increased client engagement with providers. CASE will provide Motivational Enhancement Therapy (MET), an evidence-based intervention, by supporting increased, person-centered Motivational Interviewing (MI) and communication between the client and provider. The population to be served is uninsured and underserved individuals aged 18 and over who reside in the rural Missouri Counties of Randolph, Saline, Pettis, Lafayette, and Boone lacking access to treatment in their community. Participating clients will engage with providers via a client portal built into the Community CareLink (CCL) shared Electronic Medical Record (EMR) that includes encrypted email; text messaging; and electronic enrollment forms, screening tools, appointment scheduling, and assessment tools, including the Addiction Severity Index Multimedia Version (ASI-MV).

CASE outcomes, is in alignment with SAMHSA's National Registry of Evidence-Based Programs outcomes for Motivational Enhancement Therapy, include: 1) decreased substance use, 2) decrease marijuana use, and 3) decrease in marijuana problems. In addition to these already established outcomes associated with MET, our project hopes to: 4) increase retention among pre-treatment clients who used CASE services and 5) increase treatment retention for clients who utilized technology based services from treatment admission to discharge.

The evidence-based intervention to be employed in the CASE project is Motivational Enhancement Therapy (MET), based on a therapeutic motivation-building technique called Motivational Interviewing (MI). MET is a research-based therapy developed by William Miller, Ph.D. and Steven Rollnick, Ph.D. It is recognized for its effectiveness in assisting the client's capacity to change behaviors and to take charge of the recovery program to achieve sobriety. Using MI techniques, Certified Substance Abuse Counselors (CSAC) assist incoming clients to develop a personal plan of action for recovery. Resources are identified to carry out the plan. Follow-up services are provided to encourage ongoing recovery and provide help as requested.

The primary goal or focus of MET is to increase motivation for change. In the CASE project, the educational and interpersonal processes involved in motivational interviewing will be streamlined via use of the client portal. We believe CASE service delivery will increase client motivation and engagement between clients and care providers through use of the patient portal, encrypted email and text messaging in support of ongoing connection and counseling. The client portal will allow clients to take ownership of their recovery process by inputting, updating and sharing their own information with their provider—including demographic information, medication, behavioral health history, culturally-specific concerns and any potential barriers to recovery. The accuracy of data should also increase because clients will be involved in data entry, will feel more comfortable inputting data (share more honestly) and because multiple sources of data will be available for increased accuracy.

MET is a valuable intervention, according to Douglas Polcin, Ed.D, who states, “clients who received MET counseling had better engagement in treatment and better outcomes at follow-up than clients who did not receive MET counseling” (Polcin 2002). MET also helps counselors and

case managers identify specific interventions and community referrals that are appropriate to the client based on cultural and demographic factors, geographic location, and family circumstances. The evidence-based intervention to be employed in the CASE project is Motivational Enhancement Therapy (MET), based on a therapeutic motivation-building technique called Motivational Interviewing (MI). MET is a research-based therapy developed by William Miller, Ph.D. and Steven Rollnick, Ph.D. It is recognized for its effectiveness in assisting the client's capacity to change behaviors and to take charge of the recovery program to achieve sobriety. Using MI techniques, Certified Substance Abuse Counselors (CSAC) assist incoming clients to develop a personal plan of action for recovery. Resources are identified to carry out the plan. Follow-up services are provided to encourage ongoing recovery and provide help as requested.

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MET will be the pre-treatment service currently offered by the CASE Project. A key component of MET is Motivational Interviewing (Ingersoll and Wagner 2002). Interview topics will include The Stages of Changes and Stages of Change Readiness and Treatment Eagerness Survey (SOCRATES). Training on the implementation of MET as well as MI will be provided as a component of our contract with First Call.

### **Addressing Disparities**

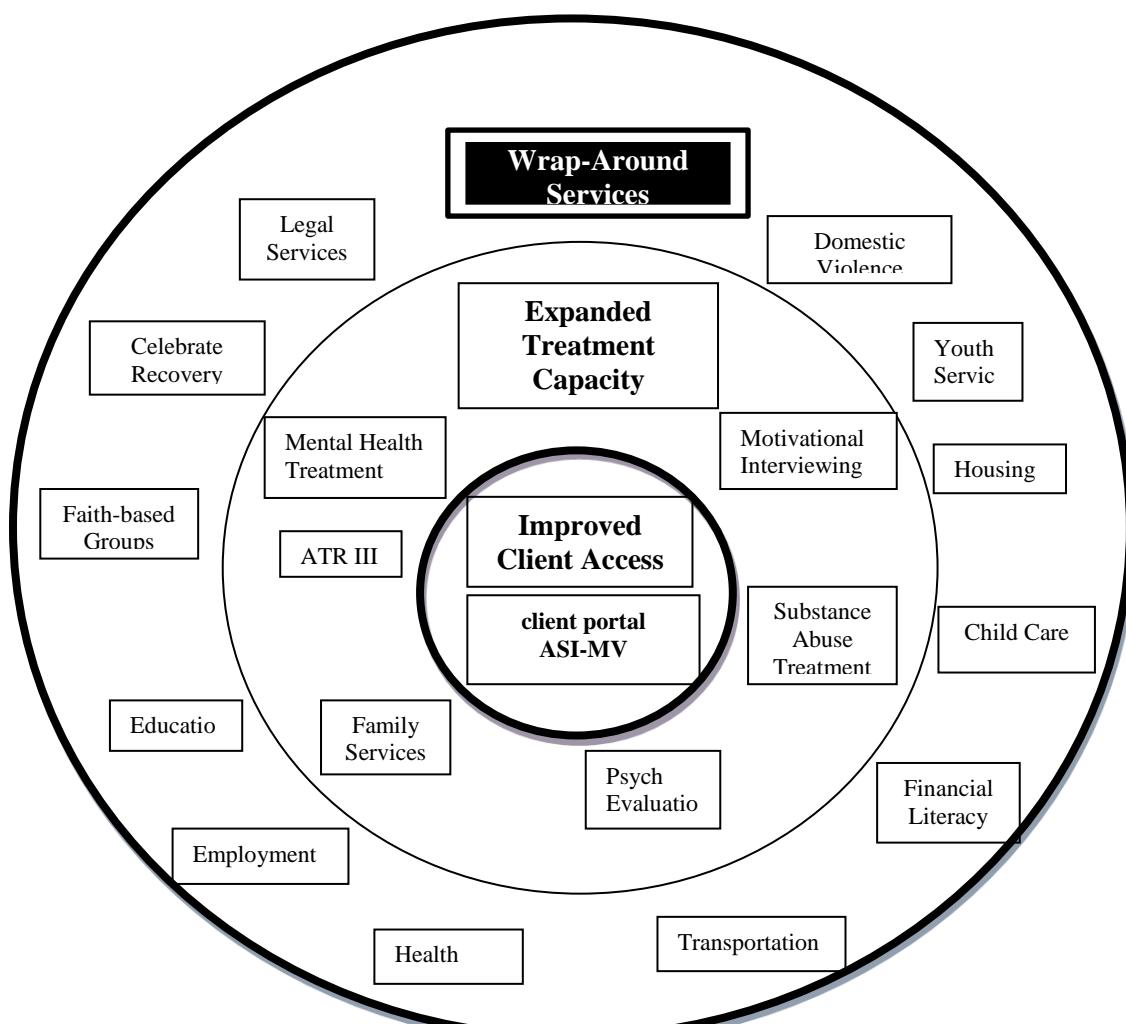
Access to drug and alcohol treatment and recovery services is essential for all individuals affected by addiction; but for low-income individuals without insurance struggling with addiction (the target population for this project), it is fraught with barriers. To receive needed treatment, these individuals must negotiate separate systems that are not always best able to meet the full range of their needs. Insufficient coordination has been criticized on both clinical and practical grounds. Services and supports are fragmented, isolated, and often rigid (Federation of Families 2000).

Despite the barriers, the development of technology-based supports such as a client portal and web-based intake tools will help underserved and uninsured individuals who typically have access barriers to service such as lack of transportation, co-occurring mental health disorders, lack of childcare, and physical disabilities. The target population presents complex and interconnected conditions that require solutions that are personalized to each client's symptoms, level of severity, and other environmental factors. Treatment plans, facilitated by a shared electronic health record exchange and client access to online tools, will be individualized to address each person's specific needs.

### Modifications

There are no major modifications that have to be made for the implementation of MET for our project. The only adaptation for our rural targeted population will be the provision of the three kiosks that will be strategically placed for client accessibility to available wrap-around services. See Figure 1.

Figure 3: CASE Coordination of Care



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Project Logic Model			
Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
<u>People</u> Project Manager (.25 FTE) Program Director (.5 FTE) Site Coordinators-3 (.25 FTE) Care Coordinators -3 (.5 FTE) Evaluator (contract) IT Systems Administrator (contract) Clinician (.10 FTE)	<u>Training (for agencies)</u> IT training MET/MI training Cultural competency Coordination of Care (ROSC) training  <u>Outreach</u> Strategic communication  <u>Intake/Assessment</u> Client portal used for: Enrollment Screening <u>Triage</u> Appointment setting Encrypted email Text messaging ASI-MV Motivational Interviewing  <u>Treatment and Recovery Services</u> Integrated treatment planning Care coordination Outpatient counseling Motivational Enhancement Client questionnaires Telepsych  <u>Other services</u> Psychosocial support services  <u>Program support</u> Network development Strategic planning Administration	<u>Client numbers</u> 75 year one (pilot year) 100year two 125 year three  <u>Treatment/Behavioral Health participation</u> 5 agencies year one 8 agencies year two  <u>Streamlined intake and assessment</u> Clients enter system via client portal Clients complete intake assessment via ASI-MV  <u>Improved treatment planning and care coordination</u> Clients work with providers on person-centered integrated treatment plan  <u>Clients receive treatment (inpatient or outpatient)</u> Clients receive recovery support Clients referred to mental health services Clients referred to psychosocial support services (as needed)	<u>Motivational Enhancement Outcomes</u> <ol style="list-style-type: none"> <li>Decreased substance use and marijuana use,</li> <li>Decreased alcohol consumption,</li> <li>Increased intrinsic motivation to change</li> <li>Increase retention among pre-treatment clients who utilized technology-based services, and</li> <li>Increase treatment retention for clients who utilized technology-based services from treatment admission to recovery.</li> </ol> <u>Technology-Related Outcomes</u> <ol style="list-style-type: none"> <li>Number of treatment/behavioral health providers utilizing CCL EMR, Homepsych, and Mobile MET</li> <li>Increase in the number of provider/client contacts</li> <li>Use of links and resources</li> <li>Source/location of technology-based applications use (at select portals)</li> <li>Result of use (appointment, used resource links, ASI, etc...)</li> <li>Analysis of services provided by partner agencies and accessed by program clients, duration and intensity of services, and leveraged funding of psychosocial support services provided</li> </ol> <u>Client-related process outcomes</u> <ol style="list-style-type: none"> <li>Analysis of the usage of technology-based applications by unduplicated persons accessing client portal</li> <li>Number and percent of those using technology-based applications for whom treatment was appropriate and time efficient</li> <li>Number and percent of those using technology-based applications who remained in treatment until completion</li> <li>Number and percent of those using technology-based applications that entered into recovery support</li> <li>Percentage of consumers who report a reduction in substance use at designated day intervals</li> <li>Number and percent of consumers who were assessed for and received mental health and/or psychosocial support services</li> </ol>
<u>Funds</u> SAMHSA MFFH			
<u>Facilities</u> RCCCP PCDC UCB			
<u>Equipment</u> CCL EMR Homepsych Mobile MET Six new PC laptops for the project sites and case coordinators			
<u>Community Partners</u> Saline County ROSC Randolph County ROSC CCL Iconic Health			

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

### Support of SAMHSA's Strategic Initiative

The CASE Project will fully support SAMHSA's Strategic Initiative #6, Health Information Technology (HIT) for treating the substance using populations we will serve. The purpose of the initiative, "To ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of HIT" will be accomplished through the integration of our behavioral health care system within the broader health care and human services system. The utilization of information technology will allow for efficient exchange of vital client information; earlier initiation of client engagement; participation of appropriate providers; and improved overall health outcomes for clients.

A primary focus of the CASE Project will be addressing the health disparities faced by rural communities as well as with underserved minority communities. The rural communities to be served by our project have a lack of treatment and behavioral health providers. All counties received a "0" HPSA score indicating shortage of health providers (e.g., medical, dental, and mental). Additional challenges faced in our rural communities include inadequate broadband high speed internet access, limited access to technology training, affordability of a shared web-based system, and stigmatization (especially among minority populations) The RCCCP has undertaken the leadership role in addressing HIT issues by applying for and receiving a mini-grant from the Missouri Foundation for Health through its Systems Development project. This project has allowed the RCCCP and our partners the opportunity to work towards completing the following activities:

- Assessing the current usage of HIT among providers;
- Identification of health information needs;
- Development of a strategic plan for shared information and services;
- Identification of a shared electronic health information system; and
- Integration of health information systems to encourage greater care coordination among providers.

Through the implementation of the CASE Project we will focus upon Goal 6.1 of SAMHSA's Strategic Initiative #6, Health Information Technology (HIT) - *Develop the infrastructure for interoperable EHRs, including privacy, confidentiality, and data standards.* Building a strong infrastructure creates the basis for a healthy, successful, and self-sustaining partnership and project.

### Experience Using Technology For Treating Substance Using Populations

The RCCCP for the past three years has utilized the Iconic Health Homepsych system in treating clients that experienced co-occurring disorders that are participants in our "Pathways 2 Reentry" program, a community-based program for ex-offenders seeking to successfully reintegrate back into society. Working in partnership with the Access to Recovery program provided by FaithWalk Community Development Corporation, the RCCCP provided psychological assessment, psychiatric and psychological services, individual therapy, and medical treatment.

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Our mental health providers utilized the Homepsych system to provide patient record management, video telepsych, and staff collaboration for integrated service planning.

Table 5 below depicts the successes, challenges, and outcomes in the utilization of the Homepsych system

<b>Table 5. Homepsych System</b>		
<b>Successes</b>	<b>Challenges</b>	<b>Outcomes</b>
<ul style="list-style-type: none"><li>• Provided opportunity for additional clients to receive psychiatric services</li><li>• Time efficient (no travel to clinician office)</li></ul>	<ul style="list-style-type: none"><li>• Lack of live face-to-face provider to patient interaction</li><li>• Limited number of hours of availability among psychiatrists</li></ul>	<ul style="list-style-type: none"><li>• Improved medication management</li><li>• Increased number of interactions between providers and clients</li><li>• Enhanced data retrieval efficiency</li></ul>

The RCCCP continues to increase our current capacity in technology-assisted care by assessing our organization's technology needs as well as those of our partners. We have participated in planning meetings with First Call in regard to the implementation of the CCL EMR and Mobile CCL systems and are working in partnership with the Randolph County Health Department for the utilization of the HealthFusion EHR system for the Show Me Healthy Woman breast cancer outreach and screening program of the Missouri Department of Health and Senior Services.

Our current infrastructure limits the quality of care our organization provides as a result of limited number of partners that can access our Homepsych system. Client follow up on referrals for additional wrap around services are not easily tracked within this current system, thus diminishing the quality of care available to be offered. In addition our efficiency is limited as a result of submitting fax referrals, phone calls, or emails. Through the usage of the CCL EMR system an unlimited number of providers can be involved and with client access through the CCL EMR and Mobile CCL systems, communication will be increased between providers and clients

**Addressing Factors Influencing Expansion and/or Enhancement of Technology**

- **Organizational Factors**-The RCCCP completed an Enterprise Information Architecture (EIA) project with the University of Missouri's EIA Class. The EIA project considered the structure of information within the context of the ways that the information is or could be used, who uses it, and how it fits within the organization's goals and processes. The University of Missouri's EIA class conducted an in-depth analysis of RCCCP's technical and business infrastructure in order to determine possible solutions. Analysis tools included the Zachman's Framework, maturity, agility, and gap analyses, a workflow analysis, and an information flow analysis. A proposed EIA plan was submitted that is being implemented at a relatively low cost which consists of a financial database, a central data repository, a corporate email account, SharePoint, and social media sites, which will provide the foundation to sustain RCCCP's growth.

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- **Provider Training and Competence Factors**-The RCCCP in partnership with First Call will provide training for all treatment/behavioral health providers and community-based service providers on the usage of the CCL EMR and Mobile CCL systems as well as for MET and MI. As Enhancement are made to the system, First Call will provide training for all users offering services as a part of the CASE Project. CCL EMR is a user friendly software program designed for the purpose of: 1) streamlining access to services, 2) coordinating the agencies representing a continuum of care, and 3) gathering data to improve the quality of services, reporting and advocacy.
- **Relationship Factors Between Providers and Persons In Treatment**- The CASE Project will offer providers and persons in treatment opportunities to increase in the number of interactions. Interaction with providers will be initiated during the pre-treatment phase while clients are in waiting to begin their treatment services. This 3-8 week period serves as a critical timeframe for relationship building that will have both an immediate and long term impact on care given and received. Clients will have access to recommended wrap around services offered by community-based providers through the CASE Connections component. CASE Connections will assist clients in the development of an individualized service plan that will be integrated into their clinical treatment plan. An option to utilize and be trained on the client portal will be given to all providers and clients. Clients will also be trained on the usage of the Mobile CCL component upon their enrollment into the CASE Project.
- **Technical Factors Requiring Additional Staff or Consultants**-Implementation of the CASE Project will require the addition of a Systems Administrator to supervise all IT activities conducted at the three project sites. First Call will provide technology consultant services for system implementation, maintenance, and system enhancements.
- **Financial Factors**-The RCCCP is requesting funding through the grant to cover the costs of the CCL EMR software licensing as well as initial hardware needs for each site. After the 3 year period the RCCCP will seek funding through private and public sectors sources. Request will be made of providers utilizing the system to invest funding or to provide a systems management fee to ensure the maintenance and sustainability of the system.

How Effective Consent Will Be Obtained.

The CASE Project will comply with Notice of Privacy Practices and Consent for Services. All required forms will be made available in the client portal and completed during the initial client intake and assessment. During the intake and assessment, Care Coordinators will obtain appropriately signed consent / release of information forms and explain to clients their right to confidentiality. Through the signed consent/release of information forms and the CCL EMR system, clients will have the right to select which agencies that they would like to have their confidential information shared with.

How Achievement of Goals Will Produce Meaningful and Relevant Results

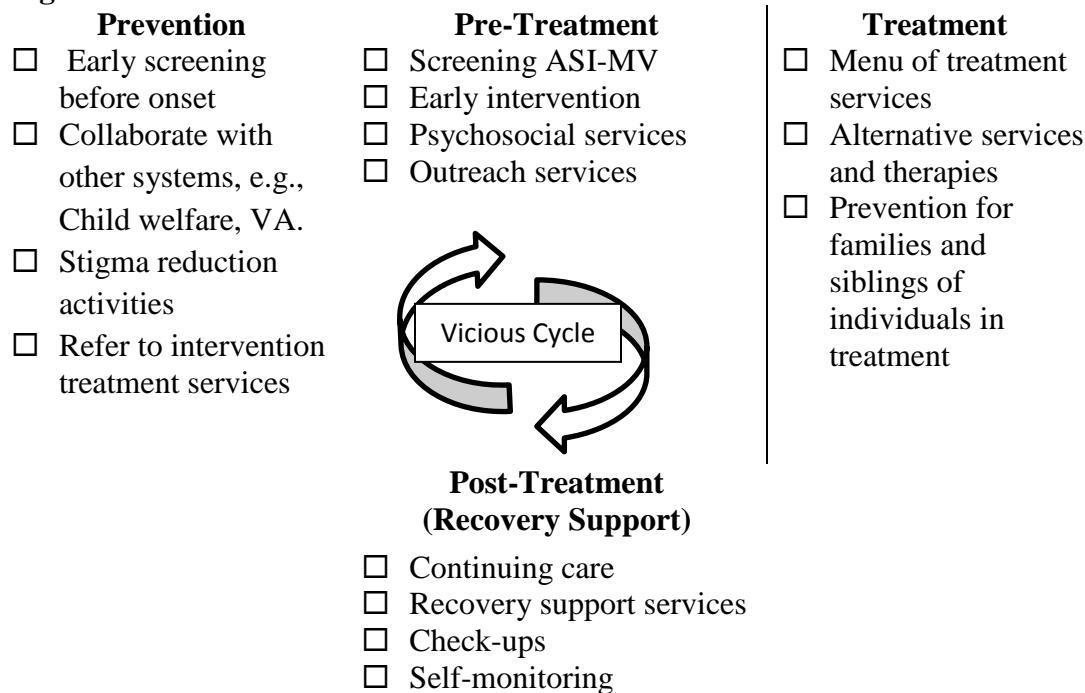
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The achievement of the stated goals and objectives will produce meaningful and relevant results for our community by providing an opportunity for individuals that are currently on a waiting list for treatment services to engage in services during a pre-treatment phase. By engaging clients at this stage relationship can be built and client focus will be upon their treatment rather than upon other unhealthy activities such as continued substance abuse, crime, and domestic violence, that can become a public safety issue.

Figure 4 provides the ideal continuum of care, such as prevention, pre-treatment, treatment, and post treatment. Because there is such a waiting list for treatment, clients engage in a continuous cycle of participating in Pre-Treatment and skipping to Post-Treatment activities because access to care is limited. We use this time before Treatment to engage client in the system, as it serves as a moment of opportunity, however, it does create a vicious cycle (personal communication, Mark Stringer, Missouri Division of Alcohol and Drug Abuse, February 28, 2010).

**Figure 4. Ideal Continuum of Care – Actual Continuum of Care**



**Plan to Screen and Assess Clients for Co-Occurring Mental and Substance Use Disorder**

The ASI-MV is a well-known assessment tool that is utilized at the initial intake as well as to measure addiction severity as engagement proceeds. The CASE Project also will utilize the Modified Mini Screen (MMS) and CAGE-AID screening tools to assess those with co-occurring substance use and mental health disorders. Patients flagged for co-occurring disorders participate in accessing psychiatric services and behavioral health treatment as necessary. Clients completing the ASI-MV scoring high in the Alcohol, Drug, and Psychiatric domains will be referred for psychiatric services made available through the Homepsych system or Burrell Behavioral Health Services. There are future plans to implement an Assertive Community

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Treatment model as an expansion of the CASE Project after the completion of the first three years of the project for clients referred by the probation and parole office.

Assertive Community Treatment is a mental health treatment program in which individualized treatment is provided by a team of professionals. Teams will consist of a probation and parole officer, mental healthcare provider, substance abuse counselor, case manager, public agency and/or social service organization (if needed), and the client. This multi-disciplinary model will allow us to integrate supervision strategies and treatment strategies into one coordinated plan thus enhancing client outcomes and reducing recidivism.

**Timeline**

Table 6 provides a timeline with responsible person, time table and anticipated milestones.

<b>Table 6. Timeline for Project</b>			
<b>Description of Task/Activity</b>	<b>Responsible Person</b>	<b>Time Table</b>	<b>Anticipated Milestones</b>
<b>Task 1: Transition Project Manager and Program Director</b>			
Action Step 1: Update HR paperwork	RCCCP Executive Director	October 1, 2013	Signed HR documents
Action Step 2: Project Orientation	RCCCP Executive Director	October 1-4, 2013	Logic Model
<b>Task 2: Project implementation meeting with partners and Project Advisory Council</b>			
Action Step 1: determine location, date, and time, agenda for quarterly face-to- face meetings for the year. Action Step 2: Review Binder with grantee information	Program Director	October 16, 2013	Schedule sent to all partners and Project Advisory Council members Grantee binder
<b>Task 3: Training on CCL EMR and Mobile CCL</b>			
Action Step 1: Initial CASE Project meeting with First Call to discuss project requirements, hardware needs, and provider information	Project Manager Program Director First Call	October 18, 2013	Complete agency information packet
Action Step 2: Train partner sites on usage of CCL EMR and Mobile CCL systems	Project Manager Program Director First Call	November 6, 2013	Complete training on system usage
<b>Task 4: Attend grantee meeting</b>			
Action Step 1: 2 individuals including Project Director will attend yearly grantee meeting	Project Manager Program Director	TBD	Grantee packet

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<b>Task 5: Complete training on data collection system</b>			
Action Step 1: Attend training offered on GPRA data collection	Project Manager Program Director	TBD	Training certification
Action Step 2: Provide training for all site of GPRA data collection	Project Manager Program Director	TBD	Training certification
<b>Task 6: Complete Training on Motivational Enhancement Therapy/Interviewing</b>			
Action Step 1: Meet with First Call Clinician to discuss training needs	Program Director	November 8, 2013	Training Agreement
Action Step 2: Host training on MET and MI	Program Director First Call	November 27, 2013 December 4, 2013	Certification on MET and MI
<b>Task 7: Host quarterly partnership and semi-annual Project Advisory Council meetings</b>			
Action Step 1: Schedule quarterly and semi-annual meetings	Program Director Site Coordinators	October 16, 2013	Meeting dates on RCCCP schedule
Action Step 2: Prepare meeting agenda and disseminate among members	Program Director Site Coordinators	One week prior to meeting	Meeting agenda/minutes
Action Step 3: Host meetings	Program Director Site Coordinators	October 2013-September 2016	Meeting minutes, attendance sheets
<b>Task 8: Engage participants in pre-treatment and treatment services</b>			
Action Step 1: Receive program referrals from community partners (Probation and Parole, Drug Courts)	Site Coordinators	February 1, 2014-September 30, 2016	Referrals submitted through CCL EMR system
Action Step 2: Process referrals	Site Coordinators Site Coordinators	Within 3 days of receipt	Referral entered into CCL EMR system
Step 3; Initiate client pre-treatment and treatment services		Within 2	Services verification CCL EMR and SAIS

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<b>Task 9: Program Evaluation</b>			
Action Step 1: Extract data from system Action Step 2: Analyze data collected from each site Action Step 3: Submit final evaluation report	Evaluation team Evaluation team Evaluation team	October 1, 2014- October 15, 2014 and ongoing November 1, 2016	Data reports Data summary report Final evaluation report
<b>Task 10: Submission of Final Report</b>			
Action Step 1: Complete final report Action Step 2: Submit report through electronic system	Project Manager Project Manager	November 2016 November 2016	Completed final report Completed final report

**Identify, Recruit, and Retain the Population(s) of Focus**

The CASE Project has established the following criteria for identification of potential program participants: Male or Female, 18 years & over, uninsured or under-insured, poverty level or below, currently in need of or previously in substance abuse treatment, reside within the counties of Randolph, Saline, Pettis, Lafayette, or Boone, veteran or service member.

Program flyers and brochures will be distributed to local treatment and behavioral health providers, probation and parole offices, health departments, hospitals, federally qualified health centers, law enforcement, courts/drug courts, and faith-based agencies explaining services offered through the program. In addition we will provide informational sessions for our community-based partners to explain program features and benefits, services offered, and program referrals. Program referrals will be accepted from partner agencies on an ongoing basis and potential participants will be screened for program appropriateness.

**Input of Clients in Assessing, Planning, and Implementing the Project**

Our proposed project depends upon the input of people who are seeking treatment and who are the beneficiaries of these services. During the CASE Project development, a strong vision statement must include perceptions of all stakeholders. They must identify for the system what treatment looks like and what changes are needed in order for technology information to be utilized. Select clients will be invited to participate and provide input as members of the Project Advisory Council to establish and provide feedback on quality improvement measures.

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Other Organizations That Will Participate in the Project

Partnership is vital to the success of the CASE Project. Partners provide valuable resources, services, experience, advice, and in-kind services. The RCCCP has worked collaboratively on multiple projects with the partners in the table below. Our partners provide a variety of substance abuse services on the continuum of care covering prevention to recovery. We will administer a Partnership Collaboration Survey every 6 months to assess effectiveness of our partners in providing coordinated services. Listed in Table 7 are our key project partners.

Table 7 : Key Project Partners

Name of Partner Agency	Roles and Responsibilities	Commitment to the Project
Powerhouse Community Development Corporation	Substance abuse prevention and recovery support services	Will serve as a project site to recruit and enroll clients
United Community Builders Community Development Corporation	Substance abuse prevention and recovery support services	Will serve as a project site to recruit and enroll clients
FaithWalk Community Development Corporation	Substance abuse prevention and recovery support services	Will serve as a project site to recruit and enroll clients
Pathways Community Health	Behavioral health, assessment and referral, prevention, and outpatient services	Will provide outpatient treatment services
Hannibal Council on Alcohol and Drug Use	Behavioral health services; residential and outpatient treatment	Will provide outpatient treatment services
Preferred Family Healthcare	Outpatient treatment services	Will provide outpatient treatment services
Family Counseling Center	Behavioral health, assessment/referral, family and outpatient services	Will provide outpatient treatment services
Burrell Behavioral Health Services	Behavioral health services, specializing in co-occurring disorders	Will provide behavioral health services

Unduplicated Number of Individuals To Be Served

The unduplicated number to be served over the three year project are listed in the table below.

Table 8: Unduplicated Numbers of Individuals To Be Served

Year	Total Served	Race	Ethnicity	Male	Female
Year 1	75	African American- 26 Caucasian- 45 Other- 4	Non-Hispanic Hispanic	60	15
Year 2	100	African American-35 Caucasian-60 Other-5	Non-Hispanic Hispanic	75	25

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Year 3	125	African American- 44 Caucasian-75 Other- 6	Non-Hispanic Hispanic	90	35
Total	300	African American- 105 Caucasian- 180 Other- 15	Non-Hispanic Hispanic	225	75

Per-Unit Cost of the Program

According to the 2013 Missouri Substance Abuse Intervention and Treatment Program report submitted by the Missouri Department of Mental Health, the average length of engagement in community-based treatment is 81 days with an average cost of **\$1,771**. The potential cost savings from community-based substance abuse treatment in lieu of incarceration has been recognized several large-scale studies including the California Treatment Outcome Project and the National Treatment Evaluation Study (Ettner, S.L. & et al., 2006; SAMHSA 1997). In Missouri the average prison stay for an offender with a drug related offense is 333 days at an average cost of \$57.18 per day- yielding an average cost per stay of **\$19,401**.

The average cost per unit of the CASE Project is \$2,596 with a proposed 6 month minimum length of stay in treatment related services. Our cost is calculated using the following formula from SAMHSA:

(Total Cost of the Project over the Lifetime of the Grant)- 20% (Data and Performance Assessment) ÷ Total Number of Unduplicated Clients Served= Per-Unit Cost

$$(\underline{\$973,839 - 194,768}) \div 300 = \$2,596$$

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

### Capability and Experience of the Applicant Organization and Other Participating Organizations

The applicant organization, Randolph Caring Community Partnership (RCCCP) and our key partners have over 20 years' combined experience in prevention and treatment of substance abuse and mental health disorders. Along with our partners, we have administered several grants from State agencies and foundations that focus upon health related issues such as substance abuse prevention, mental health, and chronic disease. Currently the RCCCP is administering a federal grant funded by HRSA focusing upon mental health transformation in rural communities and our partners are administering grants funded by the Missouri Department of Mental Health, Missouri Department of Corrections, and Missouri Department of Health and Senior Services.

The RCCCP has administered the Strategic Prevention Framework State Incentive Grant and Communities of Hope Mental Health Transformation Project through funding provided by the Missouri Department of Mental Health and is currently implementing a Systems Development project on Health Information Technology funded by the Missouri Foundation for Health.

Currently the RCCCP in partnership with FaithWalk Community Development Corporation provides behavioral health services for individuals with co-occurring disorders that participate in our "Pathways 2 Reentry" program. Over the past two years, the RCCCP has been providing behavioral health services for adults 55 & over that are facing the onset of depression.

The work of the RCCCP and its partners is accomplished through 5 county/region wide action teams that are designed to address emerging community issues through a results-based planning process. These teams are comprised of community-based social service agencies, government agencies, healthcare providers, schools, law enforcement, businesses, and faith-based organizations. Areas of focus address by these teams include substance abuse, mental health, child abuse prevention, domestic violence prevention, women's health, positive youth development, and responsible fatherhood.

RCCCP has the following internal capacities.

Computerized financial systems are operated internally. Financial reports that include revenue and expenses are reviewed and approved by the RCCCP governing Board monthly. In addition special project outcomes, as would the case with the Grant to Expand Care Coordination Through the Use of Technology, will be reported through the required project system. The RCCCP is independently audited each year, is current in submission of federal 990 forms, and registration with the Missouri Secretary of State.

Key partners in the CASE Project include the following community-based organizations:

- **Powerhouse Community Development Corporation-** Powerhouse Community Development Corporation (PCDC) was founded and incorporated in 2008 as a non-profit, 501 c (3) organization. PCDC was formed to create a bridge of access and, in some cases, new programs that address the social, educational and economic conditions in rural communities. At the present time PCDC has a Power of H.O.P.E (ATR) program which is specifically geared toward addressing the needs of those with substance use disorder.

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PCDC has partnered with other agencies to address all human service needs that will form the basis for a healthy family and community.

- **United Builders Community Development Corporation-** United Community Builders is a 501 c (3) faith-based organization located in Columbia, Missouri established in 2009. UCB has initiated several programs and collaborations to meet the needs of its community including: I AM Plan (recovery support and life skills), Community Meal (Free, professional catered nutritious meal), Worth Gathering (men's and women's emotional wellness), and Sophia's Helping Hand Food Pantry (collaboration). These programs and collaborations assist in serving our target population. The area served by UCB is characterized by rural, underserved, and uninsured communities with a large percentage of multi-ethnic families, transient and transitional housing, elderly, multiple needs, poor, and under educated. The target population UCB serves includes residents of Boone, Cole, Cooper, and Callaway counties.
- **FaithWalk Ministries Inc.-** FaithWalk Ministries Inc. (FWM) a 501 c (3) faith- based federally recognized non-profit organization located in the Northeast Region of rural Missouri in Monroe County serves male and female ex- offenders who are currently on probation and parole. For over 15 years FaithWalk has implemented various programs and for the last 36 months has operated a successful Reentry Program in the Northeast region of Missouri FWM, is currently in Randolph, Marion, Monroe and Ralls, County providing services five times a week to referrals from the Hannibal Counsel Alcohol Drug Administration (HCADA), Burrell Behavioral Clinic, Preferred Family Health Clinic, and the 18 District Probation and Parole.

Complete List of Staff Positions for the Project

Staff Position	Level of Experience	Degree
Project Manager (Bonita Powell)	20+ experience project management experience Proficiency with Microsoft applications, strong verbal, written and presentation skills	Bachelor's degree
Programs Director (Lorna Miles)	12 years' experience nonprofit management 2 years' experience in case management QDDP for Missouri Department of Mental Health	Master's degree
Systems Administrator (Dan Larimer)	20+ years' experience .NET Developer with knowledge of C#, ASP.NET, ADO.NET Experience with \SQL Server database design/maintenance	Bachelor's Degree
Clinician (Jessica Grenz)	Certified Trainer of Trainers in MI and MET 20+ years' experience Certified Reciprocal Alcohol Drug Counselor (CRADC) Certified Alcohol Drug Counselor (CADC)	Psy.D Degree
Site Coordinator (3)	10+ years' experience in nonprofit administration Case Management experience, knowledgeable of Microsoft applications	High School Diploma
Care Coordinator (3)	10+ years' experience in nonprofit administration Case Management experience	High School Diploma

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**Key Staff Experience and Qualifications to Serve the Populations**

All key staff have demonstrated 20 plus years in their functional areas of expertise in project management, case management, and information technology. RCCCP staff undergoes annual strategic planning, leadership development, HIPPA compliance, cultural diversity, and understanding the framework of poverty training.

CASE Project's staff diversity is detailed in Table 9.

Table 9: CASE Project Staff Diversity

Ethnicity	Direct Service (n=6)	Administration (n=3)	Technology Staff (n=1)
African American	75%	75%	
Caucasian	25%	25%	100%
TOTAL	100%	100%	100%

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

### Ability to Collect and Report on the Required Performance Measures

We are dedicated to fulfilling our deliverables and assisting SAMHSA with the required GPRA obligations, including number of individuals served, abstinence from substance use, employment, housing stability, criminal justice involvement, social connectedness, and risk behaviors. We will complete the CSAT Core Client Outcomes tool in a timely and efficient manner at intake to services, six months post intake, and at discharge. GPRA interviews will be completed by intake specialists on all clients in their specified unduplicated target number. We expect to achieve a six-month follow-up rate of 80%. We will log-in to the Services Accountability Improvement System (SAIS) web-based data collection and reporting tool and enter data on a regular basis.

The CASE Project will utilize the CCL EMR to collect data for the project. The CCL includes the validated Addiction Severity Index (ASI) outcomes measurement instrument and serves as an electronic client file; resulting in the capture of comprehensive data regarding each client, his/her demographic information, and program participation activities from intake, assessment, service delivery, and completion, including all follow-up activities. All CASE Project partners will utilize the CCL EMR and will be provided with technical support to ensure proper use of the system. Site Managers will be responsible for data collection at their designated site.

Monitoring outcomes for this performance assessment will rely on the use of the CCL, and extracts from the CCL EMR database will be created every six months for analyses to produce semi-annual reports. In addition, the CCL EMR will allow us to collect and report on the following required measures.

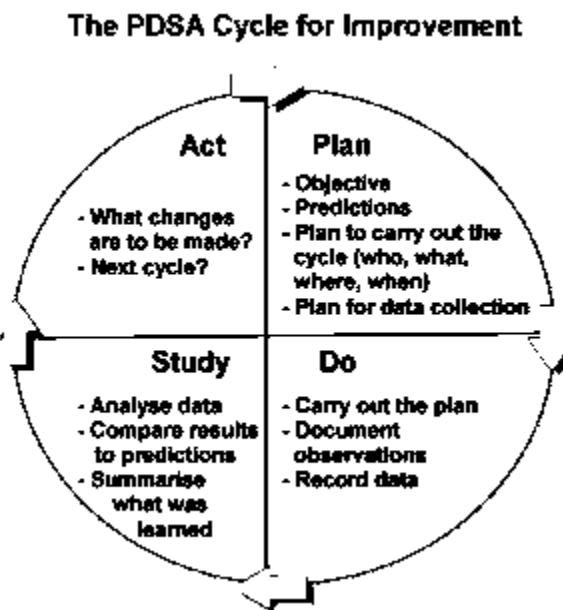
- Number of persons in treatment who have access to and are using technology tools, e-apps, web-based programs and services.
- Number of persons in treatment trained on how to effectively use technology tools, e-apps, web-based programs and services.
- Number of expanded or enhanced technologies integrated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

Program evaluation design/implementation will be contracted to Dr. Nadie Dubose of the University of Missouri School of Social Welfare to produce the outcomes and report input of GPRA data. Dr. Dubose has provided clinical research, evaluation and assessment for the Central Missouri area. She has extensive experience in formative and process evaluations that involve primary data collection from multiple stakeholders and has carried out research in conjunction with federal, state and local government agencies; health and mental health service providers; educational institutions; judicial services; law enforcement; county and municipal detention centers; local foundations, and both non-profit and for-profit firms of many kinds. Dr. Dubose offers experience in program evaluation and analysis, using both qualitative and quantitative research methods; and has in-depth knowledge of data management, quantitative and qualitative analysis, and the use of the logic model in program evaluation. Our evaluator will work closely with our project evaluation team.

Describe the Data-driven Quality Improvement Processes

We will use the Model for Improvement ([www.api.org](http://www.api.org)) to understand our progress and whether we are achieving our goals, objectives, and outcomes as outlined in our evaluation plan. Rapid improvement cycles (Plan – Do- Study – Act cycles) will be used to document progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report. Our evaluation questions and methods provide confidence in our ability to gather credible evidence about the efficiency and effectiveness of these activities. The strength of our proposal lies in the use of evaluation techniques throughout the project and our attention to quality of implementation.

Figure 5 below depicts the PDSA Cycle for Improvement.



Plan for Conducting the Local Performance Assessment

For our proposed project, we will follow the following set of tasks, which is reflected in our timeline (Section C). We will also consider answering both the outcomes and process questions provided as a part of the local performance assessment. National evaluation experiences have reinforced the fact that substance abuse treatment evaluation involves a standard set of tasks that generally occur in the following order:

*Step 1: Planning the evaluation/knowledge-generating activities.* Includes selecting the substance abuse treatment issue (described in Section B: Evidence Based Practices), identifying the theoretical foundation for the intervention (e.g., Motivational Enhancement Therapy), determining knowledge development program goals and implementation approach, and setting the evaluation goals and objectives that determine the overall parameters of the evaluation.

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*Step 2: Selecting the evaluation design.* Our process evaluation, defined as a series of activities used to study program implementation and provide a descriptive analysis of what was done. Fidelity, will also be examined, that is, “the extent to which the intervention was delivered as planned and represents the quality and integrity of the intervention as conceived by the developers.” The impact evaluation indicates changes in knowledge, attitudes, and/or behaviors (i.e., substance use) or the very short to mid-term MET outcomes in logic model

*Step 3. Developing the data requirements.* Data requirements flow from the evaluation questions.  
*Step 4. Developing data collection instruments,* which are based on the data requirements and are developed or selected from an integrated inventory of instrumentation. All instruments for this project are located in Attachment 2.

*Step 5. Collecting the data.* Developing data management processes and tools (including quality improvement procedures) and conducting the data collection activities

*Step 6. Analyzing the data.* Multiple levels of comparison and is governed by an analysis plan

*Step 7. Reporting the evaluation findings.* Evaluation knowledge dissemination and application within the field.

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

### Plan to Acquire an EHR System

To implement the CASE Project, the RCCCP will acquire an EHR system developed by First Call. First Call is recognized throughout the region for Community Care Link's (CCL) contribution to the collective efficacy of substance abuse, mental health and wrap around service delivery in Kansas City through development of an electronic health information exchange that fully integrates participating agencies.

We will purchase a software license from First Call to utilize the Community Care Link (CCL) shared EMR to collect data for the CASE Project. The CCL includes the validated Addiction Severity Index (ASI) outcomes measurement instrument and serves as an electronic client file; resulting in the capture of comprehensive data regarding each client, his/her demographic information, and program participation activities from intake, assessment, service delivery, and completion, including all follow-up activities. The use of a web based client portal and CCL presents a tremendous opportunity to involve the client and multiple service providers in the development and implementation of treatment plans.

### EHR System Plan to Acquire

Table 10: CCL EMR Plan

<b>Table 7 CCL EMR Plan</b>		
<b>Component</b>	<b>Description</b>	<b>Implementation Timeline</b>
Staffing	The project will require the addition of a Systems Administrator responsible for maintenance of the software and hardware, backing up data, and training.	October 2013- Hire Systems Administrator October 2013- Meet with First Call for training needs November 2013-Complete training with First Call January 2014- Assist with software implementation at project sites
Training	The project will require training provided by First Call on the implementation of the CCL EMR and Mobile CCL systems. This training will be provided to both project staff as well as to treatment/behavioral health providers and community-based service providers	October 2013- Initial meeting with First Call to introduce system to partners and providers November 2013-January 2014- Monthly training sessions on systems usage June 2014- Follow up assessment and additional training
Budget Requirement	Funding is being requested from SAMHA for the initial purchase and training of the CCL EMR and Mobile CCL systems. Cost of the system are	October 2013- Conduct Business Process Review with First Call and purchase software licensing

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	<p>as follows:</p> <p>Year 1 Licensing Fee- \$10,000 Business Process Review- \$5,000 Site Set Up- \$5,400 Training- \$4,000 Total Cost- <b>\$24,500</b> The RCCCP will in-kind <b>\$12,250</b> towards the initial purchase of the system</p> <p>Subsequent years of software usage will cost \$7,200 per year</p>	
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**Section G: Literature Citations**

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National Survey on Drug Use and Health, Research Triangle Institute and SAMHSA, Research Triangle Park, North Carolina, 2010

Voices from the Heart of America, Graciela Couchonnal, Ph. D. and Jody Brook, Ph. D.,  
Women's Foundation of Greater Kansas City, Mission, Kansas, 2009

Report from the 2013 Missouri Department of Mental Health2013 Missouri Substance Abuse Intervention and Treatment Program, Missouri Department of Mental Health, 2013

California Treatment Outcome Project and the National Treatment Evaluation Study (Ettner, S.L.  
& et al., 2006; SAMHSA 1997).

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Personal communication, Mark Stringer, Missouri Division of Alcohol and Drug Abuse,  
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Douglas Polcin, EdD, *What If They Aren't Ready? Increasing Motivation for Treatment*,  
Counselor Magazine 7/31/2002

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

Resumes and Job Descriptions included for:

- Project Manager: Bonita Powell
- Program Director: Lorna Miles
- Contracted Systems Administrator: Dan Larimer
- Clinician: Jessica Grenz
- Randolph County Site Manager: Tim Fugate
- Boone County Site Manager: Damian Dean
- Saline County Site Manager: Laresa Jackson
- Randolph County Care Coordinator: Brittani Williams
- Boone County Care Coordinator: Rance Austin
- Saline County Care Coordinator: Jaynine Falls

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**Randolph County Caring Community Partnership (RCCCP)**  
**Client Access and Services Exchange (CASE) Project**  
***JOB DESCRIPTION***

**Title: Project Manager (Bonita Powell)**

**Reports to: Executive Director**

Provides high-level project management for multiple projects, which vary in size and nature; ensures that assigned projects are completed on time, within budget, and to mutually agreed upon specification; manages planning process including prioritization of requests, creating production schedules, managing and monitoring progress, and continually evaluating process.

**Essential Job Functions:**

- Manages multiple projects concurrently; defines projects by the scope of work, defines work groups, sets deadlines and time lines, ensures regular communication to all project stakeholders, and responsible for issue resolution.
- Develops production process, including budget, goals, and measurable objectives.
- Engages strategic planning process with requesting departments to ensure the goals of the project are met.
- Manages and coordinates marketing and communication efforts for special events.
- Builds and strengthens relationships with RCCCP staff and external vendors and stakeholders.
- Develops and maintains inventory management system for marketing and communications materials, publications, display and promotional items, photos and photo consents; creates and implements a streamlined process for order fulfillment.
- Develops content and prepares reports.
- Other duties as assigned.

**Supervisory Responsibilities (if applicable)**

None

**Minimum Job Qualifications**

**Education and/or Experience**

Bachelor's degree in related field; minimum of two years' experience in a project management role; experience in marketing and communications a plus; demonstrates exceptional writing, proofreading and editing skills. Equivalent experience may substitute for specific requirements.

**Certificates, Licenses or Registrations**

Must possess a valid driver's license and a good driving record as defined by RCCCP.

**Physical Demands**

Up to 15% overnight travel is required. Must be able to sit or stand for prolonged periods of time.

**Other Competencies (skills, abilities, behavior)**

Must possess a commitment to the belief that all people have the right to dignity, respect, opportunity and full community inclusion.

**Bonita D. Powell**

*2451 Cumberland Parkway, Suite #3478 • Atlanta, GA 30339*

*4741 Central Avenue, Suite #565• Kansas City, MO 64111*

*Phone: 816.804.7974 Fax: 404.285.8914 Email: brasspinnaclegroup@yahoo.com*

**EXPERIENCE**

2002 – Present

**THE BRASS PINNACLE GROUP** Atlanta, GA/ Kansas City, MO

A strategic management consultant to large and mid-sized businesses in the public, private, and non-profit sectors specializing in Strategic Business Planning (business process, marketing strategy, project management, business operations, workshop facilitation, organizational development and training). Key client engagements and major accomplishments include:

- Engaged in an enterprise-wide procurement services transformation project for a \$3B retail client. Responsibilities on the engagement included driving the strategic sourcing process across multiple categories, development of key procurement organizational tools and processes, communication with key stakeholders and senior leadership, and assuming the role of functional lead for the implementation of procurement technology and systems. Key areas of impact include \$1.2M (12%) annual savings across waste management, exterior signs and maintenance, and non-marketing commercial print; development of procurement engagement model and strategic sourcing toolkit; procurement lead, with team of 5 Associates, focused on implementation of PeopleSoft E-Procurement and Oracle Business Intelligence Spend Analytics modules including the development of business requirements, system configuration and training for 500+ new users.
- Developed business plans for several start-up businesses including a strategic advisory firm, full service restaurant, real estate brokerage firm, manufacturing company, fast-food franchises, and hair salon. Key elements of the business plan included an executive summary, industry overview, competitive analysis, marketing and sales strategy, and operations and management summary. The plans also included 3-year financial projections. Businesses have moved forward based on the plans with implementation and acquisition of financing.
- Conducted research and facilitated the development of a strategic plan for a community development corporation, a leadership development company, and other entities. Identified improvement opportunities for the current programs and identified additional market opportunities. Developed survey instruments and conducted market research including surveys and phone interviews, analyzed data and synthesized the key findings; conducted a strategic planning sessions with key members of the companies. Developed and presented recommendations for long term growth.
- Created and supported the conception of non-profit community based entities with the initial incorporation of the organization, assembly and initial training of board members, development of bylaws, research and formation of the 501c3 entity, development of business and operating plans, identification of programs and funding sources, and implementation of programs.

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- Developed “user-friendly” presentation for the Atlanta One Stop Capital Shop (AOSCS) on empowerment zone incentives and capital resources. Engagement elements included researching the incentives, developing the presentation, and conducting workshops in the six empowerment zone areas. The presentation was well received in the community and has resulted in increased participation and request from small business owners in the community.

1995 – 2002

## A. T. KEARNEY, INC.

Atlanta, GA/ New York, NY

An Executive level management consultant to Fortune 100 companies in a variety of industries specializing in strategic business planning, strategic sourcing, business process and operations and marketing strategy. Responsible for managing project teams to develop and implement key strategies and business processes. Key client engagements and major accomplishments include:

## *Recruiting (Diversity Recruiting Manager)*

- Conducted research to determine internal statistics with diversity recruiting and areas of improvements. Gathered and analyzed data within the firm, reviewed industry best practices, conducted internal interviews, and synthesized findings to make recommendations. Key findings presented to upper management.
  - Managed diversity recruiting process for the firm. Identified and managed diversity recruiting efforts including attendance at targeted conferences, business schools, and job fairs; facilitated interview process including identification of recruiting team, conducting interviews, and managing briefings among interviews to determine ranking and next steps for candidates.
  - Supported the development of an annual professional development program for African-American consultants. The program consisted of external and internal speakers, career development sessions, mentor facilitation and networking, and business development strategies.

EDUCATION

HARVARD BUSINESS SCHOOL

Cambridge, MA

1993 – 1995 **Master of Business Administration Degree**, May 1995 – Concentration in Strategy and Marketing. Research/ Consulting: Professor Michael E. Porter and the Initiative for a Competitive Inner City (ICIC). Developed proposal and executed nationwide research within the US professional sports industry. Developed model including strategy and implementation initiatives for sports franchises to successfully develop sustainable economic relationships with inner city/minority businesses. Presented specific recommendations to the owner and senior management of a major sports franchise. Broadly disseminated the presentation as a result of nationwide interest.

## JACKSON STATE UNIVERSITY

Jackson, MS

1986 – 1990 **Bachelor of Science Degree**, May 1990 - *summa cum laude*. Major: Business Administration, Minor: Marketing. Vice President, Student Government Association; Vice President, Delta Sigma Theta Sorority, Inc.

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**Randolph County Caring Community Partnership  
Client Access and Services Exchange (CASE) Project**  
***JOB DESCRIPTION***

**Title: Programs Director (Lorna Miles)**

**Reports to: Project Manager**

Supports and assist site staff in attaining client's needs, desires, and dreams through the most efficient and effective use of resources. Assures quality services by arranging for or providing staff training, developing and maintaining budgets, providing an environment that is conducive to the welfare of the people served and in accordance with federal, state, local and organizational regulations and policies. Provides leadership and serves as an advocate to ensure appropriate treatment, teaching and protection of rights of the persons served. Develop and cultivate positive relationships with families and other stakeholders. Supports the organization's Mission, Vision, and Core Values, ensuring that individuals are assisted and treated with the utmost respect.

**Essential Job Functions:**

- Help sites to facilitate the planning, development and implementation of wrap-around services; develops individual goals and outcomes ; monitors, documents and reports progress toward meeting outcomes; ensures supports needed are in place to meet outcomes; coordinates communications with other service agencies to ensure individual outcomes are met. Ensures opportunities to build social capital are planned, and occur; assist each individual in creating natural support networks.
- Coordinate, implement, and participate in direct support professional staff training and in-services by orienting new staff, scheduling staff for trainings, and maintaining training records.
- Represent the organization and its mission by educating community members about the critical importance of integrating individuals supported into community life.
- Manages, and implement program budgets; ensures programs stay within allocated budget, follow policies and procedures for procurement. Ensures financial records are complete, thorough and submitted in a timely manner.
- Other duties as assigned.

**Supervisory Responsibilities (if applicable)**

- Establishing and implementing program goals, arranging or providing staff orientation and training, directly supervising site staff, maintaining a quality assurance program, developing and maintaining individual budgets, providing an environment that is conducive to the welfare of the service recipients and is in accordance with federal, state, local and organizational regulations.

**Minimum Job Qualifications**

**Education and/or Experience**

- Bachelor's degree and two years of comparable work experience.

**Certificates, Licenses or Registrations**

- Must have a valid driver's license and a clear driving record according to RCCCP policy.

**Physical Demands**

- Must have ability to travel among assigned sites

**LORNA MILES**

**PROFILE**

Offer outstanding record of accomplishments in Nonprofit Management, Information Technology, Human Resources, Senior Services, Mental Health and Legal fields. I possess excellent skills in computer-based applications, investigating, analyzing, communication, and public relations, grant writing and negotiation. I am exceptionally organized in planning and implementing training workshops. I am a Prolific Writer with extensive experience developing and writing reports in both programming and written language.

**CORE LEADERSHIP QUALIFICATIONS**

- Team Building / Leadership • Nonprofit Management • Budgeting / Cost Control• Staff Training & Development • Operations Management • New Business Development• Business Planning • Market Penetration Strategies• Strategic Communication • Strategic Planning • Nonprofit Board Development• Capacity Building• Designing and Conducting Evaluations

**EDUCATION**

**1995-1999**

**William Woods University**

**Fulton, MO**

- MBA, Business Administration, Graduated Summa Cum Laude.
- BS, Paralegal Studies, Graduated Summa Cum Laude.

**1993-1995**

**Moberly Area Community College**

**Moberly, MO**

- AA, Mid-Management, Graduated President's List for 4.0 G.P.A.

**PROFESSIONAL HISTORY**

**2012**

**Therese Open Arms (TOA)**

**Boonville, MO**

**Qualified Developmental Disability Professional (QDDP)**

- Facilitates the planning, development and implementation of person-centered plans; develops individuals goals and outcomes with people supported; coordinating and participating in individual plan meetings; monitors, documents and reports progress toward meeting outcomes; ensures supports needed are in place to meet outcomes; coordinates communications with other service agencies to ensure individual outcomes are met. Ensures opportunities to build social capital are planned, and occur; assist each individual in creating natural support networks.
- Directs and coordinates the activities of all program, treatment and teaching of individuals in assigned homes/locations.
- Oversees/develops the Quality Assurance plans to monitor the implementation of each program to ensure Active Treatment.

**2005-2011                  HomeCare of Mid-Missouri, 501© (3)                  Moberly, MO**

**Human Resource Director/In-Home Director**

- Provide oversight of a multi-million dollar department
- Read and interpret state regulations of the In-Home Industry
- Marketing service to various groups of elderly and disabled citizens
- Work with various funding sources such as Medicaid, Area on Aging, Veterans
- Oversee staffing of 300 or more employees, contracted personnel, and volunteers
- Conduct background checks on all employees, contracted personnel, and volunteers
- Advise Board and Management Staff on changing state and federal regulations
- Create employee handbook and job description manual for all staff
- Benefit Administration.
- Non-Profit Grant Writer
- Organize and conduct training workshops with regard to Human Resources Law
- Conducted capacity building and strategic development training with Board and Management Staff
- Information Technology Manager
- Workers Compensation Administrator
- Design and conduct a series of management education and development workshops.
- Facilitate senior management team retreats.
- Session speaker at numerous conventions/workshops for Non-Profit and For-Profit Corporations.

**2004-2005                  North Village Nursing Home                  Moberly, MO**

**Human Resource Manager**

- Maintained staffing at 130 or more depending on census.
- Screen applications, schedule interviews, organize panels, conduct interviews, and check references.
- Employee Orientation.
- Benefit Administration.
- Gather data and compile monthly human resource reports.

**1999-2004                  GE Capital                  Moberly, MO & Bannockburn, IL**

**Data Management Analyst-Reporting**

- Troubleshoot, predict performance, and anticipate certain level of problems that might occur in a reporting environment.
- Responsible for all Siebel reporting, which involved creating databases and placing reports on the Web for the sales staff.
- WEB technologies (HTML, JavaScript), WEB application deployment.
- Development and support of push button data reporting tools.
- Established a high level knowledge of WinNT/Unix/Internet based applications, Business Objects, Oracle and SQL Server databases.
- Established standard procedures and practices in analyzing situations, issues, or data to efficiently and effectively find answers and solutions.
- E-Business CRM customization and integration.

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**Randolph County Caring Community Partnership (RCCCP)**  
**Client Access and Services Exchange (CASE) Project**  
***JOB DESCRIPTION***

**Title: Contracted Systems Administrator (Dan Levine) Reports to: Project Manager**

The System Administrator (SA) is responsible for effective provisioning, installation/configuration, operation, and maintenance of systems hardware and software and related infrastructure. This individual will assist project teams with technical issues in the Initiation phase of standard project management methodology; technical analysis and design; and support of RCCCP staff in executing, testing and rolling-out the solutions. SA will be focused on smoothing the transition of projects from implementation staff to production staff by performing operations activities within the project life-cycle.

**Essential Job Functions:**

- Prioritize software projects across multiple sites to meet delivery deadlines
- Provide on-site assistance to First Call's technology staff
- Support all sites to ensure successful transition of First Call's Community CareLink software
- Effective issue resolution to ensure successful project delivery
- Meeting facilitation with key application stakeholders
- Research and recommend innovative, and where possible automated approaches for system administration tasks. Identify approaches that leverage our resources and provide economies of scale
- Perform daily system monitoring, verifying the integrity and availability of all hardware, server resources, systems and key processes, reviewing system and application logs, and verifying completion of scheduled jobs such as backups.
- Perform regular security monitoring to identify any possible intrusions.

**Minimum Job Qualifications**

**Education and/or Experience**

- Bachelor (4-year) degree, with a technical major, such as engineering or computer science, Systems Administration/System Engineer certification in Unix and Microsoft.; Four to six years system administration experience.
- An understanding of the non-profit industry
- An ability to apply technology in small organizations with limited technology budgets
- .NET Developer with knowledge of C#, ASP.NET, ADO.NET.
- Experience with designing and maintaining SQL Server databases.
- Experience with Object Oriented Analysis and Design.

**Certificates, Licenses or Registrations**

- Must have a valid driver's license and a clear driving record according to RCCCP policy.

**Physical Demands**

- Must have ability to travel among assigned sites

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Dan Larimer  
127 Kirby  
Moberly Mo. 65270  
660-269-6717

**June 6, 1996 to Present - Owner/Operator of S and D Enterprises in Moberly, MO**

Responsible for all aspects of running an office computer related business. Handle sales and servicing of wide variety of office equipment. I am a Copystar certified technician. I have achieved Certified Computer Examiner, computer forensic certification in 2008. I am also HIPAA security certified in 2004. Continuing education includes University of Texas computer forensic course 2011 and Xways certified 2008. I am currently a member of High Tech Crimes Consortium. I also supply technical services and/or consulting for several local businesses and government accounts as needed as well as providing remote offsite backup services. Supply computer repair services and data recovery as well as computer networking and firewall configurations.

**March 1994 to June 1996 – Meals Copier Service**

Copier technician, repair and install copiers and printers. Work with little or no supervision.

**March 1993 to March 1994 - Da Com Copier**

Copier technician, repair and installation of copiers and printers. Work with little or no supervision. Responsible for a very large territory from Moberly to Fulton Mo.

**1983 to 1992 - Copy Products Company**

Assistant service manager. Responsible for 6 technicians to include all aspects of their performance and productivity. Moved to Missouri.

**Randolph County Caring Community Partnership (RCCCP)  
Client Access and Services Exchange (CASE) Project  
*JOB DESCRIPTION***

**Title:** Clinician (Jessica Grenz)

**Reports to:** Executive Director

Primarily responsible for monitoring and implementing treatment plans for participating clients that will assist them in making a successful transition from drug /alcohol use to a sobriety based life style. Work with clients to successfully complete aspects of outpatient substance use disorder outpatient treatment. This includes but is not limited to: Assessment, treatment planning, individual and group therapy, education, providing resources, referrals, aftercare follow up, case utilization, appropriate documentation, and monitoring. Provide case management services to clients. Work closely with CASE programs director.

**Essential Job Functions:**

- Provide comprehensive substance abuse assessments to clients to address substance abuse and co-existing problems.
- Provide individual and group therapies.
- Provide referrals to clients based on their individual needs.
- Obtain appropriately signed consent / release of information forms and explain to clients their right to confidentiality.
- Provide crises intervention to mitigate or resolve problems affecting client during and after office hours.
- Make presentations to individuals, families and groups concerning alcohol and other drug abuse issues, i.e., signs and symptoms, disease concept, family response, self-help groups, etc.
- Consult with service providers and share information regarding the attainment of client goals and objectives.
- Conduct utilization review activities.
- Maintain appropriate client notes, reports, records, and files with observance of CFR 42 Part 2 requirements.
- Conduct focus, pre-treatment, and after care groups as needed.
- Perform other duties and responsibilities as assigned by the Executive Director.

**Minimum Job Qualifications**

**Education and/or Experience**

**Qualifications:**

- Minimum - Certified Substance Abuse Counselor Certification, (CSAC II)
- Preferred - Master's Degree in professional counseling field, i.e., Psychology, Social Work, Counseling, etc. Clinical licensure to practice in State of Missouri is a plus.
- Three years' experience working with substance abusers.
- Ability to use information technology for personal productivity, including word processing, computerized assessments instruments, electronic communications, and presentations.
- Access information using PC and ability to learn Community Care Link system.

**Certificates, Licenses or Registrations**

- Must have a valid driver's license and a clear driving record according to RCCCP policy.

**Jessica Grenz**

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2265 S. Liberty Road  
Marshall, MO 65340  
630.890.8839

## **Academic Preparation**

### **Office Assistant**

- Doctorate in Psychology (Psy.D.) (December 2009)- Illinois School of Professional Psychology
- Masters Degree (May 2007)-Illinois School of Professional Psychology
- Certification in Clinical Hypnosis
  - American Society of Clinical Hypnosis (ASCH) approved basic and intermediate hypnosis;  
20hrs.
- Bachelor of Science (May, 2003)-South Dakota State University
  - Degree in Psychology
  - Degree in Sociology-Human Services
  - Graduated Summa Cum Laude

## **Professional Experience and Employment**

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- 2011- Present: Butterfield Youth Services
  - Licensed Clinical Psychologist
    - Individual, group, and family therapy conducted with children, adolescents, and families
    - Case management services
    - Conduct psychological evaluations

## **Scholarly Presentations and Continuing Education**

- Attended the 2002-2003 Northern Lights Psychology Conference in Grand Forks, ND

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- Attended the 2003 **ABA Convention** in San Fransisco, CA
- The Self-Injury Recovery Services Training and Supervision; presented by Kammie Juzwin, Psy.D.;

3.5 hours on Nov. 12, 2004

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**Randolph County Caring Community Partnership  
Client Access and Services Exchange (CASE) Project  
*JOB DESCRIPTION***

**Title: Site Coordinator**  
**Tim Fugate – Randolph County**  
**Damian Dean – Boone County**

**Reports to: Programs Director**  
**Laressa Adams – Saline County**

Directly responsible to Program Director for providing direct support activities and supervision of the persons served to help clients achieve their personal goals. Directs day-to-day activities of Care Coordinator, completes required documentation and assists with information gathering for Personal Outcome Measures and assessments. Acts as a team leader and resource person for agency site; supports RCCP's Mission, Vision, and Core Values, ensuring that individuals are treated with the utmost respect.

**Essential Job Functions:**

- Provide direct support to individuals with substance abuse and mental health concerns by assuring the following: relationships, spiritual activities, community involvement and integration, power and choice, health and safety, status, and competence. Implement wrap-around services to assist people in achieving their personal goals and meet their needs and desires.
- Establish relationships with agencies that provide wrap-around services.
- Assist in maintaining database of wrap-around services, manages client resources, appointments, and activity schedules.
- Assist in establishing routines that meet all individual's needs and desires and to ensure compliance with licensing regulations, agency policies and practices and protection of individual rights.
- Ensure opportunities to access the community are scheduled and staffed; provide transportation to activities as needed.
- Maintains and expands skills and knowledge relevant to providing high quality supports and services.
- Ensure that all wrap-around service needs are addressed in a timely manner.

**Supervisory Responsibilities (if applicable)**

N/A

**Minimum Job Qualifications**

**Education and/or Experience**

High school diploma or equivalent required. One year of experience as a direct support professional or related job working with persons with substance abuse and mental health. Must be at least 18 years of age.

**Certificates, Licenses or Registrations**

Must have valid driver's license and clear driving record according to RCCCP policy.

**Physical Demands**

Must be able to travel

**Other Competencies (skills, abilities, behavior)**

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**Timothy A Fugate**

508 Patton St,  
Moberly Mo

660-651-3893  
TIMFUG8@YAHOO.COM

**Objective** To obtain a growth oriented position that I may contribute my strong supervisory as well as people skills for the advancement of your organization.

**Experience** March 2009- Present  
**Powerhouse Community Development Corp**  
Marshall Mo  
Program Director ATR III- DMH Funded site providing recovery support services to clients with substance abuse/use histories.  
Credentialed to facilitate group & individual sessions in the areas of: anger management, life skills, relapse prevention, fatherhood and mentoring.

Dec 2006 – March 2010 Hy-Vee  
Columbia Mo

**Inventory Control Specialist**

Assisted Inventory Control Manger with the daily operation of the Grocery Department of a Multi-Million Dollar Grocery store.  
Ordering, cycle counts, Inventory counts as well as assisting outside departments with counts as well as ant inventory control issues

Aug 2004- Dec 2006 Pepsi-Americas Columbia Mo  
Lead Merchandiser

- Daily replenishment of high end stores in Large Format set-up in Columbia Mo. i.e. (Hyvee, Schnuck's, Wal-Mart, and Gerbes). Stocks, rotate, build promo displays. Assist Sales Manager in ordering of special orders. Train and assist new employees in the set-up, merchandising & store policies according to Pepsi-Americas guidelines.

Dec 2002- June 2004 Mack-Pro Moberly Mo  
Shipping And Receiving Clerk

- Daily Shipping and Receiving function for a Specialty Metals Co.
- Receiving function included Common carrier, Ups, Rps and Fed-Ex shipments.
- Shipping function consisted of shipments to assigned Accounts, Warehouse Inventory & Picking. Shipping methods were common carrier, Ups, Rps & Fed-Ex

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Aug 1998-Aug 2000 Orscheln Farm & Home Moberly Mo  
Shipping & Receiving Manager

- Oversee the daily operation of the Shipping and Receiving Department for 73 stores Distribution Center.
- Part of team that (within 5 months) brought Receiving Department from a 60 day turnaround to a 3 day turnaround.
- Responsibilities included time sheets, payroll, departmental H.R., and personnel issues.

Aug 1993- Aug 1997 Heilig- Meyers Distribution Moberly Mo  
Assisting Shipping Supervisor

- One of 6 people hired for the opening of a new 400,000 sq. ft. facility
- Early assignments included all phases of warehouse functions, i.e. receiving, overstock, shipping and building issues.
- Assisted the Shipping Supervisor in daily operation of the shipping Department and its function in his absence.

Education Present Moberly Area Community College Moberly Mo

- Currently enrolled- Due to Graduate in December 2013 AA in Psychology.
- These credits are part of the curriculum needed to complete requirements for Bachelor's Degree (Human Services) at Columbia College.
- Mansfield Business College- Charleston S.C- Certificate-Business Accounting
- Naval Water Purification School Charleston S.C.
- G.E.D. Moberly Area Community College

**Credential**

Missouri Recovery Support Specialist-Peer (MRSS-P)  
Recognized Associate Substance Abuse Counselor II (RASAC II)  
National Partnership for Community Leadership (Master Trainer)  
National Fatherhood Initiative-‘Quenching the Father Thirst’ QFT (Facilitator/Trainer)

Interests Social Welfare-Fatherhood Education-Childhood Development & Enrichment

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**Laresa Jackson**

**1518 E. Eastwood, Marshall MO 65340**

**425.346.1060**

**laresa.jackson@ymail.com**

- Objective**
- To obtain a position as an administrative representative utilizing the academic training, skills and experience acquired through my course work and previous job experiences.

<b>Education</b>	<b>Faith Temple Christian Academy</b> <i>Nassau, Bahamas</i>	<i>1991-1994</i>
	<b>Bahamas Academy</b> <i>Nassau, Bahamas</i>	<i>1994-2005</i>
	<b>Missouri Valley College</b> <i>Marshall, Missouri</i> <i>Graduate with a Bachelor's Degree in Business Administration and Management</i>	<i>2006-2010</i>

**Work History**

<b>Office Manager, Powerhouse Community Development Corporation</b>	<i>06/10 - present</i>
• Purchasing • Book Keeping • Human resources • Accounting • Printing • Records management • Forms management • Payroll • Facilities management	
<b>Assistant to an Accountant, Solomon's Mines</b>	<i>05/07-07/07</i>
• Record keeping, account updating	
<b>Secretary, Master Motors</b>	<i>02/05 - 07/06</i>
• Answering phone calls, filing, ordering inventory, bookkeeping, customer service	

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Damian A. Dean  
3411 Jenne Hill Drive  
Columbia, MO 65202  
(573) 239 -6327  
overseerdean@hotmail.com

**OBJECTIVE**

To further develop my ability to think critically, objectively, and use leadership skills while performing my professional obligations with excellence.

**EDUCATION**

**Graduate of the University of Missouri-Columbia, December 2002**

Major: Interdisciplinary Studies of Accounting, Psychology, and Sociology

**Licensed Minister, March 2004**

**Ordained Minister, June 2005**

**Certified Recovery Support Provider.** Received training and certification through the Department of Mental Health and Senior Services to increase my expertise in offering substance abuse and recovery Support Services. *Spring 2006-Present*

**COMPUTER SKILLS**

Microsoft Word, Excel, PowerPoint, and Outlook

**EMPLOYMENT**

**Lead Administrator United Community Cathedral Church.** Responsible for day to day operations, facility maintenance, and the oversight of the “I AM Plan” program (substance abuse and recovery support ministry). April 2004 to Present

**Director of the United Community Cathedral Summer Youth Camp.**

Responsible for the coordination of daily activities, allocation of camp funds, and administrative duties. Also included hands on experiences with camp participants. *Summer 2002-2012*

**Personal Assistant, Woodhaven Learning Center.** Assist individuals with developmental disabilities through promoting independent living skills.

*January 2002-2005*

**Job Coach, CARE Program.** Supervised thirty students, made detailed reports on their working status, and managed participant’s payroll documentation.

*Summer 2001*

**Cost Accounting Intern, Solutia, Inc.** Received training in the auditing and budgeting process. *Summer 2000*

**Credit Department Intern, Solutia, Inc.** Extensive project working with letters of credit. *Summer 1999*

**Accounts Reconciliation Intern, Solutia, Inc.** Tracked and sorted un-reconciled shipments. *Summer 1998*

**VOLUNTEER**

**Executive Director of United Community Builders, CDC.** Coordinated all efforts for organization to receive 501 c 3 statuses, current grant writer and community development director for organization. July 2009-Present

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***Executive Director of IAM Plan ministry.*** Design and implement positive community programs, activities, and events. *Summer 2006 -Present*  
***Various Project Assistant.*** Assisted the United Community Cathedral Church with many service projects and community events. *August 2000-Present*

**HONORS AND ACTIVITIES**

- Youth Mentor (United Community Cathedral)

**Randolph County Caring Community Partnership  
Client Access and Services Exchange (CASE) Project**  
***JOB DESCRIPTION***

**Title: Care Coordinator**  
Brittani Williams – Randolph County  
Rance Austin – Boone County

**Reports to: Programs Director**  
Jaynine Falls – Saline County

This position is responsible for providing direct support, positive direction, and assistance to individuals in accordance with program policies and procedures; and personal outcome measures.

**Essential Job Functions:**

Provides supports to people served by assisting in the development and implementation of all wrap-around services, assisting people in achieving their personal goals and desires, providing interaction and choices for activities that support a meaningful day, and supporting people with activities of daily living;

- Assists with information gathering for Personal Outcome Measures, and other assessments;
- Maintains and expands skills and knowledge relevant to providing high quality support and services.
- Maintains open communication and cooperative work effort with Site Coordinator and other RCCCP staff to assure quality and continuity of support to people served;
- Supports the RCCCP Mission, Vision, and Core Values while empowering each person to direct their own life choices;
- Ensure opportunities to access the community are scheduled and staffed; provide transportation to activities as needed;
- Maintains and expands skills and knowledge relevant to providing high quality supports and services;
- Ensure that all wrap-around service needs are addressed in a timely manner.
- Performs other duties as assigned.

**Supervisory Responsibilities (if applicable)**

N/A

**Minimum Job Qualifications**

**Education and/or Experience**

High school diploma or equivalent required. One year of experience as a direct support professional or related job working with persons with substance abuse and mental health. Must be at least 18 years of age.

**Certificates, Licenses or Registrations**

Must have valid driver's license and clear driving record according to RCCCP policy.

**Physical Demands**

Must be able to travel

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Brittani Williams  
735 West Reed  
Moberly, MO 65270  
573.355.6879  
bnw6z9@mail.missouri.edu

## **Education**

University of Missouri, Columbia, MO. BSW expected May, 2013. Major - Social Work, gerontology emphasizes.

- Researched, wrote, and presented a major paper titled Society Impact on the loss of Social Security Benefits. Received highest academic rating for development of supporting assessment resources.

## **Social Work Skills**

- Complete semi-annual and annual assessments on clients
- Handle caseload of residents providing weekly support services and interventions focusing on health and financial issues
- Assessed needs and prepared support services for persons with developmental and physical disabilities

## **Communication Skills**

- Taught basic self-care skills to those with Alzheimer's disease or a related dementia
- Facilitated discussions within small group settings
- Collaborate with staff and coordinate individual and group activities

## **Experience**

TigerPlace, Support Service Advisor, 2012

Wal-Mart Vision Center, Optician, 2009-Present

Mayme Dean's, Waitress/Trainer, 2007-2010

## **Additional Information**

As a respected member of an interdisciplinary team at an Independent Living Facility, I instill a shared sense of purpose to provide optimal services, resources and programs for those in need. I am deeply committed to improving the quality of life for clients, with a special interest in providing case management services for senior individuals

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**Jeanine Falls**

**629 E. Vest, Marshall Mo. 65340 660-229-1745 Jaynine.Falls@yahoo.com**

**Experience**

2010- Present              Powerhouse Community Development Corp.              Marshall Mo.

**Office Assistant**

- Providing Case Management for clients
- Writing Report on clients services

2009-2010              Powerhouse Community Development Corp              Marshall Mo.

**Cook-aid**

- Help prepare and service summer meals

2005-2006              GE              Slater Mo.

**Sewer**

- Sewed parts for production bags

2004-2005              Wal-Mart              Marshall Mo.

**Cashier/Service Desk**

- Checking out customer
- Assist customers with returns

**Education**

2009-Present              Missouri Valley College              Marshall Mo.

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**Rance E. Austin**  
2301 Park Deville Place  
Columbia, MO 65201  
(573) 529-4237

**Objective:** To find a rewarding position within an established organization this will allow me to utilize my diverse background.

## Experience:

## United Community Cathedral

Columbia, MO

**Director of Youth Department/Administrative Support Staff**      **January 2001 to present**

- Establish innovative mentor programs to encourage, transform, and empower multi-cultural families in the community.
  - Use sound judgment to make effective, timely decisions; act decisively with logic and confidence.
  - Plan, coordinate, and conduct educational training activities for community outreach and activities.
  - Collaborate and work closely with local health agencies, public schools, and community-based organizations to promote mission and goals.

Dillard's

Columbia, MO

## Sales Associate

**January 2007 to May 2007**

- Emphasize close customer relations and stay in tune with customers' expectations about value and service.
  - Obtain and receive merchandise, totaled bills, accepted payments, and made change for customers.
  - Persuade others; express ideas in ways that lead others to share and agree with my perspective; influence others through personal credibility and integrity.

MO Department of Health and Senior Services (DHSS)

Jefferson City, MO

## **MG Department of Health Credit Card Coordinator**

April 2002 to May 2006

- Developed and implemented DHSS Credit Card program.
  - Monitored and analyzed DHSS statewide credit card activities.
  - Reviewed remitted statements for compliance with applicable laws, regulations, and policies.

MO Department of Health and Senior Services (DHSS)

## **Jefferson City, MO**

## **Management Analyst Specialist I**

January 2000 to April 2002

- Assisted in the development of Direct Bill Policies and Procedures.
  - Responsible for review, entry, and approval of over \$250 million in contracts into statewide system.

Education

## **Bachelor of Science, Business Administration**

Lincoln University

## Jefferson City, MO

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

Our program has a release of information that the client signs off on stating who or what agencies their information can be shared with. Files are kept under double lock and key. Our file cabinets have locks and the door has locks. We have had HIPPA and Confidentiality training with a LCSW from the hospital for all of our staff. Please see consent forms provided Attachment 3.

## **BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (other federal and non-federal sources).**

### **Client Access and Services Exchange (CASE) MET**

#### ***Budget Justification***

This budget justification is for year one of the grant period.

#### **Expense**

##### *Personnel*

Project Manager @ .25FTE = \$17,500

Bonita Powell

DIRECTS and coordinates implementation of the project

Program Director@ .50 FTE = \$22,500

Lorna Miles

Provide oversight and service supervision

Site Managers (3) @ .25 FTE = \$29,250

Randolph County: Tim Fugate, Boone County: Damian Dean, Saline County: Laresa Jackson

Oversee client services, implementation of MET and utilization of web-based tools; relationship development with service providers

Case Coordinators (3) @ .50FTE = \$45,000

Randolph County: Brittani Williams, Boone County: Rance Austin, Saline County: Jaynine Falls

Direct client services, input client data with MET, provide guidance to clients on wrap around services.

Clinician @.10 FTE = \$6,000 in-kind

Jessica Grenz

Provide clinical supervision.

##### *Fringe Benefits*

Fringe Benefits @ 25% = \$28,563

Health insurance, FICA, Social Security, disability insurance

##### *Travel*

Total Travel@ \$6,200

National Meetings @ \$3,500 includes:

- Airfare (2 trips annually @ 300each for 2 people) = \$1,200

- Registration (2 registrations for additional training @ \$250) = \$500
  - Hotel, Meals, and Ground Transportation (2 persons @ \$450 for 2 trips) = \$1,800
- Local Travel @ \$2,700 = 6,000 miles @ .45 per mile
- Reimbursed to program director working across the 3 sites

### *Supplies*

Office Supplies @ \$900 = \$300 per site (3 sites)

### *Equipment*

Hardware @ \$9,000 includes:

- Six PC/laptops @ \$1,000/each = \$6,000
- Three community-based kiosks (access to client portal) @ \$1,000/each = \$3,000

### *Contractual*

Systems Administrator @ \$60/hour x 335 hours = \$20,100

Dan Larimer

Oversight for implementation of licensed software, technical training and support

Evaluator @ 10% is \$1,250/month x 12 months = \$15,000

Dr. Nadie Bubose, University of Missouri (Columbia)

Program evaluation contractor

Licensing Fees (First Call - CCL) per contract \$24,500 (\$12,250 SAMHSA and \$12,250 In Kind); Includes Year 1 licensing fee \$10,000, Business process review \$5,000, Site set up -\$5,400, and Training \$4,000); MET and MI training

### *Other*

Strategic Marketing @ \$2,000/year

Direct marketing campaign including print literature with clients, wrap around service providers, and treatment providers

\$51,000

Treatment @ \$2500 per person (~~\$63,750~~ SAMHSA and \$12,750 In Kind) Includes treatment for 34% of the 75 clients within the first year as uninsured patients



Meeting Expenses @ \$750

Expenses for quarterly meetings including food, setup, and materials for personnel, agencies, and service providers as applicable



Training @ \$5,000 in-kind

CASE MET and technology training provided by First Call and Systems Administrator

### *Indirect Charges*

Overhead @ 7% = \$19,600

Randolph County Caring Community administration, rent, accounting

Other agency overhead (3 Sites) @ \$3,000/agency in-kind

### Program Income

*SAMHSA Request:* \$279, 613

### *In-Kind Donations*

Licensing Fees

\$12, 250 in kind for licensing fees by contract with First Call for CCL software

Treatment

\$12,750 in-kind for Treatment Clinicians for identified uninsured client

Other

\$5,000 MET and technology training for pilot agency staff- “train the trainer” beyond resources included in Licensing Agreement

Overhead

\$9,000 in-kind administration, rent, accounting at three pilot sites

Professional – Clinician (.10 FTE)

\$6,000 in-kind for clinical supervision

### ***Existing Resources and Other Support***

- Each of the five pilot agencies currently contract area treatment and behavioral health agencies, which will be trained to utilize the CCL shared EMR and who will, as a part of CASE, be trained in MET and use of the client portal.
- Participating CASE agencies will provide in-kind overhead.
- RCCCP is utilizing existing staff and computer space. RCCCP is providing a partner agency Clinician at .10% FTE, as well as, some training.
- With respect to accessibility, CASE agencies are ADA compliant and all offer transportation to their facility.

## **Attachment 1: Service Providers**

### **1.1: Mental Health/Substance Abuse Treatment Provider**



April 9, 2013

Preferred Family Healthcare (PFH) is a comprehensive behavioral health nonprofit organization established in 1979. We provide substance abuse treatment, prevention, and mental health services throughout Missouri and Kansas.

We offer the following services and assistance:

- Adult Substance Abuse Rehab
- Adolescent Substance Abuse Rehab
- Achieving Recovery through Creativity
- Assisted Living
- Mental and Behavioral Health Services
- Community Psychiatric Rehab Center
- Healthcare Homes
- Intensive In-Home Services
- Judicial Support Services / SATOP
- Prevention Services

Contact: Amy Voiles, MSW  
1715A S. Morley Street  
Moberly, MO 65270  
Phone: 660-263-1113  
Fax: 660-263-4572

## **1.2: Direct Service Provider Organizations**

<b>Name of Partner Agency</b>	<b>Services</b>
Powerhouse Community Development Corporation	Substance abuse prevention and recovery support services
United Community Builders Community Development Corporation	Substance abuse prevention and recovery support services
FaithWalk Community Development Corporation	Substance abuse prevention and recovery support services
Pathways Community Health	Behavioral health, assessment and referral, prevention, and outpatient services
Hannibal Council on Alcohol and Drug Use	Behavioral health services; residential and outpatient treatment
Preferred Family Healthcare	Outpatient treatment services
Family Counseling Center	Behavioral health, assessment/referral, family and outpatient services
Burrell Behavioral Health Services	Behavioral health services, specializing in co-occurring disorders
Moberly Behavioral Health Services	Behavioral health, assessment/referral, individual and family therapy
Schultz Psychological Services	Psychological assessment and testing, individual therapy
Fitzgibbon Hospital Behavioral Health Unit	Behavioral health screenings and counseling to support coping and recovery
Dr. Agara Reddy, MD	Psychiatric services, medication management
Randolph County Caring Community Partnership (Applicant Organization)	Substance abuse prevention, access to behavioral health service through Homepsych system

### **1.3: Statement of Assurance**

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

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

Bruce R. Wallin

Signature of Authorized Representative

21-8-13

Date

## **1.4: Letters of Commitment**

Randolph County Caring Community Partnership  
c/o Brian Williams  
423 E. Logan Street  
Moberly, MO 65270



Re: Letter of Commitment

Dear Brian:

Your organization, the Randolph County Caring Communities Partnership is submitting a proposal for a project called Client Access and Services Exchange (CASE). We support this concept to develop the Boone County area into a community where good health, healthy behaviors, and healthy choices are a reality. In community assessments of Boone County, we see there are higher than state average uses of alcohol and substance abuse among adults, especially those that are considered “vulnerable populations”. We feel that additional planning efforts among local partners, the utilization of Health Information Technology, and embracing evidence-based best practices to decrease health problems and increase healthy behaviors is a vital part our mission.

Randolph County Caring Communities Partnership is the catalyst that brings community agencies together to work on such problems. United Community Builders is pleased to be a partner in this project and look forward to providing case management services and wrap-around services for clients that need to access substance abuse treatment. We look forward to serving as a site for the project and providing guidance in the implementation of the CCL EMR system to address substance abuse challenges in our community

We hope that your proposal is consider for funding by SAMHSA...

Sincerely,

Damien Dean  
Executive Director



April 9th, 2013

On behalf of Powerhouse Community Development Corporation, I am pleased to commit our organization as a network partner for the CASE Project that you are seeking funding for through SAMHSA.

As a network partner for the CASE Project, Powerhouse Community Development Corporation will be an active participant as a project site and will be responsible for completing client intake and assessment through motivational interviewing, initiation of pre-treatment wrap-around services, and referral to substance abuse treatment and/or behavioral health services. We also agree to utilize the CCL EMR and Mobile CCL system and the SAIS system for data collection.

As you already know the mental health issues are enormous and access to mental health care is fragmented in our community and those surrounding us. It is vital to utilize information technology to increase access to services for clients residing in our area. Powerhouse Community Development will *assist* in expanding the network to serve additional clients in need of treatment in the surrounding counties of Pettis and Lafayette.

I understand that grant funds will be used for the increase to access for substance abuse treatment and behavioral health services for those with co-occurring disorders. The development of the network is a benefit for all involved, especially our clients and not for the exclusive benefit of anyone network partner. Our agency will attend quarterly CASE Connections meetings and our Site Manager will serve as the single point of contact for the project. In addition, our Site Manager will be active in providing information about existing and new services our agency offers.

We look forward to partnering with the Randolph County Caring Community and enhancing the quality of life of those we serve!

Sincerely,

Charles Stephenson  
Executive Director-PCDC

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

1. CAGE Alcohol Screening Instruments (Standardized Data Collection Instrument) [www.integration.samhsa.gov/screeningtools](http://www.integration.samhsa.gov/screeningtools)
2. CCL-ASI Assessment (Standardized Data Collection Instrument) [www.dmh.mo.gov/forms/asi](http://www.dmh.mo.gov/forms/asi)
3. Modify Mini Screening Instrument (Standardized Data Collection Instrument) [www.-text.com/modify-mini-assessment](http://www.-text.com/modify-mini-assessment)
4. Stages of Change (Standardized Data Collection Instrument) [www.uri.edu/research/cprc/TTM/StagesOfC](http://www.uri.edu/research/cprc/TTM/StagesOfC)
5. SOCRATES (Standardized Data Collection Instrument) [www.casaa.unm.edu/inst/SOCRATESv8](http://www.casaa.unm.edu/inst/SOCRATESv8)
6. Initial Assessment of Mental Health Services (included)
7. Final Assessment of Mental Health Services (included)
8. MHOA Partnership Collaboration Survey (included)

## **FINAL ASSESSMENT OF MENTAL HEALTH SERVICES**

Please tell us how much you agree or disagree with each of the following statements by checking the box in the appropriate column to the right of each statement. Please check one box only per statement. If you don't have an answer, or you prefer not to answer, please check the "Don't Know" box. If the item cannot be answered because it does not apply to your situation, please check the "Not Applicable" box. *Thank you for your time and cooperation.*

<b>MY MENTAL HEALTH SERVICES</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
1 I like the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
2 If I had other choices, I would still get services from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3 I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4 The location of services was convenient (parking, public transportation, distance, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
5 Staff were willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6 Staff returned my call in 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7 Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8 I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9 I was able to see a psychiatrist when I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
10 Staff believe that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11 I felt comfortable asking questions about my treatment and medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
12 I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13 I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14 Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
15 Staff told me what side effects to watch out for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16 Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17 I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
18 Staff were sensitive to my cultural background (race, religion, language).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19 Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

- 20 I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).

<b>HOW I FEEL AT THIS TIME</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
21 I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
22 I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23 I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24 I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25 I do better in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
26 I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
27 My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
28 My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
29 I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
30 I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
31 I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
32 I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
<b>MY FAMILY AND FRIENDS</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
33 I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
34 When I need help right away, I know people I can call on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
35 I have more than one friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
36 I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
37 I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
38 I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
39 In a crisis, I will have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

## **INITIAL ASSESSMENT OF MENTAL HEALTH SERVICES**

Please tell us how much you agree or disagree with each of the following statements by checking the box in the appropriate column to the right of each statement. Please check one box only per statement. If you don't have an answer, or you prefer not to answer, please check the "Don't Know" box. If the item cannot be answered because it does not apply to your situation, please check the "Not Applicable" box. *Thank you for your time and cooperation.*

<b>MY MENTAL HEALTH SERVICES</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
1 I like the services that I am receiving here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
2 If I had other choices, I would still get services from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3 I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4 The location of services is convenient (parking, public transportation, distance, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
5 Staff are willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6 Staff return my calls in 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7 Services are available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8 I am able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9 I am able to see a psychiatrist when I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
10 Staff believe that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11 I feel comfortable asking questions about my treatment and medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
12 I feel free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13 I am given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14 Staff encourage me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
15 Staff tell me what side effects to watch out for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16 Staff respect my wishes about who is and who is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17 I, not staff, decide my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
18 Staff are sensitive to my cultural background (race, religion, language).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19 Staff help me obtain the information I need so that I can take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

- 20 I am encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).

<b>HOW I FEEL BECAUSE OF SERVICES</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
21 I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
22 I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23 I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24 I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25 I do better in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
26 I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
27 My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
28 My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
29 I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
30 I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
31 I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
32 I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

<b>MY FAMILY AND FRIENDS</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>	<b>Not Applicable</b>
33 I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
34 When I need help right away, I know people I can call on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
35 I have more than one friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
36 I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
37 I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
38 I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
39 In a crisis, I have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

# **MHOA PARTNERSHIP COLLABORATION SURVEY**

Adapted: Safe Schools/Healthy Students Partnership Survey (©2004 Portland OR Project; with permission)

## **Section A: Strongly Agree ... Strongly Disagree**

1. Partners of the MHOA Initiative share resources.
2. All partners involved share a common vision of the MHOA Initiative.
3. The MHOA Initiative has increased coordination among an array of services.
4. The MHOA Initiative partnership has a strong core of committed partners.
5. The MHOA Initiative lacks clearly defined roles for those within the partnership.
6. The MHOA Initiative has a broad-based membership, with participation of all parts of the community.
7. Partners of the MHOA Initiative ensure that other partnering agencies have timely access to client records.
8. MHOA Initiative partners exchange information about their respective programs.
9. MHOA Initiative partners have avoided or resolved severe conflict that might reflect misunderstandings about the partnership's basic purpose.
10. Rules and procedures within the MHOA Initiative are clearly defined.
11. Turf conflicts have been an issue for partners of the MHOA Initiative.
12. The MHOA Initiative has strong central leadership.
13. MHOA Initiative partners have been using evaluation data for specific program refinements.
14. One of the main goals for partnering agencies within the MHOA Initiative is to define the funds each will receive.

15. The vision of the MHOA Initiative is comprehensive in that it includes all segments of the older adult communities that are in need of services.
16. The purpose of the MHOA Initiative is unclear.
17. Lack of motivation among members of the MHOA Initiative partnership has been a problem.
18. The partnering agencies involved in the MHOA Initiative understand how all must contribute to the well being of the partnership.
19. MHOA Initiative supports activities that are consistent with local prevention policies.
20. The MHOA Initiative empowers partners, encouraging them to take action directed at the needs of individual programs within the partnership.
21. The MHOA Initiative partnership has raised customer awareness regarding service availability.
22. Partners of the MHOA Initiative have been using data to improve collaboration efforts between all partnering organizations and agencies.
23. The MHOA Initiative provides extensive prevention activities.
24. Leaders of the MHOA Initiative are attentive to and supportive of members within the partnership.
25. The MHOA Initiative has created opportunities for joint planning among various partners.
26. The MHOA Initiative partners communicate openly.
27. The MHOA Initiative partners' roles are clearly defined.
28. Time constraints have adversely affected the MHOA Initiative partnership.
29. Ego/personality differences among the MHOA Initiative partners have been problematic.
30. Evaluation data collected through the MHOA Initiative has been used in efforts to sustain funding.

31. MHOA Initiative partners have a well-developed system of communications to keep all partners informed about relevant program activities.
32. The MHOA Initiative has raised partners' awareness regarding service gaps.

**Section B: Exceeds, Meets Adequately, Meets Marginally, Fails to Meet**

33. Please rate the current level of collaboration between your program and the rest of the MHOA Initiative partners:
34. Please rate the level of collaboration between your program and the rest of the MHOA Initiative as it was 12 months ago:
35. Please rate the current level of overall collaboration among all MHOA Initiative partners:
36. Please rate the level of overall collaboration among all MHOA Initiative partners as it was 12 months ago:
37. What barriers have you encountered in establishing partnerships with other agencies involved with the MHOA Initiative?

**Section C: Closed/Free-format Response**

38. Describe the most beneficial development/event that has occurred as a direct result of a collaborative relationship established between your agency/program and another agency/program.
39. Knowing what you know now, how do you think the collaborative aspects of the local MHOA Initiative could be improved if we were back at the starting point?

**Section D: Open/Free-format Response**

40. Any other comments (positive or negative) regarding the collaborative aspects of the MHOA Initiative?

**<<NOTHING FOLLOWS>>**

### **Attachment 3: Sample Consent Forms**

#### **CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG AND MENTAL HEALTH INFORMATION CASE-CONNECTIONS AND MET PROVIDER AGENCIES**

I, \_\_\_\_\_ authorize the following agents:

(NAME OF PATIENT)

(Initial each of those agencies to whom you are willing to disclose information)

<input type="checkbox"/> Randolph County Caring Communities 423 East Logan Moberly, MO 65270 (660) 263-7173	<input type="checkbox"/> Powerhouse Community Development Corporation 1445 West College Street Marshall, MO 65340 (660) 886-8860	<input type="checkbox"/> United Community Builders 5210 South Cowan Road Columbia, MO 65201 (573)-449-0340
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\_\_\_\_\_ Other: \_\_\_\_\_

to communicate with and disclose to one another the following information as needed [initial each category that applies]:

- my name and other personal identifying information;
- my status as a patient in alcohol or drug treatment;
- initial and subsequent evaluations of my service needs;
- alcohol/drug and mental health assessment results and history;
- alcohol/drug treatment and mental health services plan(s), progress and compliance;
- alcohol/drug treatment and mental health services;
- discharge plan(s) for alcohol/drug treatment and mental health services;
- date of discharge from alcohol/drug treatment and mental health services, and discharge status;
- other: \_\_\_\_\_

The purpose of the disclosures authorized in this consent is to *enable the above parties to evaluate my need for services and to provide and coordinate those services.*

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive are protected by federal law under HIPAA. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- (1) One year following the date I stop receiving services from the alcohol and drug treatment program, or
- (2) \_\_\_\_\_  
[Specify date if desired]

I understand that generally the alcohol and drug treatment may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of member

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of witness

Prohibition against Rediscovery:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**CASE MET Project**

**STATEMENT OF INFORMED CONSENT FOR PROGRAM EVALUATION**

Randolph County Caring Community Partnership Client Access and Services Exchange (CASE) project partners including affiliated agencies support the practice of protecting persons involved in research studies of any kind. You are being asked to volunteer for a program evaluation study of the CASE MET project. Program evaluation studies are a form of research, and your participation in research is strictly voluntary.

**Your participation is voluntary. You can refuse to participate in the study, and there will be no negative impact on your use of CASE MET, the services you are eligible for, or your experience at any service agency.**

Please read this entire form and ask any questions that you may have before agreeing to participate in this study.

**Purpose of the Evaluation Study:**

There are several purposes of the program and the study. They are:

- 1) The CASE MET goal is to improve access to treatment, and to improve the likelihood that those persons wanting treatment will receive treatment when it is available.
- 2) The project involves linking you with your community service providers via several forms of communication: the web, text messaging, emailing, and web based electronic medical records.
- 3) The outcomes of the project center on measuring whether or not you are more likely to stay motivated for treatment by using these tools.
- 4) Evaluation of your satisfaction with the CASE MET project, and the computer and technology based tools.

All information used for the evaluation of the project will be based on the use of data that does not identify you personally.

Procedure:

You are being asked to participate in the evaluation of your CASE MET experience, including reporting how satisfied you are with the service. You have the right to refuse to participate in this evaluation—and the services you receive from the CASE MET project will not be impacted in any way. You may choose to withdraw from the study at any point in time.

If your experience is greater than 12 months, you will be asked to sign these forms again at the end of your CASE MET experience. You also have the right to cancel your permission to use and disclose any information collected about you at any time. If you discontinue services, we will continue using the information you gave us permission to use. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, you should know that the research team may have used and disclosed information that was gathered before you decided to cancel.

You will be asked to complete the following questionnaires that we will use for research purposes:

- **Addiction Severity Index (ASI)**—used for assessment of addiction, and to measure changes in levels of addiction over time. We will ask that you take this assessment at intake, six months, 12 months and at transition points throughout your engagement with services.
- **Client Satisfaction Survey**—voluntary survey at the first transition point (typically at the end of assessment and prior to continuing services), service completion, and at other transition points throughout your engagement with services. It is used to help us measure your experience as a consumer of CASE MET.
- **Community CareLink (CCL)**—intake detailing your demographic, employment, family and other information pertinent to your recovery process.

If you consent to participate in this study we will contact you for a brief interview six months from now. In order for this research to be helpful to others, it is very important that we locate as many of our study participants as possible for the follow-up interviews. For that reason we are asking you to provide information for persons who can assist us in locating you in the event that your contact information changes.

When your follow-up interview is scheduled we will first make every effort to talk with you personally by phone. If you cannot be reached, we will call the contact persons you identify to ask about your current phone number and address. Your contact persons will be told only that the caller is from the CASE MET project, and we are calling to locate (your name) for a survey in which you agreed to participate. Your contact persons will not be asked to supply any information besides the best way to contact you, and will not be told of your participation in treatment.

Risks and Benefits of Participation:

We do not foresee any physical, psychological, economical, or other known risks to you from participating in CASE MET or the program evaluation. We believe that having increased access and control over your information, and increased contact with your treatment provider will be helpful to you. However, if at any time you believe that this program is not working for you, you may stop. If you are negatively impacted by the program or the evaluation, we will refer you to and encourage you to seek the appropriate counseling services.

Participating in the CASE MET project does not interfere with your service at any affiliated agencies. The point of this evaluation study is to determine if participating in CASE MET improves your access to treatment, and your

likelihood of receiving treatment once it becomes available. By evaluating the program, we hope to learn about how the program may help others.

Alternatives to Participation:

Your participation is voluntary-and you may end at any time. You may also participate in CASE MET and choose to NOT participate in the evaluation study.

Revocation:

You may revoke ( "take back" ) this consent at any time.

Compensation and Cost:

There is no cost to participate.

There is no payment for initial assessment/intake evaluation. However, upon the completion of the required six month follow-up interview, CASE MET clients will be offered a \$20 gift card.

Confidentiality:

You should be fully aware of the privacy practices and confidentiality of the community care database before signing this document. The CASE MET project uses the same community database, and information about you contained in that database will be available as part of the CASE MET project. By signing this document, you are stating that you are aware of these policies and practices.

Data for the evaluation will be kept in a secured, locked filing cabinet, in a locked office. In published reports, there will be no information included that will make it possible to identify you as a participant. The electronic records of your participation in the study will be kept on an encrypted hard drive in a locked cabinet in a locked room, with only the researcher having access to them. The information contained in those records will not contain information that could be used to identify you personally.

Data Collection:

You will be asked to complete evaluation tools throughout your engagement with CASE MET to determine how the program has helped you, and measure your level of satisfaction with the program.

Information already being collected, as part of the Community Care Database, may also be used. Examples of this information include may include treatment participation, substance use, service descriptions associated with community agencies who provided services to you, and information about addiction severity levels. By signing this statement, you are reporting that you understand that information about participation in the project will be shared with the evaluators but information such as name, home address, telephone numbers, or Social Security Numbers will not be included on any records so that you cannot be recognized from the records. All cases given to the evaluators/researchers will contain a special code that allows them to track the cases, and no names or identifying information is used.

**PARTICIPANT ASSURANCES:**

I understand that my participation in this study is voluntary. I have not given up any of my legal rights or released any individual or institution from liability or negligence.

I understand that I may withdraw from this study at any time without penalty or loss of benefits to which I am otherwise entitled. My treatment and relationship with staff and organizations involved in this study will not be affected now or in the future if I decide not to participate, or if I start the study and decide later to withdraw.

I understand that records of this study will be kept confidential, and that I will not be identifiable by name or description in any reports or publications about this study. I understand that my records are protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") 45 C.F.R. Pts 160 & 164, State Confidentiality laws and regulations and cannot be released without my consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without my specific written consent or when otherwise permitted by such regulation.

If I have questions about this study, or need to report any adverse effects from participating in the study, I will contact Brian K. Williams, Executive Director, for Randolph County Caring Communities at (660) 263- 7173.

**STATEMENT OF CONSENT:**

I have read this consent document. I understand its contents, and I freely consent to participate in this study under the conditions described. I will receive a copy of this informed consent, and a web based copy will remain in my file in the CCL as a part of my service record.

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Signature

---

Date

---

Witness

---

Date

**INFORMED CONSENT FOR CLIENT ACCESS and SERVICES EXCHANGE (CASE) MET, ASSESSMENT AND/OR TREATMENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

1. **Consent to Evaluate/Treat:** I voluntarily consent that I will participate in substance abuse evaluation and/or treatment by staff from Randolph County Caring Community Partnership Alcohol/Drug Prevention & Recovery. I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:
  - a. The benefits of the proposed treatment
  - b. Alternative treatment modes and services
  - c. The manner in which treatment will be administered
  - d. Expected side effects from the treatment and/or the risks of side effects from medications (when applicable).
  - e. Probable consequences of not receiving treatment
  - f. Outcomes of diagnostic instruments used in this evaluation

The evaluation or treatment will be conducted by a certified substance abuse counselor or a licensed therapist or an individual supervised by any of the professionals listed.

2. **Benefits to Evaluation/Treatment:** It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of

recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations.

3. **Payment to CASE MET Participants:** There is no payment for initial assessment/intake evaluation. However, upon the completion of the **required** six month follow-up interview, CASE MET clients will be offered a \$20 gift card.
4. **Charges:** Assessment and treatment services are on a sliding scale and no one is refused services that cannot pay the fee. The fee paid is determined by the business office in consultation with the client, using the Standard Means Chart as a guide. I will be responsible for any charges not covered by insurance, including co-payments and deductibles. Fees are available to me upon request.
5. **Confidentiality, Harm, and Inquiry:** Information from my evaluation and/or treatment is contained in a confidential medical record and I consent to disclosure for use by CASE MET staff for the purpose of continuity of my care. Per Missouri mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.
6. **Prohibition against Redisclosure:** Information from my evaluation and/or treatment is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.
7. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.
8. **Expiration of Consent:** This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time.

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Signature of client

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Date

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Signature of witness

---

Date

## Notice of Privacy Practices Record of Receipt

### *Notice of Privacy Practices Acknowledgment*

The CASE Connections is a group of service providers working together to more effectively coordinate services for our clients by utilizing a shared web-based Electronic health Record and database.

Organizations Participating in the CASE Connections

**PLEASE SEE ATTACHED LIST**

From time to time, additional agencies may wish to join the CASE Connections, at which time the above list will be updated and redisplayed at all participating organizations for your convenience. You may request a copy of this document from any one of them at any time.

The CASE Connections Notice of Privacy Practices provides a detailed explanation of your rights and the practices guiding how information in the CASE Connections is treated. By signing this document, you acknowledge that you have received a copy and have had an opportunity to review the CASE Connections Notice of Privacy Practices.

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Client or Legal Representative      Relationship to Client      Date

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Signature of Witness      Date

## CASE CONNECTIONS

### NOTICE OF PRIVACY PRACTICES

Effective August 1, 2008

#### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The CASE Connections is a multidisciplinary collaborative effort designed to enhance sustainability of recovery for substance abusing persons and their families. By coordinating services through the use of a shared web-based tool, the coalition can more effectively and efficiently provide services to those persons and their families. It also assists the participating agencies in the betterment of quality of service by coordinating, delivering, and managing client care through simplified processes and improved communications.

At the core of the CASE-Connections is a shared web-based tool that connects the agencies involved to a central data repository. Authorized users will access this tool using a web browser to share a uniform set of personal information (name, nickname, gender). Additional treatment and personal information will be entered into the tool in the event that you receive services at one of the participating CASE- Connections agencies. Although this data is being stored in a central data repository, only agencies that provide services to a client will be authorized to view the data and have access to the file. These files will remain locked to all **other** agencies until a client presents themselves for service to a new agency and authorizes the information to be released. Only those individuals authorized by each of the CASE-Connections agencies will have access to the information in the shared web-based tool.

As part of the CASE-Connections, follow-up health surveys are conducted with clients via telephone six and twelve months after exiting services. Data collected through the surveys is used to help the CASE-Connections improve services and treatment for clients in the future.

### **NOTICE REQUIREMENTS**

This Notice explains how agencies participating in the CASE-Connections may use and disclose your personal health care and treatment information. Generally, federal and state law requires health care information that identifies you be kept private.<sup>1</sup> Further, the agencies participating in the CASE-Connections must give you this information related to their legal duties and privacy practices with respect to any health care information they create or receive about you. The CASE-Connections participating agencies are required to follow the terms of the CASE Connections Notice of Privacy Practices that is currently in effect.

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we

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<sup>1</sup> The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164 and the Confidentiality Law, 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

receive in the future. We will post a copy of the current Notice in each of the participating CASE-Connections agencies. A copy of the current Notice in effect will be available at the receptionist's desk at each of the participating agencies.

**This Notice applies only to the personal health care and treatment information that is generated by participants in the CASE-Connections and received by the CASE-Connections shared web-based tool and database. All references to health information in this document describe information about the treatment and services provided by participating CASE-Connections agencies.**

Contact: If you have any questions about this notice, please contact the Privacy Officer at (816) 531.7788 for any updated information.

## **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

Generally, you must sign a written authorization before CASE-Connections participating agencies can share health information about you to anyone outside the agency. For example, we must get your written authorization before we can release information to your health insurer for payment. You may cancel your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization but we will be unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Federal law allows us to release information without your written permission for the following reasons:

*Business Associates:* Some services of participating CASE-Connections agencies are provided through contracts with business associates such as accreditation agencies, management consultants, and quality assurance reviewers. We may disclose your health information to these business associates so they can perform the job a participating agency has asked them to do.

*Commitment of a Crime.* A participating agency may report crimes committed on its premises or against its program personnel, or a threat to commit such crimes.

*Suspected Child Abuse or Neglect.* We may disclose information about suspected child abuse or neglect to appropriate state and local authorities.

*Health Oversight Activities:* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

*Medical Emergencies.* We may provide your medical and treatment information to medical providers responding to your medical emergency.

*Required by law:* We will disclose health information about you without your permission when required to do so by court order or federal, state, or local law.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your record is the physical property of the CASE-Connections participating agency from which you receive services, the information belongs to you. You have the right to:

*Copy:* Obtain a copy of this Notice of Information Practices upon request.

*Inspect:* Inspect and request a copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that another health care professional, chosen by someone on our health care team, review the denial. We will abide by the outcome of that review.

With respect only to the records held by the CASE-Connections participating agencies *that must comply with federal HIPAA privacy laws*, you have the right to:

*Restriction:* Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*Amend:* Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by the CASE-Connections participating agency's health care team, is not part of the information kept by one of the participating agencies in the coalition, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your record.

*Accounting:* Obtain an accounting of certain disclosures of your health information during the six years prior to your request, but not earlier than April 14, 2003.

*Confidential:* Request communication of your health information by alternative means or locations.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint. This complaint must be in writing to: Privacy Official, Randolph County Caring Communities 423 East Logan, Moberly, MO 65270, Phone: (660) 263-7173. There will be no retaliation or punishment for filing a complaint.

You also have the right to share your complaints with the Secretary of the Department of Health and Human Services. Secretary, Dept. of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201 – Phone (202) 619.0257.

Violation of the federal Confidentiality Law by a program is a crime. Suspected violations may be reported to the United States Attorney in your district or the MO-WRO/ Alcohol and Drug Abuse Services.

**Attachment 4: Letter to SSA**

Intergovernmental Review

Page 1 of 1

From: Williams, Brian

To: sara.vanderfeltz@oa.mo.gov

Date: Wednesday, April 03, 2013

10:27:51 AM Subject:

Intergovernmental Review

Good morning.

The Randolph County Caring Communities Partnership is applying for a SAMHSA grant to implement the utilization of technology to increase access to treatment services. I have attached the Project Abstract as well as the SF-424.

If there is any additional documentation required, please feel free to contact me at [willib4@lpha.mopublic.org](mailto:willib4@lpha.mopublic.org), or you may call me at 660- 263-7173.

Thanks,  
Brian Williams

**Attachment 5: Copy of the signed, executed EHR vendor contract**

(not applicable)

**Attachment 6: IRS Determination Letter**

Internal Revenue Service

Date: May23, 2007

Department of the Treasury

P. O. Box 2508

Cincinnati. OH. 45201

RANDOLPH COUNTY CARING COMMUNITY

INC

% DEBORAH MCDONOUGH

PO BOX 653

MOBERLY MO 65270-0653 538

Person to Contact:

Ms. Julius 3108345

Customer Service Representative

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

62-2199775

Dear Sir or Madam:

This is in response to your request of May 23, 2007, regarding your organization's tax exempt status. In March 2000 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code. Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

*Michele M. Sullivan*

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1

**SAMHSA TCE-Health IT (CFDA No.: 93.243)**  
**Randolph County Caring Community Partnership Application – April 2013**

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**Areas Affected By Project (Cities, Counties, States, etc)**

- Randolph County
- Saline County
- Pettis County
- Lafayette County
- Boone County

**SAMHSA TCE-Health IT (CFDA No.: 93.243)**  
**Randolph County Caring Community Partnership Application – April 2013**

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Additional Project Congressional Districts

- MO-005
- MO-009

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1**

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

**Project/Performance Site Location 2**

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

## Project/Performance Site Location(s)

**Project/Performance Site Location 3**

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

**Additional Location(s)**

# **DISCLOSURE OF LOBBYING ACTIVITIES**

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

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b>	<b>2. * Status of Federal Action:</b>	<b>3. * Report Type:</b>	
<input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change	
<b>4. Name and Address of Reporting Entity:</b>			
<input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee			
* Name	Randolph County Caring Community, Inc.		
* Street 1	423 E. Logan Street	Street 2	
* City	Moberly	State MO: Missouri Zip 65270-2222	
Congressional District, if known: MO-004			
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>			
<b>6. * Federal Department/Agency:</b>			
SAMHSA			
<b>7. * Federal Program Name/Description:</b>			
Substance Abuse and Mental Health Services_Projects of Regional and National Significance			
CFDA Number, if applicable: 93.243			
<b>8. Federal Action Number, if known:</b>			
<b>9. Award Amount, if known:</b>			
\$			
<b>10. a. Name and Address of Lobbying Registrant:</b>			
Prefix	Mr.	* First Name Brian	Middle Name Keith
* Last Name	Williams		Suffix
* Street 1	423 E. Logan Street		Street 2
* City	Moberly	State MO: Missouri	Zip 65270-2222
<b>b. Individual Performing Services</b> (including address if different from No. 10a)			
Prefix	Mr.	* First Name Brian	Middle Name Keith
* Last Name	Williams		Suffix
* Street 1	423 E. Logan Street		Street 2
* City	Moberly	State MO: Missouri	Zip 65270-2222
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			
* Signature:	Brian Williams		
* Name:	Prefix	* First Name Brian	Middle Name Keith
	Mr.		
* Last Name	Williams		Suffix
Title:	Executive Director	Telephone No.:	660-263-7173
Date:	04/10/2013		

**CHECKLIST**

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

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

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

1. Proper Signature and Date on the SF 424 (FACE PAGE) .....  Included  NOT Applicable
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)

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

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

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

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

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

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

Prefix:  Mr. First Name:  Brian Middle Name:  Keith  
 Last Name:  Williams Suffix:   
 Title:  Executive Director  
 Organization:  Randolph County Caring Community, Inc  
 Street1:  423 E. Logan Street  
 Street2:   
 City:  Moberly<sup>1</sup>  
 State:  MO: Missouri ZIP / Postal Code:  65270 ZIP / Postal Code4:  2222  
 E-mail Address:  caringcomm@rcccpmo.org  
 Telephone Number:  660-263-7173 Fax Number:  660-263-7244

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

Prefix:  Mrs. First Name:  Lorna Middle Name:  Dean  
 Last Name:  Miles Suffix:   
 Title:  Program Director  
 Organization:  Randolph County Caring Community, Inc  
 Street1:  423 E. Logan Street  
 Street2:   
 City:  Moberly<sup>1</sup>  
 State:  MO: Missouri ZIP / Postal Code:  65270 ZIP / Postal Code4:  2222  
 E-mail Address:  caringcomm@rcccpmo.org  
 Telephone Number:  660-263-7173 Fax Number:  660-263-7244

**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)**

# Survey on Ensuring Equal Opportunity For Applicants

## Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

## Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	Randolph County Caring Community, Inc
Applicant's DUNS Name:	0174627840000
Federal Program:	Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need
CFDA Number:	93.243

1. Has the applicant ever received a grant or contract from the Federal government?  
 Yes       No
2. Is the applicant a faith-based organization?  
 Yes       No
3. Is the applicant a secular organization?  
 Yes       No
4. Does the applicant have 501(c)(3) status?  
 Yes       No
5. Is the applicant a local affiliate of a national organization?  
 Yes       No
6. How many full-time equivalent employees does the applicant have? (Check only one box.)  
 3 or fewer       15-50  
 4-5       51-100  
 6-14       over 100
7. What is the size of the applicant's annual budget? (Check only one box.)  
 Less Than \$150,000  
 \$150,000 - \$299,999  
 \$300,000 - \$499,999  
 \$500,000 - \$999,999  
 \$1,000,000 - \$4,999,999  
 \$5,000,000 or more

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.