

Bus Off: Hayden, Bruce

Council: 08/2011

Receipt Date: 06/14/2011

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* 3. Date Received: 06/14/2011	4. Applicant Identifier: Spectrum Programs Inc.	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: Spectrum Programs Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1415981		* c. Organizational DUNS: 0307611750000
d. Address:		
* Street1: 11031 NE 6th Ave		
Street2: <input type="text"/>		
* City: Miami		
County/Parish: <input type="text"/>		
* State: FL: Florida		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 33161-7182		
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Bruce	
Middle Name: <input type="text"/>		
* Last Name: Hayden		
Suffix: <input type="text"/>		
Title: Chief Executive Officer		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 305-757-0602	Fax Number: <input type="text"/>	
* Email: bhayden@spectrumprograms.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-11-002

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Smart Phone and Recovery

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="280,000.00"/>
* b. Applicant	<input type="text" value="86,803.20"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="366,803.20"/>

* 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Abstract

Smart Phone, Smart Recovery Project for Women will increase access and availability of outpatient substance abuse treatment services to 400 women with histories of prescription medication misuse, abuse or dependence through the use of a patient communication portal that, in addition to a Recovery Coach, will assist with enhancing motivation for treatment and provide tools for self-management. Once engaged in treatment, web-based and electronic applications including e-therapy and tele-support accessed from mobile devices (e.g., smart phone, tablet), will enhance treatment attendance and effectiveness through the use of self-management reminders and educational prompts, and access to personal health records. All information within the patient portal will be developed utilizing the principles Motivational Interviewing and Recovery Support philosophy. Spectrum Programs, Inc, a comprehensive substance abuse treatment company in South Florida will provide engagement and technologically enhanced outpatient services to 400 women (100 in year 1, 150 in years 2 and 3) referred from Drug Courts and Corrections in Broward County, Florida.

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BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. TCE- Health IT	93.243	\$ []	\$ []	\$ 280,000.00	\$ 86,803.20	\$ 366,803.20
2.		[]	[]	[]	[]	[]
3.		[]	[]	[]	[]	[]
4.		[]	[]	[]	[]	[]
5. Totals		\$ []	\$ []	\$ 280,000.00	\$ 86,803.20	\$ 366,803.20

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
TCE-- Health IT					
a. Personnel	\$ 133,980.00	\$	\$	\$	\$ 133,980.00
b. Fringe Benefits	48,565.53				48,565.53
c. Travel	2,953.50				2,953.50
d. Equipment	0.00				
e. Supplies	96,321.75				96,321.75
f. Contractual	64,503.95				64,503.95
g. Construction	0.00				
h. Other	1,330.00				1,330.00
i. Total Direct Charges (sum of 6a-6h)	347,654.73				\$ 347,654.73
j. Indirect Charges	19,148.47				\$ 19,148.47
k. TOTALS (sum of 6i and 6j)	\$ 366,803.20	\$	\$	\$	\$ 366,803.20
7. Program Income	\$	\$	\$	\$	

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	TCE Health 93.243	\$ 280,000.00	\$	\$	\$ 280,000.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 280,000.00	\$	\$	\$ 280,000.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
14. Non-Federal	\$ 86,803.20	\$ 21,700.80	\$ 21,700.80	\$ 21,700.80	\$ 21,700.80
15. TOTAL (sum of lines 13 and 14)	\$ 366,803.20	\$ 91,700.80	\$ 91,700.80	\$ 91,700.80	\$ 91,700.80

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.	TCE Health IT	\$ 280,000.00	\$ 28,000.00	\$ 280,000.00	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 280,000.00	\$ 28,000.00	\$ 280,000.00	\$

SECTION F - OTHER BUDGET INFORMATION

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

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Section A: Statement of Need

The alarming rise of abuse of prescription drugs has posed a significant public health concern over recent years. According to a recently published study conducted by the Substance Abuse and Mental Health Services Administration (Substance Abuse and Mental Health Services Administration, 2010), substance abuse treatment centers across the country have collectively seen a 400 percent increase in admissions from individuals aged 12 and over reporting abuse of prescription pain killers. Nonmedical use of prescription pain killers itself is now the second most prevalent form of illicit drug use in the nation (SAMHSA, 2010). However the misuse and abuse of prescription drugs is not limited to the use of pain killers. There has been a rise in nonmedical use of several classifications of drugs including opioids frequently prescribed to relieve pain (NIDA, 2011), central nervous system depressants used to treat anxiety and sleep disorders (NIDA, 2011), stimulants used to enhance cognitive functions and commonly prescribed for conditions such as narcolepsy ADHD, and depression, as well as muscle relaxers (Bailey & Briggs, 2002). Investigation has revealed that non-medical use of prescription drugs occurs for a number of reasons including self-medication for psychiatric symptoms and recreational use (Judson & Langdon, 2009; Inciardi, Surratt, Cicero, Kurtz, Martin, & Parrino, 2009; Inciardi, Surratt, Kurtz, & Cicero, 2007). Research also shows that prescription drug abusers often simultaneously use or abuse other drugs, even mixing multiple drugs in a single use (Inciardi et al., 2007; Judson & Langdon, 2009).

South Florida (Miami-Dade, Broward, and Palm Beach Counties) is a location central to the nation's problem with increasing rates of prescription drug abuse. According to the National Drug Intelligence Center (2009), law enforcement agencies across several states including North Carolina, Alabama, Georgia, Massachusetts, New England and Kentucky state that individuals abusing prescription drugs often travel to Florida to obtain their supply. The South Florida metro area has a large number of pain management clinics, which makes this area a highly attractive location for consumers wishing to easily obtain prescription drugs. Broward County, in particular, has received local and national attention as the "Painkiller Capital of the United States" (Hiaasen, 2009). In 2008 alone, the DEA estimated that the number of pain management clinics in South Florida more than doubled – from 60 to 150, with 89 of these clinics located in Broward County (Hiaasen, 2009). Although the Agency for Healthcare Administration (AHCA) provides oversight of pain clinics, Florida law demands supervision only for clinics that accept health insurance (Hiaasen, 2009). Many pain clinics circumvent this requirement by requiring cash payments (Hiaasen, 2009). The lack of adequate controls over prescription drug manufacturing and dispensing has made it relatively easy for consumers to obtain prescription drugs for nonmedical use. Other reports indicate that individuals have actually relocated to South Florida for ease of access to the illicit prescription drug market, described as much easier to navigate than for other urban centers with lower street prices (Inciardi et al., 2007).

Drug-Related Deaths in South Florida

There have been serious health consequences for Floridians as a result of the proliferation of easy-to-access prescription drugs through the large number of pain management clinics. The Florida Department of Law Enforcement and the Medical Examiners Commission (2010b) publish a yearly report on drug-related causes of death in the state of Florida. Statewide trends indicate that prescription drugs were responsible for the overwhelming majority of drug-related

deaths, with Oxycodone in particular deemed the cause of the most deaths (N=1,185). Closely followed is death by Benzodiazepines (N=1,099) with the majority of these deaths caused by one particular drug, Alprazolam, also known by the brand name Xanax, commonly used to treat anxiety-related disorders (FDLE, 2010b). There is a marked 13.9% increase in the number of individuals that died with at least one prescription drug in their system from the years 2008-2009 (FDLE, 2010b). Medical examiners have also determined that oxycodone is responsible for a 25.9% increase in deaths between 2008-2009. The most recent figures demonstrate that death caused by prescription drugs continues to increase with every passing year in the state of Florida. The Florida Department of Law Enforcement and Medical Examiners Commission (2010a) reports in their interim report on drug use for January-June 2010 that prescription drugs (Benzodiazepines, Carisoprodol/Meprobamate, Zolipem, and all Opioids excluding Heroin) continue to be found more often than illicit drugs for both lethal (87%) and non-lethal (78%) levels. In fact, prescription drugs account for a full 81% of all drug occurrences among the deceased when ethyl alcohol is excluded (FDLE, 2010a).

As can be expected by the large number of pain management clinics that offer easy access to prescription drugs, the counties in South Florida together have the largest number of prescription-drug related deaths. There was a total of 475 deaths attributed to Oxycodone in the three counties in the South Florida metro area (Miami-Dade, Palm Beach, and Broward) in 2009 alone. This number accounts for almost a quarter (24.4%) of deaths by prescription drugs in the entire state. Statewide figures show that approximately 11.6% of all of the deaths by oxycodone – the prescription drug responsible for the majority of deaths in Florida - took place in Broward County, the “painkiller capital of the United States.” There were approximately 791 deaths due to prescription drug misuse/abuse in Broward County alone throughout the year of 2009. Broward County also leads the rest of the State in number of accidental deaths by Diazepam (N=131).

Prescription Drug Abuse: Women's Drug of Preference?

Women are especially at risk for prescription drug abuse, and in lieu of proper treatment addressing their specific needs, are also at increased risk of death. Research reveals several factors that contribute to women being at increased risk for prescription drug abuse, including greater medical exposure to psychotropic drugs. Greater access to prescription drugs with potential for abuse has been linked throughout the literature to gender differences in coping with and expressing anxiety or psychological distress, willingness to seek medical care, perceptions of illness, and physician prescribing bias (Simoni-Wastila, 2000). Research shows that women are prescribed abusable prescription drugs 48% more often than men overall (Simoni-Wastilla, 2000), even after controlling for other factors such as diagnosis, demographic variables, health insurance, and health status. Gender differences exist primarily in women's use of narcotic and anxiolytic prescription drugs (Simoni-Wastilla, 2000). It is important to note that all of these women who are prescribed these drugs will not necessarily go on to misuse, abuse, or develop a dependency on prescription drugs. However, available data from the Substance Abuse and Mental Health Data Archive (U.S. Department of Health and Human Services, 2010) suggest that greater access to prescription drugs may indeed lead to problem use behavior among a sizeable proportion of women.

Data from the Treatment Episode Dataset (TEDS-A) collects descriptive information on individuals at admission to substance abuse treatment providers across the nation. A glance at the

data reveals that 13.4% of women across the United States reported opiates/synthetics (does not include heroin, primarily prescription drugs) as a substance of abuse at admission into treatment. Gender differences are apparent as almost twice as many women (13.4%) report abuse of prescription opiates when compared to men (8.2%). Abuse or dependency on prescription drugs poses a great public health concern, especially for women with problematic drug use behavior during their child-bearing years. The National Study on Drug Use and Health (US DHHS, 2010) collects data on the prevalence of drug use from a national sample of individuals aged 12 and older. Approximately 18.8% of pregnant women reported using prescription pain relievers, 10.8% reported using tranquilizers, and another 6.8% reported using stimulants that were not prescribed to them for the feeling that they cause. Recreational use of prescription drugs during pregnancy poses grave health risks for these women and their unborn babies.

Access to Substance Abuse Services

Women and men alike face barriers related to accessibility of substance abuse services. Long waiting lists for substance abuse services have been reported nationwide (Chun, Guydish, Silber, & Gleghorn, 2008; Jacobson, 2004) with an average wait time of one month (Kaplan & Johri, 2000). Timely treatment access is important to people with drug problems due to their ambivalence about seeking treatment, low tolerance for waiting, and continuing drug use while on lists (Chun et al., 2008). Somewhere between 25-50% of people on waiting lists are never admitted to treatment (Donovan, Rosengren, Downey, Cox & Sloan, 2001; Festinger, Lamb, Kountz, Kirby, & Marlowe, 1995; Stark, Campbell, & Brinkerhoff, 1990) and a drop off rate of about 40% has been found on waiting lists after 2 weeks (Kaplan & Johri, 2000).

Increasing attention has also focused on social and contextual factors in the lives of individuals seeking treatment to explain large attrition rates pre- and during the course of substance abuse treatment. It has been largely reported that women face a high degree of stigma towards seeking substance abuse services. Taking into consideration long waiting lists where motivation to seek treatment may wane over time, among the women who seek out treatment for dependence or abuse of prescription drugs, many of them may not actually begin a course of treatment. After beginning treatment, women may encounter a number of social and contextual factors that may serve as barriers to successful completion of treatment. Among these factors include opportunity cost of diverting time and energy to treatment and travel burden when treatment services are located inconvenient to home or workplace (Jacobson, 2004). Opportunity costs, or the cost of any activity compared to an alternative forgone, may be higher for women who may prioritize caretaking responsibilities to their families above time spent in treatment or self-care activities needed for full recovery.

There is a great cause of concern when examining the number of women reporting prescription drug abuse in the state of Florida. Compared to the national average of 13.4%, approximately 19.3% of women in the state of Florida report abuse of prescription opiates. The greater level of reported prescription drug abuse in the state of Florida is perhaps unsurprising given the nationwide reputation of easy access to prescription pills throughout South Florida. However, there is a strong body of evidence that women are less likely to seek out substance abuse treatment services when needed. There are a number of reasons for gender differences seen in substance abuse treatment, including perceptions of stigma, caretaking responsibilities to family. Aside from gender-related barriers to seeking out substance abuse services, the existence of long waiting lists may serve as another barrier to entering treatment. Taken together, all of the

aforementioned figures provide support to the need for accessible community-based substance abuse services for women.

Technology-based Substance Abuse Treatment Services

Technology-based substance abuse treatment services have shown promise as a viable alternative to traditional face-to-face therapy for substance abuse services. Users of Internet- and technology-based services report an affinity for the convenience, ease of use, and 24 hour/7 day per week access (Abbott, Klein, & Ciechomski, 2008; Cucciare, Weingardt, & Humphreys, 2009). Other research suggests that e-interventions may be appealing to isolated or stigmatized groups (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003; Griffiths, Lindenmeyer, Powell, Lowe & Thurgood, 2006). In general, technology-assisted interventions have the potential to enhance the effectiveness of substance abuse disorder treatment by providing an alternative means of presenting information, support, and encouragement to treatment-seeking individuals (VanDeMark, Burrell, LaMendola, Hoich, Berg, & Medina, 2010).

Technology-assisted interventions may serve the needs of women by reducing travel burden and opportunity cost that serve as barriers to the entrance and completion of traditional face-to-face treatment protocols. There is also evidence that women may be more inclined to take advantage of technology-based substance abuse services than men. Women and parents were nearly two-times more likely to engage in a technology-supported motivational interviewing based substance abuse intervention (VanDeMark et al, 2010). Technology-based interventions have also been found efficacious in improving motivation, engaging into treatment, and challenging substance abuse behavior among engagement for perinatal women (Ondersma, Chase, Svikis, & Schuster, 2005). Some evidence has emerged suggesting that the use of technology in detecting, informing, and educating individuals with substance abuse disorders produces similar or better results than traditional counselor-facilitated approaches (Bickel, Christensen, & Marsch, 2011).

All evidence points toward technology-assisted interventions as an effective enhancement for the treatment of prescription drug dependence or abuse for women. Not only are women among the majority of prescription drug abusers, but the age demographic that demonstrates the greatest level need are under the age of 35. For instance, the age demographic that reports that 25-34 year olds account for the highest rates of substance abuse treatment for pain reliever abuse (38.5%) followed by the 18-24 year olds (26.5%) (SAMHSA, 2010). These younger age groups may have greater level of experience and comfort in using technology-based interventions.

Section B: Proposed Evidence-Based Service/Practice

Purpose, Goals & Objectives: The Smart Phone, Smart Recovery Project for Women

The purpose of this project is to create a technology supported intervention designed to promote engagement, provide peer support, and support the recovery of women in Broward County, Florida from prescription medication abuse and dependence. The complementary use of innovative, emerging, and existing evidence based practices will aid in bridging the gap by developing engagement strategies so that women are able to access services and overcome the existing barriers to care. Ultimately, the creation and implementation of a technology enhanced outpatient program will result in the development of a continuum of care

that increases access to quality, consumer-centered substance abuse treatment and other healthcare services.

Specifically, the following goals and objectives have been designed for this project:

Goal 1: Increase access and availability of substance abuse treatment services to 400 women with histories of prescription medication abuse or dependence through the use of a patient communication portal that will assist with enhancing motivation for treatment and provide tools for self-management.

- 100% of women will be assigned a Recovery Coach at the time of assessment.
- 100% of women presenting for treatment will be provided with technology mobile devices (tablet or smart phone) and provided training in the use of the “Smart Recovery” patient portal that will allow for recovering planning by the women.
- 85% of women will complete motivational engagement exercises and recovery planning exercises within the patient portal and exchange information with Recovery Coaches.
- 75% of women will choose to receive Motivational Enhancement Therapy via e-therapy at times most convenient to them as a replacement to office-based services within the outpatient clinic.
- There will be a 25% increase in women engaged into treatment as evidenced by active participation in 6 electronic and e-therapy services within the first 30 days of admission into treatment.
- 85% of participants will report satisfaction with the patient portal.

Goal 2: Once engaged in treatment, web-based and electronic applications accessed from mobile devices (e.g., smart phone, tablet), will enhance treatment attendance and effectiveness through the use of self-management reminders and educational prompts, and access to personal health records.

- 100% of women in treatment for at least 30 days will complete a wellness recovery action plan (WRAP) within the Patient Portal and monitor progress on implementation
- 85% of women in treatment will access the patient portal on a weekly basis to update treatment plan progress, plan Recovery activities, and review educational materials related to recovery.
- 85% of women in treatment will receive weekly reminders via email and text from Recovery Coaches related to Relapse Prevention planning commitments.
- 85% of women will report satisfaction with integrated healthcare delivery.
- There will be a 25% increase in the number of women successfully completing outpatient treatment as a function of the technology extenders within treatment.

Web-Based and Electronic Applications as Evidence-Based Practice

Patient Communication Portals

The use of patient communication portals for behavioral healthcare is consistent with the concurrent recovery model, which evaluates the treatment of substance use disorders from an ongoing, during-treatment perspective much as physicians regularly monitor the progress of treatment for diabetes, hypertension or asthma. Supporting the engagement and retention of women in substance abuse treatment often presents considerable logistical challenges. The patient portal provides treatment staff with an unparalleled opportunity to remain engaged with clients even when women cannot attend face-to-face sessions. The Smart Recovery patient portal will allow women to monitor and track the type and degree of symptoms they experience, progress towards achieving individualized recovery goals and their success in following individualized plans. This portal also supports the delivery of interactive educational content to promote the sustained adoption of acquired skills.

In the area of substance use disorder treatment, the use of web-based patient portals and programs to enhance treatment engagement and retention is showing effectiveness. In a study of pregnant cocaine abusers, those who used online services three or more times per week were found to be two to three times more likely to participate in self-care activities and treatment than clients assigned to the usual face-to-face support (Alemi, Stephens, Javalghi, Dyches & Butts, 1996).

Tele – Therapy/E-Therapy

As a supplement to traditional behavioral interventions, e-therapy will also be utilized. E-Therapy is a relatively new medium through which counseling is delivered. Because this is an emerging treatment, there is a scarcity of research currently available. The research that is available indicates that this is a promising new practice as it is more convenient and potentially more secure and confidential for consumers (Postel, 2005). Though there has been some criticisms of E-therapy due to doubts regarding whether the therapeutic alliance can develop in a relationship that is not face to face, research shows that the therapeutic working alliance can and does develop when therapy is delivered over the internet (Knaevelsrud & Maercker, 2006). This, coupled with the convenience of e-therapy, improves access to quality services, especially for populations that are difficult to reach through traditional healthcare service delivery methods (Postel, 2005). As such, it may be especially useful for returning veterans who find the stigma of obtaining behavioral healthcare services to be prohibitive.

Nascent research also demonstrates the efficacy of E-therapy in reducing a variety of behavioral health symptoms including those resulting from social phobia, panic disorder, depression and anxiety disorders (Andersson, Bergstrom, Carlbring, Lindefors, 2005; Carlbring, Nordgren, Furmark, & Andersson, 2009; Klein, Richards, and Austin, 2005; Spek, Cuijpers, Nyklicek, Riper, Keyzer & Pop, 2007). A study by Carlbring and colleagues (2005) found that e-therapy may be equally effective for panic disorder as traditional face to face therapy. Among consumers displaying a range of trauma symptoms, treatment delivered through the internet resulted in improvements (Lange, Rietdijk, Hudcovicova, Van De Ven, Schrieken, Emmelkamp, 2003).

E-therapy refers to the delivery of mental health services online. Online services are typically delivered in the form of email communications, discussion lists, live chat rooms, or live audio or audiovisual conferencing. The potential benefits they have for clients and practitioners within the Smart Phone Smart Recovery for Women Project will:

- Make it possible for women to access services at any time, any day of the week
- Take services to women in their homes
- Increase honesty and candor – experience shows consumers may be more forthcoming on the Internet than in person
- Reach women who are unwilling for a variety of reasons to seek face-to-face services
- When conducted asynchronously (email), they allow the client and the worker to fully reflect on the issues being discussed
- Reduces the time needed for the client and practitioner to develop rapport
- Make help available to the client at the time of greatest need

The project will subcontract with MDwebLive, an innovative medical service where youth and families can communicate with their Wraparound Team, face-to-face in real time, via webcam and email. The Miami Dade Wraparound Project will also offer families several remote treatment alternatives, such as “Tel-A-Therapy” (therapy sessions by phone), “E-Therapy” (therapy sessions through electronic media) and “Phone Crisis Support” whereby families and youth can have access to immediate help if and when unable to access their specific individualized services/program in person.

Recently, studies have examined the effects of information-based technologies as a delivery medium for the treatment of addiction. In a comparative study with opioid-dependent outpatient clients that compared a computer-based approach to therapist-based treatment, it was found that the computer and therapy based presentations produced similar total number of abstinent weeks and longer continuous abstinence than the standard treatment. Bickel, Marsch, Buchhalter & Badger (2008) reported that the computer-based treatment required substantially less therapist intervention time compared with the therapist-led treatments, making the program more cost-efficient. In addition, the authors found there was no difference between the three treatments when assessed by the helping alliance questionnaire, indicating that these approaches can be introduced into new therapeutic settings without jeopardizing clinically important alliances between clients and staff.

Similarly, Carroll and colleagues (2008), published a similar comparative study and found that participants assigned to the computer-based treatment submitted significantly more negative urine screens for any type of drug and tended to have longer continuous periods of abstinence during treatment than the other therapies. Moreover, participants stayed in treatment longer and evaluated the computer-based program more positively than the standard treatment.

Motivational Interviewing/Motivational Enhancement Therapy

Coaches will be trained in **Motivational Interviewing/Motivational Enhancement Therapy**. These interventions were developed under the framework of the Trans-theoretical model of behavior change that views recovery as a stage wise progression. This counseling style aims to elicit behavior change through the use of motivational techniques that view the consumer as an

equal partner in the behavior change process (Rollnick & Miller, 1995). Positive outcomes have been shown for a broad range of treatment goals including reduction of substance abuse and risky behaviors (Lundahl & Burke, 2009). MI/MET will be implemented throughout all service delivery and will be especially important in technologically enhanced engagement activities where the goal is to raise consumer awareness and motivation in entering and remaining in treatment.

Motivational Enhancement Therapy (MET) has a high level of empirical support as an effective, durable treatment for substance use disorders and smoking (Bien, Miller & Tonigan, 1993; Project MATCH Research Group, 1997; Wilk et al., 1997). Given the comparatively high severity of drug abusing participants, it is unlikely that this typically brief (3-4 session) approach will be sufficient treatment for many treatment-seeking drug-dependent individuals. Instead, MET techniques might be integrated into the early (orientation/ entry/stabilization) phase of drug abuse treatment as a strategy to enhance initial retention and outcome. This client-centered counseling approach enhances readiness to change by reducing ambivalence. Counselors match treatment strategies with the client's degree of readiness to change. In early stages, the counselor acts as a coach to enhance motivation to change; in later stages, the counselor acts to sustain motivation and links the client with the resources and skills needed to make and sustain behavioral changes. Motivational interviewing and enhancement therapy is an evidence-based approach to treatment that has been demonstrated to yield positive substance abuse outcomes as well as to be effective in enhancing substance use disorder treatment engagement, retention, and adherence.

Several recent studies have suggested the effectiveness of brief motivational approaches for enhancing engagement among drug abusing populations. For example, Saunders and colleagues (1995) reported that a single session of motivational interviewing for participants entering a methadone maintenance program had greater commitment to abstinence and fewer opioid-related problems over a 6-month follow up period. Both Swanson and colleagues (1999) and Martino and colleagues (2000) reported that a single session of motivational interviewing was associated with better treatment compliance and retention for dual-diagnosis participants compared with treatment as usual in inpatient and day treatment settings, respectively. A multisite trial of 450 marijuana-dependent participants found that 2 sessions of MET was significantly more effective than a delayed-treatment control condition in reducing marijuana use and related outcomes (Babor, 2004). A study conducted in a community treatment program found that a single session of MET, delivered by the CTPs staff members who received only brief (single day) training, doubled the rate of treatment initiation compared to the standard evaluation among drug-abusing parents referred to treatment through the child protection system (Carroll, Libby, Sheehan et al., 2001). Further, web-based approaches have been demonstrated to be efficacious in the delivery of motivational enhancement strategies (Ondersma, Chase, Svikis & Schuster, 2005; Ondersma, Svikis, & Schuster, 2007). In these studies, it was demonstrated that one session of computer-delivered motivational interventions for post-partum women resulted in improvements in the motivation of participants to engage in treatment and challenge their substance abuse behavior.

Wellness Recovery Action Planning

Recovery Coaching will also be provided in the proposed project through the implementation of Wellness Recovery Action Planning programs and Recovery Coaches. Wellness Recovery Action Plan: The WRAP model (Wellness Recovery Action Plan) is a self-directed wellness

program that teaches participants to take care of themselves, by helping them recognize triggers that cause problems, build action plans to prevent problems and develop skills to face crises that may develop (WRAP was developed by Mary Ellen Copeland (2009); Copeland Center for Wellness & Recovery, 2009). The WRAP is a model that fits in well with a *recovery oriented* philosophy. This model helps identify and build upon each individual's assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community. The training reviews principles of recovery and teaches the participants how to develop a WRAP. This training is designed to help consumers and professionals shift out of a "chronic illness" mindset, into a "wellness" mindset that supports recovery for everyone. WRAP instills a new sense of hope that inspires personal responsibility and motivates people to embrace recovery and stay well. It also promotes more effective self-advocacy. (Copeland, 2009; CCWR, 2009)

WRAP is a structured system that helps identify wellness tools and teaches how to use these tools when needed, every day or when having particular feelings or experiences (Copeland, 2009; CCWR, 2009). WRAP also provides a set of Behavioral Health Recovery Values and Ethics for consumers, providers, and stakeholders. There are five key recovery concepts that have been found to be essential to effective recovery work. They are:

1. *Hope* - People who experience behavioral health difficulties get well, stay well and go on to meet their life dreams and goals.
2. *Personal Responsibility* - It's up to the consumer, with the assistance of others, to take action and do what needs to be done to keep well.
3. *Education* - Learning all one can about what one is experiencing so one can make good decisions about all aspects of your life.
4. *Self Advocacy* -Effectively reaching out to others so that one can get what it is that one needs, wants and deserves to support your wellness and recovery.
5. *Support* - While working toward wellness is up to the consumer, receiving support from others and giving support to others will help the consumer feel better and enhance the quality of life.

All of the evidence based practices delineated above have shown strong evidence and have solid research support. They place heavy emphasis on consumers' involvement in their recovery process, motivate behavior change, and aid women through the recovery process. All services, will be available through telemedicine. Treatment services will be funded through Medicaid/Medicare, private insurance, or State funding. In this way, the proposed project will create a technologically enhanced outpatient modality that targets the needs of women and is especially tailored to overcoming the logistical barriers and stigma that prevents access to quality, behavioral treatment services for this population.

Adaptations and Modifications

All evidence based practices chosen will be made available to participants via telemedicine. That is, consumers will be able to access all EBPs through the internet. The use of the internet to deliver services is important for this population as it may aid them in overcoming the stigma that many women face when accessing substance abuse services. In this way, consumers will be able to access services online, at their convenience, and without the stigma they once faced. The

availability of these services through the internet may also help alleviate consumers' concerns for privacy.

Justification for Choice of Practices

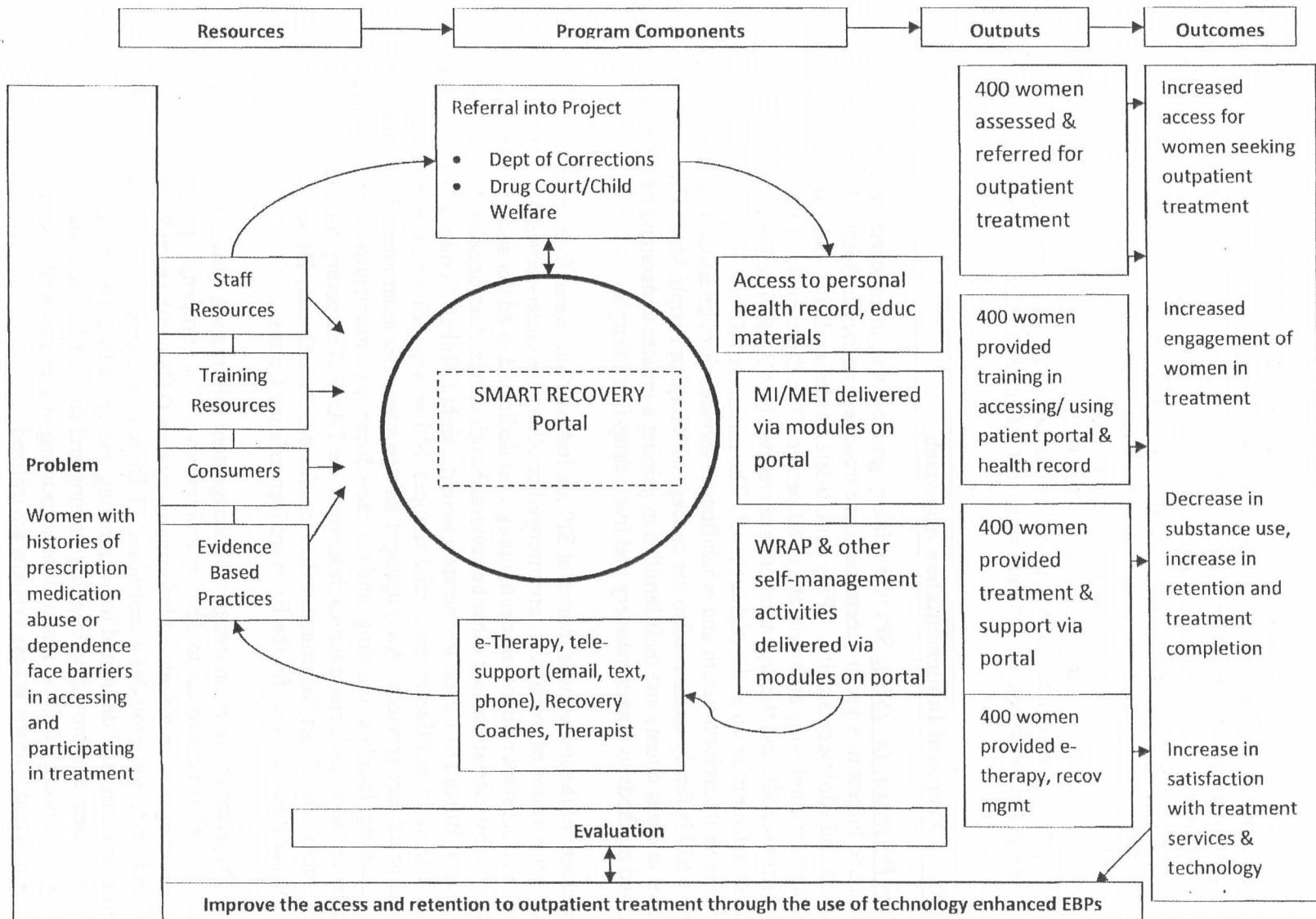
The evidence-based practices and services described above were specifically chosen because they are consumer-focused, strength-based, consistent with the principles of a recovery oriented system of care, and particularly appropriate for the cultural needs of the target population: women. Each of the practices delineated above have been found effective with vulnerable populations for a host of behavioral and mental health problems. Though some of the interventions chosen are emerging, and further research is necessary, these practices were chosen because they are tailored towards overcoming the barriers that cause complications in access to treatment services by women seeking outpatient substance abuse treatment.

Cultural Needs

The Smart Phone Smart Recovery project for women will graciously meet cultural needs of consumers through hiring and training staff who are well-versed in understanding the needs of women seeking treatment. Spectrum Programs has a 40 year history of providing services to consumers with unique needs and prides itself on employing a workforce of over 300 staff; 85% of which are Hispanic, another vulnerable population and reflective of the population served.

Logic Model

The logic model for **Heroes in Recovery**, presented on the following page, clearly depicts how the above-mentioned services and practices will meet the project's overall goals and objectives:



Cultural Considerations

Race, culture and ethnicity are too often negatively correlated with substance abuse and other health and economic disparities (US DHHS, 2001). Significant disparities among race/ethnic minority groups are maintained, in great part, as the result of the poorer quality of available treatment and overall poorer individualized care, further compounded by existing barriers that limit access to services. Barriers to receiving and accessing appropriate care include but are not limited to general mistrust, fear of treatment, racism and discrimination, and differences in language and communications among race/ethnic/cultural minorities. Given the racial, cultural/ethnicity diversity in the population of South Florida (particularly the high percentage of Hispanics), great effort will be made to provide materials (e.g., forms, protocols, letters, self-help materials, all portal materials, etc.) in languages that reflect the culture of the populations of focus.

Section C: Proposed Implementation Approach

Spectrum Programs, Inc (SPI): SPI (the primary grantee) was incorporated in June 1970 and is the oldest and largest non-profit substance abuse treatment agency in South Florida serving over 1000 adults and adolescents daily. SPI is a multi-site, multi-modality, and multi-district human services agency employing approximately 180 people. The Department of Children and Families licenses SPI and the organization is accredited by CARF, The Rehabilitation Accreditation Commission at the highest level. The mission of SPI is: To provide comprehensive behavioral health and rehabilitative services through education, prevention, and treatment. SPI is firmly committed to the concept of "Helping People Make Choices." As such, SPI strives to assist clients and their families in gaining a greater understanding of the addiction process and methods to obtain recovery and live a drug-free lifestyle.

Ninety percent of the individuals treated at SPI are indigent and come from diverse populations with high proportions of minorities, unemployed or otherwise under-served populations. SPI operates three substance abuse residential programs dedicated to adults and adolescents who suffer from substance abuse and other behavioral health issues. Additionally, SPI is contracted by the Federal Bureau of Prison to operate a seventy-eight (78) bed Community Corrections Center in Miami. In addition to residential services, SPI provides diverse non-residential behavioral healthcare services. All outpatient service sites offer assessment, individual and group counseling, family counseling, and psycho-educational/intervention services. Specialty non-residential services include outreach services for TANF (Temporary Assistance for Needy Families) recipients, Court Dependency Services for the Dade County Dependency Court, and Family Intervention Services for the Broward Dependency Courts.

Spectrum Programs operates an integrated management information system (MIS), which it launched in 1997 and continues to develop and improve. The company's programs and staff are linked by an integrated management information system (MIS) with centralized hardware, software and staff. SPI provides a centralized IT Director and employs a highly credentialed information systems staff dedicated to maintaining and upgrading the company's state-of-the-art information system and providing ongoing training and support for the system's users. Through SPI's network, automated fiscal and patient accounting systems as well as common office system software, email and Internet access systems are utilized.

Features of the MIS and IT system within Spectrum Programs includes:

- Centralized hardware: The network is based on thin client architecture, utilizing the Citrix and Windows operating system. The configurations allow access to the SPI servers from any service delivery site or remotely via dial-in connection or the Internet. Hardware for the MIS system is housed in a temperature-controlled, enclosed space at SPI's corporate office in Miami-Dade County. The Company's IT Director and an MIS Technician are responsible for systems and network administration, including hardware maintenance and upgrades, network policies and procedures, network security and data integrity for all servers, and a disaster recovery system.
- Centralized Software: Group purchasing, licensing and installation of software for the MIS system are handled centrally. Staff all use common, automated fiscal and patient accounting systems as well as common office system software. Spectrum Programs' patient accounts software system allows program staff to enter, provide and track information covering the entire patient care spectrum including: patients' demographic and insurance information, clinical tracking for tests and immunizations, appointment scheduling and no-show tracking, electronic billing and payment posting, standard and custom reporting, case management tracking, patient education notices, centralized referrals to facilities and specialists, online lab requisition entry and electronic lab results, and automated appointment reminders to patients.
- Health Insurance Portability and Accountability Act (HIPAA) Compliance: The MIS staff are responsible for maintaining the privacy and security of confidential patient information. A security officer ensures compliance with HIPAA regulations.

Spectrum Programs has been utilizing technology for substance abuse treatment since 1997. It first began with the company's participation in the Addiction Severity Inventory (ASI) DENS project whereby community treatment centers were provided with the software to begin conducting the ASI assessment online with clients assessed for substance abuse treatment services. In 2003, Spectrum Programs began implementing an electronic behavioral health record with the use of Knight Integrated Software. This software was among the first on the market to integrate patient billing and reporting features within an electronic behavioral health record. Spectrum Programs designed the EHR that was compliant with all the documentation needs of the organization for licensure, accreditation, payor sources, and contracts. Staff were provided training in the use of the EHR and provided netbooks to begin utilizing the software when visiting clients in their homes or within the community. The organization has been operating and maintaining the EHR for the past two years.

However, with new advances in mobile technology, and the need for clients to access our services when they are not able to physically attend sessions in buildings, or for various logistical or psychological reasons cannot come into a clinic, we have found the need to further expand the EHR to include modules that clients can directly access, and we have the need to be able to conduct therapy via the internet or web-based applications. The rate of no-shows within outpatient programs is not cost-effective for the organization nor is it clinically effective for the clients we treat.

Unfortunately, very few current EHR systems targeting behavioral healthcare provide modules directly accessible by clients, offer mobile technology applications, and are certified for meaningful use as an EHR. Due to these reasons, Spectrum Programs is currently in the process of implementing a new EHR, one that has been developed through Credible Behavioral Healthcare Systems.

Credible is a leading innovator in web and mobile solutions for behavioral health. Founded in June 2000, Credible has provided software solutions for behavioral healthcare and other human service providers. Customizable and web-based, basic features include a home page approach, advanced security features, reports, ad hoc and standard reporting, staff records and import/export tools. Furthermore, on June 1, 2011, Credible Behavioral Health 6.1 received certification by an ONC-ATCB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services for the entire EHR.

Technological Enhancement to Outpatient Treatment

Intake and Assessment Process

All women with histories of prescription medication abuse or dependence presenting for outpatient treatment services at Spectrum Programs outpatient clinic in South Florida will be offered the opportunity to receive traditional office-based outpatient services, or receive the Smart Phone Smart Recovery Project for Women model. Spectrum Programs, in 2010 provided outpatient services to nearly 1,100 adults, including 445 women. Of those women served, 339 presented with a history of prescription medication abuse or dependence. Nearly 35% of women are Caucasian, 42% are Black (non Hispanic), and 23% are Hispanic. Over 80% of women accessing services at the clinic are referred by a Drug Court, Dependency Court or Department of Corrections. The clinic clearly has the capacity to treat the goal of 400 women within this intervention during the grant period. As women consent to receive the technologically enhanced services, they will be asked to sign consents that will stipulate the use of electronic health information, how this information is retained and not re-disclosed as stipulated by 42CFR and by HIPAA regulations.

Women will be assessed utilizing the Global Appraisal of Individualized Needs. The GAIN is an evidenced-based, full psychosocial assessment instrument, with excellent psychometric properties (Dennis, White, Titus, & Unsicker, 2006). Its scales' norms have been established for adults, by level of care (within age), and by gender and race as well. The GAIN is used with adults in outpatient, intensive outpatient, partial hospitalization, short-term residential, long-term residential, therapeutic community, and correctional programs. This standardized psychosocial assessment will yield a DSM IV-TR diagnosis that will be used to inform the Treatment Care Plan. Because the GAIN is a holistic instrument that assesses the consumer on a global level, it will allow clinicians to obtain a detailed profile of consumer strengths and needs. It is currently being used across the nation in both small and large communities, including Miami, Chicago, and Oakland. The GAIN is ideal to use as an assessment instrument because it is global in nature and assesses consumers in a holistic fashion. The GAIN assesses consumers on eight different areas: background information, substance use, physical health, risk behaviors and disease prevention, mental and emotional health, environment and living situation, legal, and vocational (Dennis et al., 2006). It has been deemed effective with both adults and adolescents, has been utilized with different races, and demonstrates good reliability when compared to other reported measures (Chestnut Health Systems, 2002). As there are over 100 scales and subscales within the GAIN, it allows clinicians to obtain a detailed background of the consumer and identify areas of concern (Chestnut Health Systems, 2002). It also allows the clinician to identify any barriers in place that may prohibit consumers from

accessing services (Chestnut Health Systems, 2002). Spectrum Programs has included the GAIN assessment as its biopsychosocial assessment for the last two years. The assessment is completed via a web-based system (the GAIN ABS system).

Upon completion of the intake and assessment process within the office, women will be assigned a Recovery Coach. This Coach will assess what, if any, technology resources the participant currently has. If participants do not have internet access at their homes, or they do not possess a smart phone, they will be provided a smart phone or tablet computer for use during their treatment episode. These devices will be preconfigured to allow access to the patient portal and e-therapy, while having restrictions placed on what phone numbers and other internet access the participant will have.

Recovery Coaches will provide training to participants in how to access the patient portal and navigate the site. The Coaches will also educate participants on uses of their health information they will have access to within the portal. The Coaches will introduce the participant to the therapist and any other members of the treatment team and invite the participant to begin utilizing the portal within 24 hours of the intake assessment.

Smart Recovery Women's Project Portal:

Within the Credible Client Portal, a participant can log into a version of the Credible system to view different parts of the health record. It is customizable to enable clients to create journalized entries. Through contract with Credible, this patient portal will be customized and augmented to meet the needs of the current project. The specific goal of this intervention is to sustain motivation to change in women with prescription medication abuse or dependence who are waiting for treatment or have just initiated treatment. Participants will have access to treatment plans, medication information and history, service utilization, drug testing results, and any other behavioral or primary healthcare information the participant has requested by imported into the system from other healthcare providers.

Recovery Coaches, receiving ongoing training and supervision in Motivational Interviewing, provide personalized coaching and support, individualized feedback, and tailored motivational messages to participants. First, Coaches will work with participants in establishing their personalized home page within the portal. This will reflect the changing recovery-related information the client is interested in. The portal will contain calendars to be utilized for self management and monitoring of cravings, triggers, healthy behaviors, social support efforts, etc. It will also include the capacity for participants to communicate via secured email with her treatment team. Coaches will assist participants to learn how to update and change information within the portal. For example, participants will be able to complete worksheets online that will explore topics related to ambivalence about treatment and recovery, preparing for recovery, working on her decisional balance, reasons for quitting, and developing healthy support systems.

Additionally, women will be asked to complete a Motivational Assessment each day whereby a tool to self-assess readiness to change substance use behavior using the University of Rhode Island change Assessment and based on the score, will suggest interventions based on the stage of readiness to change. For example, a woman in a precontemplative stage of change will be

provided with exercises to assist in examining the pros and cons of continued use, while an individual in a maintenance stage will be provided with links to online recovery support resources. As a result, Recovery Coaches (in collaboration with the clinical treatment team and the participant), will be able to tailor their communication to the participant's readiness for change. Although consumers can continue to use the portal resources on an ongoing basis, this technologically enhanced intervention is expected to assist during a period ranging from 16-24 weeks while the individual is just beginning treatment through the transition out of treatment and into continuing care. Women will be discharged from the portal when they complete all outpatient treatment. Consumers who go through treatment but are discharged unsuccessfully will still be provided supportive services by their recovery coaches to build motivation to re-enter treatment services.

In addition to providing Motivational Interviewing activities within the portal, women will work with Recovery Coaches to participate in the Wellness Recovery Action Plan (WRAP). WRAP is a self-management and recovery system that helps identify wellness tools and teaches how to use these tools when needed, every day or when having particular feelings or experiences. All recovery coaches will be trained in the principles of recovery and the development of a WRAP. Recovery coaches will be responsible for helping consumers develop a WRAP. This is designed to help consumers shift out of a "chronic illness" mindset and into a "wellness" mindset that supports recovery for everyone. WRAP instills a new sense of hope that inspires personal responsibility and motivates people to embrace recovery and stay well. It also promotes more effective self-advocacy. These too will be included within the portal. In addition to WRAP, recovery coaches will also aid consumers in developing an **Individual Goals and Aspirations: Recovery Plan**. This will allow for ongoing discussions of consumer strengths and desired goals as it examines consumer's strengths on eight different levels: recovery from substance use or abuse, living and financial impotence, employment and education, relationships and social support, medical health, leisure and recreation, impotence from legal problems and institutions, and mental wellness and spirituality. This plan will be revisited and modified by consumer as necessary.

It is anticipated that each woman enrolled in the project will receive contact from the Recovery Manager twice per week for the first month of services, then weekly throughout treatment for a total of 28 scheduled sessions with the participant. It is further anticipated that each woman will access the portal at a recommended 3 times per week. Additional emails and reminders will also be provided based on each woman's recovery plans. Throughout the project, 400 women will receive this technologically enhanced service (100 in the first year, 150 in the second year, 150 in the third year). It is anticipated that this technology will lead to increased access and retention in outpatient treatment.

Many evidence-based practices in substance abuse treatment are information-intensive and regularly require participants to complete homework assignments outside of counseling sessions. The Smart Recovery Project for Women will use the personal health record to provide convenient and secure access to didactic information and interactive exercises. Guided self-help materials will be presented in the form of online, self-help workbooks and allow the participant to receive ongoing feedback regarding their progress through these materials.

E-Therapy and Tele Support

Recovery Coaches and Therapists will have access to a variety of tools that will allow them to:

- Initiate electronic reminders for appointments, medication management, completion of assignments, relapse prevention plan/WRAP plan commitments
- Facilitate group discussions via web and telephone conferencing
- Send links to online resources
- Send information related to sober and recovery support events in the community women can attend
- Provide face-to-face counseling/therapy via a secured video conferencing software package

It is anticipated that throughout the project, all women admitted to the project will receive a minimal dosage of one individual therapy session each week with a therapist via e-therapy for a total of 16-24 sessions in addition to group counseling each week provided on site. During the project, 400 women will receive e-therapy and tele-support services (100 in the first year, 150 in the second year, 150 in the third year) leading to a 265% increase in participants successfully completing treatment and decreasing use of prescription medications not prescribed to them.

Factors Influencing the Technology Enhancement

Using technology as a vehicle for delivering substance abuse treatment messages and activities presents several new considerations to the implementation of evidence-based practices. Program staff will need to be trained and supervised not only in the delivery of the EBP such as MI/MET and WRAP, but also in how to convey these interventions over the internet through email, text messages, and video conferencing. Hence, they need to be trained in the technology of the devices, and in communicating via a computer. Skills necessary in providing treatment via the Internet include the ability to communicate empathy via text as well as positive reinforcement and encouragement.

Additionally, program staff will also require training in the ethics of providing services electronically and in the ability to communicate potential risks to consumers. To assist with this training, program staff will use the technology in supervision sessions and the use of technology in treatment will be incorporated into Spectrum Programs New Employee Orientation sessions. Additionally, during the training period, program staff will become familiar with the software and technology and will practice skills and techniques using “dummy” participants, observing each other’s work, and ongoing supervision (i.e., face-to-face and via Skype/FaceTime) when practicing.

Program staff and supervisors will receive training in Motivational Interviewing and Enhancement Therapy from Dr. Michael Miller, Ph.D. Dr. Miller is a recognized trainer in the Motivational Interviewing Assessment: Supervisory Tools for enhancing Proficiency (MIA: STEP), the NIDA and SAMHSA Blending Product to disseminate motivational interviewing as an evidence-based practice to the

community treatment community. Dr. Miller has provided training to over 300 supervisors. The training stresses the importance of adequate preparation of supervisors for monitoring and training their clinicians in MI strategies, it then presents an overview of the package and a discussion of its application to practice. Motivational interviewing has known effects on engagement and retention in controlled studies. It also has established efficacy in reducing substance use among alcohol and drug abusing clients. Dr. Miller trains service staff in how to implement MI/MET utilizing the SAMHSA TIP Manual for Motivational Interviewing, and then works with supervisors, once certified in MI/MET, to effectively supervise the intervention with fidelity to the practice.

The MIA:STEP package aims to help promote the use of motivational interviewing by providing tools useful to community providers. It is not a training package and should not serve as a substitute for intensive basic training in MI, but instead, it is a collection of resources and toolkits to be used to enhance clinical proficiency in motivational interviewing, both for clinicians and for supervisors. It uses a multi-media approach, with all the materials in the public domain and open for customization to each clinical treatment provider's specific needs. In addition to the implementation of MIA: STEP, Dr. Miller will also be working with the staff on learning how to effectively communicate via text and email while maintaining fidelity to the principles of Motivational Interviewing and Enhancement Therapy.

Program staff will receive training in the utilization of the Patient Portal and mobile device technology from Credible Behavioral Health. The company has manualized training programs to assist staff in the use of the software. Furthermore, because Spectrum Programs has been utilizing an EHR for the last three years, it is not anticipated that staff barriers related to the use of an electronic health record will not be experienced with the addition of this new module onto the EHR. Work redesign issues related to the move from a paper chart to an electronic health record has been concluded. Program staff are familiar with the EHR. The proposed Smart Phone Smart Recovery Project for Women will be enhancing the EHR by introducing the participant to their personal health information and to provide an alternative to office-based services. We do not anticipate a significant impact from this project on our day-to-day operations in the clinic.

Spectrum Programs is familiar with the ongoing costs of support, maintenance, operation of the EHR, and the ongoing licensure fees for software, hardware upgrades, etc. As stated previously, SPI has utilized a EHR for the past three years and is committed to continuing to expand the use of technology within treatment programs. To that end, Spectrum Programs budgets, in the company's annual capital and IT plan, costs associated with ongoing maintenance. Hence, the sustainability of the software and technology enhancements after the grant period is guaranteed. The company is not requesting funding for an EHR, but to enhance the current EHR. The patient portable is customizable by Credible and by internal Spectrum Programs IT staff. Once the project is completed in three years, it is anticipated that the patient portal will be a standard of care throughout all of Spectrum Programs and the use of e-therapy will also be another mode of service delivery offered throughout the company.

Furthermore, the proposed project will be embedded without Spectrum Programs outpatient treatment clinic in Broward County Florida. The services provided will be reimbursed by

Medicaid/Medicare and state block grant funding, as well as the department of corrections. The project is adding an enhancement to current services that will increase participation in treatment and reduce no-show rates, attrition, and costs associated with underutilization. As it is embedded within the outpatient program, this will also insure sustainability after grant funding concludes.

Smart Phone Smart Recovery Project for Women Time Line

Time	Activity	Person Responsible
Month 1-3	Secure portal implementation contract with Credible	CEO and Project Director
	Secure training and supervision contract for MIA: STEP	Project Director
	Customize portal to include MI materials, recovery plans, self assessments, readiness assessments, self-help workbooks	Credible Implementation Staff Program Director Clinical Supervisor
	Insure GPRA and evaluation tools are included in EHR and Portal to assist with evaluation data collection	Credible Implementation Staff Evaluation Director
	Staff training and certification in MI	MI trainer (Dr. Michael Miller), outpatient program staff, grant staff
Month 4 and ongoing through Month 36	Begin recruitment into project of 400 women with prescription medication abuse or dependence into technology enhanced services	Referral sources Program Director Recovery Coaches
Months 4 - 28	Continued additions and updating resources available within the patient portal	Credible implementation team Program Director Clinical Supervisor
Months 3, 6, 9, 12, 15, 18, 21, 24, 27, 30, 33 and 36	Completion of quarterly process and outcome evaluation report	Evaluation Director Program Staff
Months 13, 25, 36	Completion of project annual reports	Evaluation Director Program Staff

Planning and Groundwork

During implementation of the project, a shared style of work and a sense of community will be established, involving both formal and informal relationships within and across SPI and other agencies. This will lead to broad-based commitment at all levels. The proposed project will utilize established linkages to other primary health care, mental health care, and wellness services. Specifically, consumers will be referred to *Por Tu Salud*, a healthcare center within MBHC that will provide primary physical healthcare needs. E-therapy/Telemedicine access will

be available through Bayview Center via MD LiveCare. SPI will also link with MBHC and Bayview Center to provide mental healthcare services to consumers in the project.. Finally, the ongoing relationship with Credible Behavioral Health will allow for the implementation of the patient portal. All of these organizations have been involved in the conceptualization of this project and therefore, necessary linkages have been established. (All letters of support and commitment for these services, and from referral sources into the project are found in Attachment I of this proposal).

Potential Barriers of Success

Due to the existing collaborations, networks, and linkages in addition to substantial consumer involvement in this project, no barriers are anticipated.

Sustainability Plan

Evaluation data from the project will allow the project to actively work with the Florida Medicaid/Medicare association, AHCA, to include technologically enhanced services and those performed by Recovery Coaches within the Medical/Medicare Manual and Handbooks for reimbursement. Additionally, executive leadership of the agencies will work with State funding sources to include these services as services eligible for funding with state block grant funding.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE

Capability and Experience

Spectrum Programs Inc. (SPI): SPI was incorporated in June 1970 and is the oldest and largest non-profit substance abuse treatment agency in South Florida serving over 1000 adults and adolescents daily through eight (8) service locations. SPI is a multi-site, multi-modality, and multi-district human services agency employing approximately 180 people. The Department of Children and Families licenses SPI and the organization is accredited by CARF, The Rehabilitation Accreditation Commission at the highest level. The mission of SPI is: To provide comprehensive behavioral health and rehabilitative services through education, prevention, and treatment. SPI is firmly committed to the concept of "Helping People Make Choices." As such, SPI strives to assist clients and their families in gaining a greater understanding of the addiction process and methods to obtain recovery and live a drug-free lifestyle.

SPI operates three substance abuse residential programs dedicated to adults and adolescents who suffer from substance abuse and other behavioral health issues. In addition to residential services, SPI provides diverse non-residential behavioral healthcare services. Substance abuse outpatient counseling for adolescents and adults is offered at two locations in Miami-Dade County. Specialty non-residential services include outreach services for TANF (Temporary Assistance for Needy Families) recipients, Court Dependency Services for the Dade County Dependency Court, and Family Intervention Services for the Broward Dependency Courts. In addition to experience of working in the community, SPI has had an established Research Department for the past 8 years being funded through the Federal Department of Health and Human Services (DHHS), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), American Cancer Society, University of South Florida, Florida Department of Health, Florida Department of Children and Family Services, Florida Department of Corrections, Center for Disease Control and

Prevention (CDC), Department of Juvenile Justice, the Health Foundation of South Florida, and the National Institute of Drug Abuse (NIDA), and the National Center for Health Disparities (NCHD).

Project Staff and Experience

Nancy Rudes, LCSW (.20 FTE) will serve as the **Project Director** for the **Smart Phone and Recovery Project**. Ms. Rudes received her MSW as a group work major from Fordham University in 1979. Since then she has worked with families and children in child welfare, substance abusing clients in both residential and outpatient, co-occurring homeless men and women, severe and persistent mentally ill state hospital patients, and adolescent girls in detention. During her extensive career she has trained innumerable therapists, case managers, and interns. Her specialty is engaging and empowering mandated and hard to reach populations. She currently trains clinical supervisors and therapists in Solution Focused approaches with dual diagnosed adults and adolescents. Ms. Rudes will be overseeing the operations of the Smart Phone and Recovery project's every day functioning.

Grace Marquez, LMHC, CAP (.50 FTE) will serve as the **Clinical Supervisor** for the **Smart Phone and Recovery Project**. Ms. Marquez will be responsible for the everyday clinical supervision of cases. Ms. Marquez received her Masters degree from Nova Southeastern University. Grace Marquez is a Licensed Mental Health Counselor since 2004, a Certified Addictions Professional and a Qualified Supervisor since 2007. Additionally, Grace Marquez has held a special interest in cultural competence as it relates to service provision. Ms. Marquez became involved with the Broward CARES Workgroup and the CCISC Model in relation to recovery management. To date Grace Marquez continues to be involved with the workgroup and subcommittees such as the Clinical Guidelines and Systems Review subcommittees. Ms. Marquez was actively involved in all aspects of the services being provided; facilitation of groups for symptom management as well as meal support therapy groups. Ms. Marquez started supervising recovery oriented groups in 2008 and supervised teams comprised of an Therapist, Case Manager, Peer Specialist and a Parent Advocate who provided co-occurring capable services to adolescents (and their families) that would otherwise meet criteria for residential treatment in their natural environment.

Primary Therapist (.40FTE- in-kind): TBA Two therapists will be hired for the **Smart Phone and Recovery Project**. The candidates who will be hired will have a Masters in Social Science or related field and will be required to have some technological abilities to assist in the recovery process. The candidates will be responsible for a caseload of women dedicated to the project and will be in charge of maintaining the women engaged in their treatment. Individuals will be trained on motivational interviewing and should have experience on substance abuse treatment.

Recovery Specialist (.40FTE in-kind): TBA Two Recovery Specialists will be hired for the **Smart Phone and Recovery Project**. These candidates should have a minimum of a high school diploma or GED but preferably a Bachelor's in Science or related field. In addition, to be Recovery Specialists they have to be in recovery for at least 5 years. The Recovery Specialists will be in charge of engaging women into treatment. In addition these candidates will be responsible for assisting these women in moving through the Stages of Change. When the

women in treatment are in the “action” stage they will be handed off to their therapist to continue their treatment.

Evaluation Staff:

Rhonda Bohs, Ph. D., (.10 FTE) will serve as the **Evaluation Director** for the **Smart Phone and Recovery Project**. Dr. Bohs is currently the Vice-President for Research and Clinical Development at Spectrum Programs, Inc. Dr. Bohs also serves as Site Investigator for Spectrum Programs’ activities in the NIDA Clinical Trials Network and as Co-Principal Investigator on a P20 Research Center grant in collaboration with Florida International University and funded through the National Center on Minority Health Disparities. Dr. Bohs received her M.S. degree in Research and Ph.D. in Applied Experimental Psychology with an emphasis in Social Psychology from Saint Louis University. She has conducted research in cross-cultural differences, as well as program evaluation in hospital, community mental health centers, health departments, community based organizations and business settings. Throughout her career, Dr. Bohs has developed an expertise in implementing and evaluating programs targeting special populations, hard-to-reach populations, and in developing and implementing systems of care strategies within community based organizations through the utilization of community participatory research methods.

Dr. Bohs will provide leadership to local evaluation efforts and be a primary collaborator with the evaluation. Dr. Bohs will provide training to research staff in data collection forms, and oversee data collection activities as well as the production of evaluation reports, publications, and presentations.

Peer Evaluator (1.0FTE) TBA- A Peer Evaluator will be hired for the **Smart Phone and Recovery Project**. The Peer Evaluator will be responsible for the collection of data for the evaluation. This candidate will be a consumer who is in recovery and will be trained in administering the Perception of Care Survey and Adult Consumer Outcome Measures for Discretionary Programs. They will be trained and supervised by Dr. Rhonda Bohs who will maintain a list of each of their follow-up care visits. The peer evaluator will be in charge of providing follow-up visits to all the consumers recruited in the project.

SECTION E: PERFORMANCE ASSESSMENT AND DATA

The evaluation of the **Smart Phone and Recovery Project** will be carried out by Spectrum Programs, Inc., under the leadership of Dr. Rhonda Bohs. The evaluation process will provide the project an opportunity to assess its strengths, milestones and opportunities in the targeted consumers within the project. Using the **CSAT Discretionary Services Client Level Government Performance and Results Act (GPRA) Tool**, the project will report performance on performance measures such as: client's substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. Data will be gathered at baseline, discharge, and follow up at 6 months post baseline. It is anticipated that the enrollment and follow-up of approximately 100 consumers in the 1st year and 150 during the 2nd and 3rd year with a total representative sample of about 400 consumers over the 3 year federal funding period will occur to meet the data collection requirements. The research department at Spectrum Programs has ample experience with data

collection and tracking participants within longitudinal studies. In Clinical Trial experience, *Dr. Bohs has consistently demonstrated an 88% follow-up rate for data collection.*

An aggressive follow-up approach will be used and repeated efforts made to locate participants to assure the necessary 80% follow-up rate. Extensive contact information will be obtained at the time of the intake assessment and at each subsequent follow-up point. Locator information will include names, addresses, and telephone numbers of relatives and/or friends. Incentives of \$10 will be provided to follow-up participants at each follow-up data collection period to also assist with follow-up efforts.

Primary responsibility for the actual collection and preparation of the process data will rest with the Peer Evaluator and will be coordinated and compiled as one report by the applicant.

In addition to the data collection instruments identified for the project in the RFP, the results for the outcome objectives will be measured by using the, Global Appraisal of Individual Need (GAIN), and Florida's required data collection instruments measuring national outcomes (NOMS). Consumer health records, interviews and other instruments will be developed as appropriate. The GAIN addresses sensitivity to age, gender, sexual orientation, cultural and racial/ethnic characteristics of the target population and has been utilized in many SAMHSA initiatives.

The evaluation will also look at collecting and reporting on the following data:

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

Analysis of the data collected to address the study questions will be accomplished by using content analysis such as, descriptive statistics, and correlation analysis through SPSS.

Descriptive statistics will be used to identify data patterns and organize data for presentation purposes. Correlation analysis will be used to examine the relationship of program operational characteristics with program outcomes.

Evaluation to Promote Continuous Quality Improvement

The data collected will also be useful for informing the project of performance and will assist in the identification of opportunities for improvement. This evaluation data will be used to determine the effectiveness of the project in achieving its overall mission and goals. Such information will not only be used by the project to demonstrate to policy makers and top level agency administrators that funds are being used efficiently while providing services that are accomplishing desired outcomes but will also inform the project of what impact changes made are having within the system and to identify how new policies developed within the system are impacting the system. Quarterly evaluation reports will be provided to the Project Staff in order to facilitate quality improvement efforts and to assist with campaigns to secure sustainability for the project.

Performance Assessment

The evaluation team will also be conducting a local process and outcome evaluation. This evaluation will serve as a means of discovering the extent, fidelity, and quality of the components of Smart Phone and Recovery Project.

Process Evaluation: The process evaluation is designed to address questions regarding the development and operation of Smart Phone and Recovery Project. The following are among the questions the process evaluation seeks to answer:

1. How closely did implementation match the plan?
2. What types of changes were made from the originally proposed plan?
3. What led to the deviations?
4. What effect did the deviations have on the planned intervention and performance assessment?
5. Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics) in what context (system, community), and at what cost (facilities, personnel, dollars)?

Process evaluation will not only document the procedures used to carry out the project's intervention protocols, but also analyze adherence to the original design, problems encountered and resolutions. Rapid feedback of formative information that will allow fine tuning, or even major modifications in order to achieve operational goals will be emphasized.

Outcome Evaluation: It is anticipated that this project will result in the development of a technology assisted substance abuse treatment that can continue to be replicated at the local, state and national level. In order to assess the effectiveness of these enhanced multi-dimensional services, the following research questions will frame the outcome evaluation:

1. What was the effect of the Smart Phone and Recovery Project on participants?
2. What program/contextual factors were associated with outcomes?
3. What individual factors were associated with outcomes, including ethnicity and race?
4. How durable are the effects?

Each of the goals and objectives that are in this proposal relate to the aforementioned outcome questions. Data will be collected through use of the GAIN and through CSAT GPRA using a longitudinal approach.

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SECTION G: BUDGET JUSTIFICATION Year 1

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Nancy Rudes, LCSW	\$70,000	20%	\$14,000.00
Clinical Supervisor	Grace Marquez, LMHC	\$55,000	50%	\$27,500.00
Evaluation Director	Rhonda Bohs, Ph.D.	\$120,000	10%	\$12,000.00
Peer Evaluator	TBA	\$22,880	100%	\$22,880.00
			TOTAL	\$76,380.00

JUSTIFICATION:

The Project Director will be overseeing the Smart Phone and Recovery project's every day functioning and will be considered key staff.

The Clinical Supervisor will be responsible for the clinical oversight of cases and women in treatment. She will serve as the linkage between the treatment team and the implementation of the technological services.

The Evaluation Director is responsible in providing leadership for evaluation efforts. Dr. Bohs will provide training to research staff in the development of data collection forms, and oversee data collection activities as well as the production of evaluation reports, publications, and presentations.

The Peer Evaluator is responsible for working with the Evaluation team and will be responsible for data collection efforts.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A)
\$76,380.00

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$76,380	\$5,843.07
SUTA	4.7%	\$76,380	\$3,589.86
Workers Compensation	2%	\$76,380	\$1,527.60
Insurance/Life/LTD	11%	\$76,380	\$8,401.80
		TOTAL	\$19,362.33

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)
\$19,362.33

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Local Travel-Peer Evaluator		Mileage	200 miles/month @ .45/mile	\$810.00
Grantee Conference	Washington D.C.	Airfare	\$375.00 x 2 persons	\$750.00
		Hotel	\$175/night x 2 persons x 3 nights	\$1,050.00
		Transportation	\$75 x 2 persons	\$150.00
		Per Diem (meals and incidentals)	\$21/day x 3 days	\$126.00
		Mileage	75 miles x 2 persons @.445	\$67.50
			TOTAL	\$2,953.50

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
 Local Travel is needed by the Peer Evaluator when they do assessments for the evaluation.

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A)
\$2,953.50

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A)
\$ 0

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$83.33/month \$321.75 for Evaluation/year	\$1,321.75
Smart Phone/Tablet	\$800.00/unit @ 100 units	\$80,000.00
Smart Phone/Tablet Service	\$25.00/month/unit for 6	\$15,000.00

Item(s)	Rate	Cost
	months of treatment @ 100 units	
	TOTAL	\$96,321.75

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

Office supplies are needed for general operation of the project. The Evaluation team also has a budget for \$321.75 for supplies.

Smart Phone/Tablets are needed for consumer access to treatment. Consumers will be provided access to a tablet and will also have service to connect to the patient portal and the information about their treatment.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)

\$96,321.75

F. Contract: generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Cost
Michael Miller	Training- MIA Step	\$6,320.00
Credible Behavioral Healthcare Software	Patient Portal and Behavioral Health Record	\$ 58,183.95
	TOTAL	\$64,503.95

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Introduction to Motivational Interviewing Training

Each individual will be provided with coaching, using MIA-STEP (NIDA blending product) supervisory tool, and they will be supervised until they are competent.

Note: "Supervision" means remote observation, rating, providing feedback, and coaching skill development.

2 days Introduction to MI = \$2000.00

A total of 4 counselors @ 6 hours individual supervision/counselor = 24 hours @ \$120/hour = \$2,880.00.

In addition, group supervision will be provided with all counselors present to continue to enhance competence and prevent drift, every other month. This calculates to about 4 times @ 2 hours each = \$240.00 x 4 = \$960.00

To address turnover: calculating one counselor turnover during the year (25%), the replacement counselor would attend the group supervision. Trainer will meet with each counselor individually for approximately 4 hours (2 hour segments) to provide the introduction necessary to prepare the counselor for MI supervision. We could estimate 4 hours time to individually prepare someone, along with having them learn vicariously by observing other staff further along

in the process, listen to the coaching, etc. To account for turnover and training of additional staff for a total of 4 hours= \$480.00.

Grand Total for MIA-Step Training \$6,320.00

Credible Behavioral Healthcare Software

The following services are included in Credible's service offering:

Development of the Smart Recovery for Women Patient Portal

Implementation Hours

160 (one hundred and sixty) configuration hours by Credible Staff
10 (ten) pre Go-Live Report customization hours
0 (zero) post Go-Live customization hours

Training Sessions

Two days of training for System Administration provided to staff.

Two days of training prior to Go-Live.

Webcast availability.

Online training provided to include Admin tools and Advanced search webinars.

Online Access

1. Secure hosting and secure domain within 21 days.
2. Secure hosting and Go-Live website for managing implementation process.

The following services and features are included in Credible's mobile offering:

- A. The mobile module allows for secure, HIPAA compliant data captured on disconnected or wireless handhelds, net books, laptops, and/or tablet PCs.
- B. Customer staff trained for end user support and on loading, configuring and troubleshooting the mobile software on handhelds, laptops, and tablets.
- C. Includes handheld disconnected laptop and tablet PC software and training materials.
- E. Training of support staff completed in conjunction with other onsite training.
- F. Post Go-Live webinar on mobile best practices.

The Credible Behavioral Healthcare Software will allow for women to have additional self management resources.

Total Credible Behavioral Health \$ 58,183.95

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)
\$64,503.95
(combine the total of consultant and contact)

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

FEDERAL REQUEST

Item	Description	Cost
Evaluation Incentives	\$10/interview @100 interviews for year	\$1,000.00
	\$10/interview @33 interviews for follow-up	\$330.00
	TOTAL	\$1,330.00

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Evaluation incentives will be supplied to each participant. Each interview will be compensated by \$10/interview. We will conduct a total of 100 interviews during the first year. Follow-up interviews will be completed at 6 months. Conducting approximately 11 interviews per month we will conduct 33 follow-ups during the second year @ \$10/interview.

FEDERAL REQUEST:

\$1,330.00 (enter in Section B column 1 line 6h of form SF424A)

TOTAL DIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6i of form SF424A) \$260,851.53

INDIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6j of form SF424A) \$19,148.47

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST- (enter in Section B column 1 line 6k of form SF424A) \$280,000.00

SECTION G: BUDGET JUSTIFICATION- Year 2

A. Personnel: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Nancy Rudes, LCSW	\$70,000	20%	\$14,000.00
Clinical Supervisor	Grace Marquez, LMHC	\$55,000	50%	\$27,500.00
Evaluation Director	Rhonda Bohs, Ph. D	\$120,000	10%	\$12,000.00

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Peer Evaluator	TBA	\$22,880	100%	\$22,880.00
			TOTAL	\$76,380.00

JUSTIFICATION: Describe the role and responsibilities of each position.

The Project Director will be overseeing the Smart Phone and Recovery project's every day functioning and will be considered key staff.

The Clinical Supervisor will be responsible for the clinical oversight of cases and women in treatment. She will serve as the linkage between the treatment team and the implementation of the technological services.

The Evaluation Director is responsible in providing leadership for evaluation efforts. Dr. Bohs will provide training to research staff in the development of data collection forms, and oversee data collection activities as well as the production of evaluation reports, publications, and presentations.

The Peer Evaluator is responsible for working with the Evaluation team and will be responsible for data collection efforts.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A)
\$76,380.00

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$76,380	\$5,843.07
SUTA	4.7%	\$76,380	\$3,589.86
Workers Compensation	2%	\$76,380	\$1,527.60
Insurance/Life/LTD	11%	\$76,380	\$8,401.80
		TOTAL	\$19,362.33

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)
\$19,362.33

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Local Travel- Peer Evaluator		Mileage	200 miles/month @ .45/mile	\$810.50

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington D.C.	Airfare	\$375.00 x 2 persons	\$750.00
		Hotel	\$175/night x 2 persons x 3 nights	\$1,050.00
		Transportation	\$75 x 2 persons	\$150.00
		Per Diem (meals and incidentals)	\$21/day x 3 days	\$126.00
		Mileage	75 miles x 2 persons @.445	\$67.50
			TOTAL	\$2,954.00

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Local Travel is needed by the Peer Evaluator when they do assessments for the evaluation.

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A)
\$2,954.00

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A)
\$ 0

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$83.33/month	\$1,000.00
Smart Phone/Tablet	\$800.00/unit @ 70 units	\$56,000.00
Smart Phone/Tablet Service	\$25.00/month/unit @ 150 units	\$22,500.00
	TOTAL	\$79,500.00

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
Office supplies are needed for general operation of the project.

Smart Phone/Tablets are needed for consumer access to treatment. Consumers will be provided access to a tablet and will also have service to connect to the patient portal and the information

about their treatment. A total of 50 new tablets will be purchased for year 2; in addition, during year 2 we will purchase an additional 20 tablets as replacements.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)
\$ 79,500.00

F. Contract: generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Cost
Michael Miller	Training- MIA Step	\$6,320.00
Credible Behavioral Healthcare Software	Patient Portal and Behavioral Health Record	\$ 73,612.20
	TOTAL	\$79,932.20

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Introduction to Motivational Interviewing Training

Each individual will be provided with coaching, using MIA-STEP (NIDA blending product) supervisory tool, and they will be supervised until they are competent.

Note: "Supervision" means remote observation, rating, providing feedback, and coaching skill development.

2 days Introduction to MI = \$2000.00

A total of 4 counselors @ 6 hours individual supervision/counselor = 24 hours @ \$120/hour = \$2,880.00.

In addition, group supervision will be provided with all counselors present to continue to enhance competence and prevent drift, every other month. This calculates to about 4 times @ 2 hours each = \$240.00 x 4 = \$960.00

To address turnover: calculating one counselor turnover during the year (25%), the replacement counselor would attend the group supervision. Trainer will meet with each counselor individually for approximately 4 hours (2 hour segments) to provide the introduction necessary to prepare the counselor for MI supervision. We could estimate 4 hours time to individually prepare someone, along with having them learn vicariously by observing other staff further along in the process, listen to the coaching, etc. To account for turnover and training of additional staff for a total of 4 hours= \$480.00.

Additional staff will be trained during year 2 to expand the services provided.

Grand Total for MIA-Step Training \$6,320.00

Credible Behavioral Healthcare Software

The following services are included in Credible's service offering:

The Credible Behavioral Healthcare Software will allow for women to have additional self management resources. During year 2 those alumni will also be provided access to the patient portal. Credible will maintain software and continuously augment with self management information for consumer's recovery. The information in the patient portal will continue to be customized with additional EBPs added such as cognitive behavioral treatment, Seeking Safety, etc.

Total Credible Behavioral Health \$ 73,612.20

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)

\$79,932.20

(combine the total of consultant and contact)

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

FEDERAL REQUEST

Item	Description	Cost
Evaluation Incentives	\$10/interview @150 interviews for year	\$1,500.00
	\$10/interview @123 interviews for follow-up	\$1,223.00
	TOTAL	\$2,723.00

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Evaluation incentives will be supplied to each participant. Each interview will be compensated by \$10/interview. We will conduct a total of 100 interviews during the first year. Follow-up interviews will be completed at 6 months.

FEDERAL REQUEST:

\$2,723.00

TOTAL DIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6i of form SF424A) \$260,851.53

INDIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6j of form SF424A) \$19,148.47

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST- (enter in Section B column 1 line 6k of form SF424A) \$280,000.00

SECTION G: BUDGET JUSTIFICATION -Year 3

A. Personnel: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Nancy Rudes, LCSW	\$70,000	20%	\$14,000.00
Clinical Supervisor	Grace Marquez, LMHC	\$55,000	50%	\$27,500.00
Evaluation Director	Rhonda Bohs, Ph. D	\$120,000	10%	\$12,000.00
Peer Evaluator	TBA	\$22,880	100%	\$22,880.00
			TOTAL	\$76,380.00

JUSTIFICATION: Describe the role and responsibilities of each position.

The Project Director will be overseeing the Smart Phone and Recovery project's every day functioning and will be considered key staff.

The Clinical Supervisor will be responsible for the clinical oversight of cases and women in treatment. She will serve as the linkage between the treatment team and the implementation of the technological services.

The Evaluation Director is responsible in providing leadership for evaluation efforts. Dr. Bohs will provide training to research staff in the development of data collection forms, and oversee data collection activities as well as the production of evaluation reports, publications, and presentations.

The Peer Evaluator is responsible for working with the Evaluation team and will be responsible for data collection efforts.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A)
\$76,380.00

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$76,380	\$5,843.07
SUTA	4.7%	\$76,380	\$3,589.86
Workers Compensation	2%	\$76,380	\$1,527.60
Insurance/Life/LTD	11%	\$76,380	\$8,401.80

Component	Rate	Wage	Cost
		TOTAL	\$19,362.33

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)
\$19,362.33

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Local Travel-Peer Evaluator		Mileage	200 miles/month @ .45/mile	\$810.50
Grantee Conference	Washington D.C.	Airfare	\$375.00 x 2 persons	\$750.00
		Hotel	\$175/night x 2 persons x 3 nights	\$1,050.00
		Transportation	\$75 x 2 persons	\$150.00
		Per Diem (meals and incidentals)	\$21/day x 3 days	\$126.00
		Mileage	75 miles x 2 persons @.445	\$67.50
			TOTAL	\$2,954.00

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
 Local Travel is needed by the Peer Evaluator when they do assessments for the evaluation.

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A)
\$2,954.00

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A)
\$ 0

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$83.33/month	\$1,000.00
Smart Phone/Tablet	\$800.00/unit @ 40 units	\$32,000.00
Smart Phone/Tablet Service	\$25.00/month/unit @ 150 units	\$22,500.00
	TOTAL	\$55,500.00

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
Office supplies are needed for general operation of the project.

Smart Phone/Tablets are needed for consumer access to treatment. Consumers will be provided access to a tablet and will also have service to connect to the patient portal and the information about their treatment. A total of 40 new tablets will be purchased as replacements for year 3.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)
\$ 55,500.00

F. Contract: generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Cost
Michael Miller	Training- MIA Step	\$6,320.00
Credible Behavioral Healthcare Software	Patient Portal and Behavioral Health Record	\$ 97,612.20
	TOTAL	\$103,932.20

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Introduction to Motivational Interviewing Training

Each individual will be provided with coaching, using MIA-STEP (NIDA blending product) supervisory tool, and they will be supervised until they are competent.

Note: “Supervision” means remote observation, rating, providing feedback, and coaching skill development.

2 days Introduction to MI = \$2000.00

A total of 4 counselors @ 6 hours individual supervision/counselor = 24 hours @ \$120/hour = \$2,880.00.

In addition, group supervision will be provided with all counselors present to continue to enhance competence and prevent drift, every other month. This calculates to about 4 times @ 2 hours each = \$240.00 x 4 = \$960.00

To address turnover: calculating one counselor turnover during the year (25%), the replacement counselor would attend the group supervision. Trainer will meet with each counselor individually for approximately 4 hours (2 hour segments) to provide the introduction necessary to prepare the counselor for MI supervision. We could estimate 4 hours time to individually prepare someone, along with having them learn vicariously by observing other staff further along in the process, listen to the coaching, etc. To account for turnover and training of additional staff for a total of 4 hours= \$480.00.

Additional staff will be trained during year 3 to expand the services provided.

Grand Total for MIA-Step Training \$6,320.00

Credible Behavioral Healthcare Software

The following services are included in Credible's service offering:

The Credible Behavioral Healthcare Software will allow for women to have additional self management resources. During year 3 250 alumni will be provided access to the patient portal. Credible will maintain the software and continuously augment with self management information for their consumer's recovery.

Total Credible Behavioral Health \$ 97,612.20

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)
\$103,932.20
(combine the total of consultant and contact)

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

FEDERAL REQUEST

Item	Description	Cost
Evaluation Incentives	\$10/interview @150 interviews for year	\$1,500.00
	\$10/interview @123 interviews for follow-up	\$1,223.00
	TOTAL	\$2,723.00

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Evaluation incentives will be supplied to each participant. Each interview will be compensated by \$10/interview. We will conduct a total of 100 interviews during the first year. Follow-up interviews will be completed at 6 months.

FEDERAL REQUEST:
\$2,723.00

TOTAL DIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6i of form SF424A) \$260,851.53

INDIRECT CHARGES:

FEDERAL REQUEST- (enter in Section B column 1 line 6j of form SF424A) \$19,148.47

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST- (enter in Section B column 1 line 6k of form SF424A) \$280,000.00

SECTION H: BIOGRAPHICAL SKETCHES & JOB DESCRIPTIONS

SMART PHONE AND RECOVERY PROJECT

JOB DESCRIPTION

Project Director

SUMMARY: Business and operations oversight of Smart Phone and Recovery Project.

RESPONSIBILITIES:

- Provide leadership for all staff.
- Create a healthy, productive work culture through mentoring solid working relationships, corporate values/beliefs/practices, and high ethical conduct at all times.
- Continuously foster internal and external customer satisfaction.
- Establish organizational structure for program.
- Organize and systematize internal and external business operations.
- Continuously improve internal and external relationships (e.g. between the business and programmatic/service aspects of the assigned unit, other programs, corporate departments, and community/funding liaisons, etc.).
- Build an image of excellence.
- Oversee management, policy analysis and strategic thinking.
- Provide supervision for all employees
- Provide online training for motivational interviewing and engagement of women.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Individual must possess experience working with a veteran mental health and substance abuse population.

SUPERVISORY EXPERIENCE: Individual must have at least 5 years of experience in the field of substance abuse and mental health. Ability to supervise at least 5 employees and recruit and maintain volunteer base.

EDUCATION AND/OR EXPERIENCE: A minimum of 5 years of supervisory experience. Master's level with a current license in the Healing Arts (LCSW, LMHC, LPs, LFMC).

OTHER SKILLS AND ABILITIES: Computer Skills: word processing and spreadsheet; other company-specific software. Detail oriented, thorough, accurate, diligent, reputable; meets deadlines and follows good business practices.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

NANCY RUDES, LCSW
SMART PHONE AND RECOVERY PROJECT
PROJECT DIRECTOR
Spectrum Programs Inc.
nrudes@spectrumprograms.org
11031 NE 6th Ave., Miami, FL 33161

EDUCATION

- 1967 Baruch School of Business of The City University
New York City, New York
B.B.A.
- 1979 Fordham University School of Social Work
New York City, New York
M.S.W.
- 1980 **Certified Social Worker**, New York
- 1993 **Licensed Clinical Social Worker**, Florida
- 1994 **Diplomate in Clinical Social Work, NASW**
- 2000 **Qualified Supervisor, Clinical Social Work**, Florida
- 2005 **Qualified Supervisor, Marriage and family Therapy**, Florida

EXPERIENCE

- Banyan Health Systems Miami, Florida
- 11/2009 to present **Clinical and Intern Performance Manager**
Provide clinical training to clinical supervisors, therapists, and field instructors. Administer student intern program.
- Girls Advocacy Project Miami, Florida
- 7/2008 to present **Program Consultant**
Administer Department of Juvenile Justice funded program in Regional Juvenile Detention centers located in Orlando, Palm Beach and Miami.
- Broward Partnership for the Homeless Fort Lauderdale, Florida
- 7/2006 to 8/2008 **Clinical Director**
Administer all treatment programs. Provide clinical staff training including licensure supervision. Responsible for contract compliance with all licensing entities. Spearhead program development, monitor budgets, and quality improvement/assurance. Member executive committee.
- 10/2001 to 8/2003 **Supervisor of Social Services**
Administer case management and behavioral health unit, provide licensure supervision, coordinate and supervise student internships.
- South Florida State Hospital Pembroke Pines, Florida
- 8/2003 to 7/2006 **Director of Social Services**
Administer social work unit, recovery plan managers unit, aftercare unit, and intern unit. Provide licensure supervision.

Member Senior Management group. Member statewide ADM workgroups and committees.

Community Outreach On Location, Inc. Miami, Florida
9/98 to 9/2001 **Director of Training and Development.**
Implement and administer all programs. Write and administer grants. Develop and supervise student internships. Develop and monitor client database via Access. Develop budgets via Excel.

TRAINING AND EDUCATION EXPERIENCE

Broward Partnership for the Homeless Fort Lauderdale, Florida
12/99 to 10/2001 **Consultant.** Train case management unit and provide licensure supervision to Behavioral Health clinical staff. Supervise MSW and BSW interns.

PUBLICATIONS AND PRESENTATIONS

Mathe, M., Rudes, N. (1982). The adolescent girl in a group home. In Notman and Nadelson (Eds.) *The Woman Patient*. New York: Plenum Press.

Rudes, N., Rudes, J. (1993, September). Brief Solution Focused Treatment with the Mandated Client. Presentation at the annual conference of the Florida Association of Alcohol and Drug Abuse, Orlando, Florida.

Rudes, N., Brocato, J. (1994, April). Clashes and Complementarities of Twelve Step and Social Group Work Theories in Work with Substance Abusers. Presentation at the 11th annual conference of the Florida Chapter of the American Association for the Advancement of Social Work with Groups, Miami, Florida.

Rudes, N. (1996, April). Using Difference to Make a Difference, A Solution Focused Approach to Supervision. Presentation at Barry University School of Social Work 5th Annual Alumni Conference, Miami, Florida.

Rudes, N., (1996, September-November). Solution Focused Collaboration in Human Services. Training for Home School Service Team, Dade County Public Schools, Miami, Florida.

Rudes, N., Gray, S. (1996, October). Brief Solution Focused Therapy. Presentation at Barry University School of Social Work 6th Annual Alumni Workshop, Miami, Florida.

Rudes, N. (2002, January). B.P.H.I. Services. Presentation for Broward County Public Schools Migrant and Special Services, Fort Lauderdale, Florida.

Rudes, N. (2010, February). What We Know About Girls: Group Strategies for Girls in Detention.

Presentation at the Presentation at the annual conference of the Florida Association of Alcohol and Drug Abuse/ Florida Association of Juvenile Justice, Orlando, Florida.

**SMART PHONE AND RECOVERY PROJECT
JOB DESCRIPTION
CLINICAL SUPERVISOR**

SUMMARY: Clinical oversight of Smart Phone and Recovery Project.

RESPONSIBILITIES:

- Monitors and evaluates the quality and appropriateness of clinical services (i.e., performance of staff, documentation, quality of care, actions taken on findings, etc.).
- Reviews staffing schedules of Smart Phone and Recovery Project.
- Provides clinical services through the utilization of a sufficient number of qualified personnel (i.e., clinicians, case managers, and other supportive personnel).
- Provides clinical services and appropriate training and education programs for all clinical personnel
- Reviews, revises, and implements the policies and procedures of clinical services.
- Is responsible for assuring that the policies and procedures are carried out in collaboration with the appropriate medical, nursing, and administrative representatives.
- Reviews reports of documentation in patient's charts received from the program coordinators on a monthly basis.
- Additional duties as assigned

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Individual must possess experience working with a veteran mental health and substance abuse population.

SUPERVISORY EXPERIENCE: Individual must have at least 5 years of experience in the field of substance abuse and mental health.

EDUCATION AND/OR EXPERIENCE: A minimum of 5 years of supervisory experience. Master's level with a current license in the Healing Arts (LCSW, LMHC, LPs, LFMC).

OTHER SKILLS AND ABILITIES: Computer Skills: word processing and spreadsheet; other company-specific software. Detail oriented, thorough, accurate, diligent, reputable; meets deadlines and follows good business practices.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

Grace Marquez, LMHC
SMART PHONE AND RECOVERY PROJECT
CLINICAL SUPERVISOR
Spectrum Programs Inc.
gmarquez@spectrumprograms.org
450 East Atlantic Boulevard., Pompano Beach, FL 33062

EDUCATION

- 1999 Florida Atlantic University
Davie, FL
B.A. in Psychology
- 2001 Nova Southeastern University
Davie, FL
M.S. in Psychology – Mental Health Counseling
- 2004 **Licensed Mental Health Counselor, Florida**
- 2007 **Qualified Supervisor, Mental Health Counseling, Florida**
- 2007 **Certified Addictions Professional, Florida**

EXPERIENCE

- Spectrum Programs, Inc.
Pompano Beach, Florida
- 01/2011 to present **Clinical Manager**
Manage the administrative, programmatic and clinical functions of the Outpatient, CCST and Adult Residential Programs. Provide clinical supervision to clinicians and practicum students.

- The Starting Place, Inc.
Plantation, FL
- 7/2008 to 12/2010 **Clinical Supervisor**
Provided clinical supervision to therapists, case managers, practicum students and volunteers. Supervised the administrative, programmatic and clinical functions of the CCST-Alternatives and Redirection program. Conducted staff trainings in areas of therapy, behavior management counseling and substance abuse treatment.

- The Renfrew Center
Coconut Creek, Florida
- 4/2008 to 7/2008 **Clinical Supervisor**
Provided supervision and training of new and existing clinical staff. Served as a liaison between Inpatient, PHP and Aftercare to ensure smooth transition into local patients into IOP.

The Starting Place, Inc.

Hollywood, Florida

3/2004 to 04/2008 **Outpatient Supervisor**

Supervised the administrative, programmatic and clinical functions of outpatient, aftercare, and court case management/outreach services. Provided clinical supervision to therapists, practicum students and volunteers.

**SMART PHONE AND RECOVERY PROJECT
JOB DESCRIPTION
PRIMARY THERAPIST**

SUMMARY: Provide clinical services to women in the Smart Phone and Recovery Project.

RESPONSIBILITIES:

- Provide assessment, individual group, family, and educational counseling services to women in the Smart Phone and Recovery Project.
- Collect fees and monitor collection of drug screen specimens.
- Complete all required documentation utilizing agency formats/standards.
- Participate in community education/information activities program presentations.
- Participate in on-going quality improvement and utilization review activities.
- Attend and participate in motivational training activities, meetings, and supervision sessions.
- Required to possess CPR/First Aid certificate of training or obtain it within six months of hire and other required trainings.
- Use the current data/clinical computer program necessary to perform billing and clinical documentation;
- Perform other duties as assigned.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Individual must possess experience working with a veteran mental health and substance abuse population.

EDUCATION AND/OR EXPERIENCE: Master's degree from an accredited college or university with major course working in counseling, psychology, social work, or other related discipline AND one (1) year professional experience in substance abuse or comparable field AND one (1) year of professional experience related to adolescent care/treatment.

OTHER SKILLS AND ABILITIES: Computer Skills: word processing and spreadsheet; other company-specific software. Detail oriented, thorough, accurate, diligent, reputable; meets deadlines and follows good business practices. Candidate must have knowledge of using smart phones/tablets to assist consumers. Ability to update consumer psycho-education material is a plus.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

SMART PHONE AND RECOVERY PROJECT

JOB DESCRIPTION RECOVERY SPECIALIST

SUMMARY: The Recovery Specialists will be in charge of engaging women into treatment and providing them with the proper tools for their recovery.

RESPONSIBILITIES:

- Use motivational interviewing to engage consumers into treatment.
- Help engage women who are participating in Smart Phone and Recovery.
- Train consumers on the Wellness Recovery Action Plan and aid them in developing their own plan.
- To support group members through all stages of treatment
- Build motivation in consumers to obtain additional services such as screenings, and further treatment as necessary on their patient portal.
- Responsible for strict adherence to ethical standards, human subjects' rights (including confidentiality and data security).
- Responsible for related policies, procedures and method integrity.
- Protects confidentiality of the person served.
- Maintains a pleasant atmosphere, camaraderie, free of violence environment, with emphasis on support and understanding against stigma and rejection.
- Avoid absenteeism and consistently comply with proper notification when absent.
- Attend all staff meetings as scheduled.

EDUCATION AND/OR EXPERIENCE: A minimum of a high school diploma or equivalent degree or a bachelor's degree from a four-year college or university with major coursework in counseling, psychology, social work, criminal justice, nursing, rehabilitation, special education, health education, or other related discipline in the human services field; AND minimum of one (5) years in recovery.

LANGUAGE SKILLS: Ability to read, write and speak in English and Spanish (or other languages) helpful. Ability to effectively present information and respond to questions from groups of managers, persons served, customers and the general public.

**SMART PHONE AND RECOVERY PROJECT
JOB DESCRIPTION
EVALUATION DIRECTOR**

SUMMARY: Responsible for the administration of the evaluation of the Smart Phone and Recovery Project and all related activities.

RESPONSIBILITIES:

- Develop the evaluation plan for Smart Phone and Recovery.
- Purchase and set up the computer hardware and software required to enter, store manage, analyze and transmit data.
- Evaluate programs targeting special populations, hard-to-reach populations, and in developing and implementing system of care strategies.
- Provide leadership to local evaluation efforts and be a primary collaborator with the national evaluation.
- Provide training to local research staff, develop data collection forms, and oversee data collection activities as well as the production of evaluation reports, publications and presentations.

PROFESSIONAL SKILLS: High ethical standards; excellent verbal and written communication; exceptional relationship skills; outstanding interpersonal skills and team building skills.

EDUCATION AND/OR EXPERIENCE: A Doctorate Degree in Psychology, Substance Abuse, Epidemiology or relevant field from an accredited college or university. Minimum of three years research experience. Knowledge and ability to develop research and evaluation proposals; to design and coordinate basic and applied research and evaluation studies; to perform statistical analyses; to write research evaluation reports and publications; to work with outside agency researchers and academicians on a wide range of substance abuse and mental health topics. Understanding of database integrity, development, and extraction methodology.

SUPERVISORY EXPERIENCE: Individual must have at least 3 years of experience in the field of substance abuse and mental health.

LANGUAGE SKILLS: Ability to read, write and speak in English. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of the organization.

RHONDA BOHS, PH.D.
EVALUATION DIRECTOR

NAME	POSITION TITLE
Rhonda Bohs, Ph.D.	Vice-President Research Development

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

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	FIELD OF STUDY
Rockhurst College, Kansas City, Missouri	B.A. - 1986	Psychology
Saint Louis University, St. Louis, Missouri	M.S. - 1989	Research Psychology
Saint Louis University, St. Louis, Missouri	Ph.D. - 1991	Applied Experimental Psychology

A. Positions and Honors

- 1991-1993 Social Psychologist and Program Director, Omega Centre, Ft.Myers, Florida
- 1993-1994 Director of Women's Services, The Village South, Inc., Miami, Florida
- 1994-1997 Director of Research, & Quality Improvement, The Village South, Inc., Miami,
- 1997-2002 Director of Program Development, Research and Evaluation, DLR Consultants, Inc., Parkland, Florida
- 2002-2004 Director of Research and Development, Spectrum Programs, Inc., Miami, Florida
- 2004 – 2006 Assoc. Vice-President Research, Spectrum Programs & Miami Behavioral Health Center,
- 2007 – Present Vice-President Research Development, Spectrum Programs & Miami Behavioral Health Center

B. Selected peer-reviewed publications (in chronological order)

Reid, M., Fallon, B., Sonne, S., Nunes, E., Lima, J., Juiping, J., Tyson, C., Hiott, R., Arfken, C., **Bohs, R.**, Orr, D., Muir, J., Philgren, E., Loree, A., Fuller, B., Giordano, L., Robinson, J., Rotrosen, J. (2007). Implementation of a Smoking Cessation Treatment Study at Substance Abuse Rehabilitation Programs: Smoking Behavior and Treatment Feasibility Across Varied Community-based Outpatient Programs. *Journal of Addiction Medicine Vol. 1 (3)*.

Metsch, L., Rivers, J., Miller, M., **Bohs, R.**, Bandstra, E., Morrow, C., Gissen, M., & Jackson, V. (1995). Implementation of a Family-Centered Treatment Program for Substance-Abusing Women and their Children: Barriers and Resolutions. *Journal of Psychoactive Drugs*.

Bohs, R., & Wiener, R. (1991). *Automatic vs. Controlled Processing of Rape Attitudes*. St. Louis, Mo: St Louis University, Dept. of Psychology. (ERIC Document Reproduction Services).

Nakano, Y., Richey, M., **Bohs, R.**, Koch, J., Mannion, M., & Warbin, R. (1990). Educational perspectives of psychology undergraduates in the U.S. and Japan. *Teaching of Psychology*, 17(3), 152-159.

C. Research Support

Center for Substance Use and AIDS Research on Latinos in the United States

Principal Investigator Community Core: Rhonda Bohs, Ph.D.

Co-Principal Investigator: Research Center of Excellence (P20)

Agency: NCMHD

Period: 10/2007 – 9/20012

Florida Node of the Drug Abuse Clinical Trials Network

Site Investigator: Rhonda Bohs, Ph.D. – Community Treatment Provider (Spectrum Programs, Inc., Miami Behavioral Health Center, Inc.)

Agency: NIDA U10 DA 13720

Period: 09/30/00 – 8/31/05

Site Investigator: CTN 0009 Smoking Cessation

Site Investigator: CTN 0021 Motivational Enhancement Therapy for Spanish Speakers

SMART PHONE AND RECOVERY PROJECT
JOB DESCRIPTION
PEER EVALUATOR

SUMMARY: Responsible for Evaluation Team activities, development and all related activities.

RESPONSIBILITIES

- Serve as research assistant to the Evaluation Team for all related protocols and activities associated with Smart Phone and Recovery.
- Work with Evaluation Team in planning, implementation and evaluation.
- Responsible for strict adherence to ethical standards, human subjects' rights (including confidentiality and data security), and research integrity.
- Responsible for related policies, procedures, and method integrity.
- Responsible for data collection, dissemination and assistance in writing reports.
- Participates in projects and activities as requested.
- Ensures the assessment of customer and community needs as a basis for the design of programs and the provision of services.
- Performs other duties as assigned.

PROFESSIONAL SKILLS: High ethical standards; excellent verbal and written communication; exceptional relationship skills; outstanding interpersonal skills; and team-building skills.

EDUCATION AND/OR EXPERIENCE: A high school diploma or equivalent such as GED. Candidate should be someone who is in recovery. In addition, specialized knowledge, skills and experience in the areas outlined below.

LANGUAGE SKILLS: Ability to read, write and speak in English and Spanish (preferred). Ability to write routine reports and correspondence.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

OTHER SKILLS AND ABILITIES: Computer competency in Microsoft Word, Excel, and Power Point. Skilled in use of the Internet.

SECTION I. CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION/ HUMAN SUBJECTS

- Protect Clients and Staff from Potential Risks No foreseeable risks are anticipated from participation in the project or in the data collection activities. No side effects have been noted in the current literature in association with the behavioral and physical screenings, interviews, or assessments to be used in this study, although, as with many assessment batteries, some people may experience mild fatigue or momentary concern about their ability to do well. Consumers may experience temporary emotional upset during e-therapy participation while discussing personal matters. Recovery coaches will be available to provide guidance and assistance in the event that consumers become upset during online networking or upon review of their case review. All data collected will be kept under strict measures of confidentiality to protect participants' privacy. The most important benefit from participation in this study will be overall well-being and improved functioning for women while they receive substance abuse services.
- Fair Selection of Participants: All 400 women who meet the intended target population criteria discussed earlier in the proposal will be offered direct services.

Inclusion Criteria- To be included in the project, consumers must meet the following criteria:
(a) must be woman over the age of 18 (b), experiencing prescription drug abuse or dependence (c), provide informed consent to participate.

Exclusion Criteria- All consumers meeting above requirements will be encouraged to participate.

Participants will be recruited through Dependency Court. Recovery coaches will play a key role in engaging participants.

- Absence of Coercion:
Participation in the study is voluntary. Consent forms will clearly state the right to refuse participation at any time. Further, the refusal to participate will not influence any of the services the consumer may receive. Each consumer will be informed of the objectives and methods employed by the project and will be informed regarding the voluntary nature of participation in the project. All consumers will be informed that he or she may withdraw from the data collection aspect of the project at any time for any reason or may choose not to participate in the evaluation aspects of the project at all. In neither case will there be any adverse consequences to the consumer. Consumers who participate in follow-up evaluation procedures will be compensated \$10.00 for their time. In addition, consumers will be informed that data will be utilized to determine the effectiveness of the project. A comprehensive consent form will be utilized explaining the program as well as the evaluative purposes of the investigation. If a consumer does not consent to inclusion in the program or refuses inclusion in the evaluation of the program, the consumer will still receive services as "usual and customary".

- Data Collection:

Data collection will be conducted at regular intervals: at baseline, discharge, and follow-up at 6 months for all consumers receiving direct services. Consumers will be asked to provide and give consent for access to a) interviewer administered measures of individual, family and environmental factors, b) interviewer administered measures to characterize the population. Data collection instruments are discussed within the proposal's Evaluation Plan. Assessments will consist of standardized interviews, GAIN-SS, GAIN Q, GAIN-full, and self-reports.

- Privacy and Confidentiality:

The issues surrounding confidentiality are of supreme importance and sensitivity because highly personal clinical information will be obtained from the consumer at various times. Participants will sign a statement attesting to their understanding that the information they provide will be held as personal and confidential to the extent permitted by law.

Data collected will be protected and kept under the strictest measures of confidentiality. Participants will be educated regarding their rights to refuse to participate through a process of informed consent. Participants will be informed regarding the limits of confidentiality (e.g., issues of self-harm or harm to others which can not be kept confidential; issues involving abuse and neglect). Information is maintained in a confidential manner in accordance with the regulations governing confidentiality of alcohol and drug abuse client records (42 CFR Part 2). Compliance with HIPAA regulations will be implemented through every stage of the project.

All consumer files will be maintained in a secure manner and access to the information contained in a file will be restricted to only those working directly with a particular consumer. All files contain properly executed release forms when information is going to be released in regard to client progress or history. Individuals employed by Spectrum Programs, Inc. receive instructions regarding the regulations and the confidential nature of physical health and behavioral health services upon employment. This includes all staff: clerical, clinical, and support staff. Training is also provided periodically regarding the confidentiality regulations, on the importance of protecting client confidentiality, and to do so with the utmost caution. Staff that process requests for information are trained in the application of the confidentiality regulations. Any documents that are released are clearly marked with a prohibition of re-disclosure and instruct the receiver of the information regarding the confidential nature of the information.

Regarding data/records confidentiality, Spectrum Programs, Inc. has an established set of procedures designed to ensure the protection of confidentiality. All records on active cases will be filed in the locked offices of the facility and/or Research Team of Spectrum Programs, Inc. All project staff is specifically trained on issues of confidentiality using a "Procedures for Confidentiality" manual which has clear disciplinary actions for even minor infractions. Second, because questionnaires pose a special risk in that they travel through several parts of a system (from assessment specialist, to data entry and later perhaps to clinicians), special procedures are in place to ensure that questionnaires are in locked files at all points. Third, Spectrum Programs, Inc. uses a record system in which all participant

records are filed numerically by case number, with no names attached to the database. Access to the data base and data files is strictly controlled by the Vice President of Research and Program Development. Passwords are used to restrict entry into the database.

- Adequate Consent Procedures

400 women will be directly served by the proposed project and will be followed up for evaluation purposes. The Recovery Specialist assigned to engage consumers will serve as the main contact and will assist the consumer in starting their treatment process. The Peer Evaluator will obtain informed consent to participate in the study. The nature of the confidentiality that surrounds research studies will be discussed with the participant, explaining that confidentiality is assured to the extent permitted by law. This means that the information they provide is strictly confidential, except for the case of potential abuse of a child, or danger to their lives or to the lives of others. Participants will be informed that information collected from the research instruments will be used only for research purposes and reported in aggregate form (which creates case studies based on characteristics of individuals and protects the confidentiality of individual consumers). The Peer Evaluator will read each form to the consumer and will provide copies of these forms to them. Consumers who do not consent and those who do not meet the pre-screening criteria are provided an alternative referral in conjunction with the referring agency.

- Risk/Benefit Discussion

The risks posed by this project are minimal. As stated above, consumers may feel temporary discomfort or emotional distress when sharing personal information. The most important benefit from participation in this study will be overall well-being and improved functioning of women while they receiving substance abuse services through the aid of technology.

**ATTACHMENT 1: IDENTIFICATION OF SERVICE PROVIDER ORGANIZATIONS/
STATEMENT OF ASSURANCE/ LETTERS OF COMMITMENT AND SUPPORT**

Identification of Lead Service Provider:

The applicant, Spectrum Programs, Inc. will serve as the substance abuse treatment service provider in the "Smart Phone and Recovery" project.

SPI (the primary grantee) was incorporated in June 1970 and is the oldest and largest non-profit substance abuse treatment agency in South Florida serving over 1000 adults and adolescents daily. SPI is a multi-site, multi-modality, and multi-district human services agency employing approximately 180 people. The Department of Children and Families licenses SPI and the organization is accredited by CARF, The Rehabilitation Accreditation Commission at the highest level. The mission of SPI is: To provide comprehensive behavioral health and rehabilitative services through education, prevention, and treatment. SPI is firmly committed to the concept of "Helping People Make Choices." As such, SPI strives to assist clients and their families in gaining a greater understanding of the addiction process and methods to obtain recovery and live a drug-free lifestyle.

Ninety percent of the individuals treated at SPI are indigent and come from diverse populations with high proportions of minorities, unemployed or otherwise under-served populations. SPI operates three substance abuse residential programs dedicated to adults and adolescents who suffer from substance abuse and other behavioral health issues. Additionally, SPI is contracted by the Federal Bureau of Prison to operate a seventy-eight (78) bed Community Corrections Center in Miami. In addition to residential services, SPI provides diverse non-residential behavioral healthcare services. All outpatient service sites offer assessment, individual and group counseling, family counseling, and psycho-educational/intervention services. Specialty non-residential services include outreach services for TANF (Temporary Assistance for Needy Families) recipients, Court Dependency Services for the Dade County Dependency Court, and Family Intervention Services for the Broward Dependency Courts.

SPI has been involved in a number of demonstration and evaluation projects funded through the Florida Department of Children and Families, Florida Department of Corrections, U.S. Probation Office, Florida Ounce of Prevention Fund, Ryan White, the National Center for Minority Health Disparities (NCMHD) and others. Spectrum Programs is also involved in the National Institute of Drug Abuse Clinical Trials Network (CTN). This initiative conducts studies of behavioral, pharmacological, and integrated multisite clinical trials to determine effectiveness across a broad range of community-based treatment settings and diversified patient populations.

Miami Behavioral Health Center, Inc., will provide mental health services and primary health services to consumers in the Smart Phone and Recovery project.

MBHC is a Comprehensive Community Mental Health Center (CCMHC). Having served the Hispanic community of Little Havana for 34 years, MBHC has forged strong links to the Hispanic community through churches, schools, and community agencies and is prepared to collaborate with grass roots Hispanic organizations to expand the agency capacity to provide community mental health, substance use treatment and HIV/ AIDS services. As a CCMHC, 501(c) 3, MBHC has provided the full range of culturally and linguistically appropriate behavioral health services to adults, children, and families who are indigent, since 1977. Since the beginning, MBHC have served over 100,000 unduplicated clients.

MBHC provides a wide array of services including: In-patient crisis stabilization unit (CSU) and Detox; 24-hour walk-in assessment services through a single point of access (SPA); 24-hour mobile crisis response team (MCT); adult and child psychiatric care & treatment; adult and child mental health counseling and therapy; specialized services for seniors experiencing symptoms of dementia, Alzheimer's, and behavioral health disorders who need case management, day care, and family respite services; adult and child case management services; domestic violence services; drop-in center for the mentally ill; pharmacy services; and numerous culturally-specific programs designed to meet the needs of the community.

Credible Behavioral Health Enterprises Inc., is committed to improving the quality of care and lives in behavioral health for clients, families, providers, and management. They strive to be the market leader for Behavioral health enterprise software focused on Community-based, Clinic-based, Youth and Residential providers by differentiating on innovation, value, and customer service.

Credible Behavioral Health Enterprise Software provides secure, proven, easy to use software for clinic, community, residential, and mobile care providers across the United States. Credible's commitment to innovation, ease of use and optimization runs throughout our software. Fully integrated and seamless, Credible provides clinical, scheduling, billing, form management, advanced search, medication tracking, mobile/field, reporting and management modules.

Credible is a leading innovator in web and mobile solutions for behavioral health. Founded in June 2000, Credible is based in Bethesda, Maryland and services care providers throughout the United States. Since 2000, Credible has provided software solutions for Behavioral Healthcare and other Human Service providers. Credible is proud to provide solutions for wide spectrum of behavioral health services including Youth, Residential, Adult, Community-based, Crisis, Forensic, Mental Health Court, Clinic, ACT and wrap-around services.

Appendix D – Statement of Assurance

As the authorized representative of Spectrum Programs 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 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 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 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. (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.)



Signature of Authorized Representative

6/6/2011

Date



June 6, 2011

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61st Ave
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

Florida Alcohol and Drug Abuse Association (FADAA) would like to express our support for "Smart Phone and Recovery", a proposal aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The purpose of this project is to identify women who are in need who do not have access to treatment and provide them with technology 24 hours/7 days per week to access a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance. This project aims to offer direct services to 400 women over a three year period.

It is with great confidence that we express our support for Spectrum Programs' (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence-based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. The extensive experience, consumer driven care, and use of evidence-based strategies assures us that SPI will be successful in implementing the recovery-oriented model for women.

It is with great enthusiasm that we submit this Letter of Support for Spectrum Programs' "Smart Phone and Recovery" proposal. The implementation of this proposal will fill a much needed gap in Broward County.

If you have any questions or if I can be of any further assistance, please contact me at 850-878-2196.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Fontaine'.

Mark Fontaine
Executive Director

(c4)



State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

June 1, 2011

Jacqui B. Colyer
Regional Director

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61st Ave
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

Department of Children & Families, Substance Abuse & Mental Health Office would like to express our support for "Smart Phone and Recovery" a proposal aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The purpose of this project is to identify women who are in need and do not have access to treatment by providing them with technology 24 hours/7 day per week to have access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. Through this the project aims to offer direct services to 400 women over a three year period.

It is with great confidence that we express our support for Spectrum Programs, Inc. (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. The extensive experience, consumer driven care, and use of evidence based strategies assure us that SPI will be successful in implementing the recovery oriented model for women.

It is with great enthusiasm that we submit this Letter of Support for Spectrum Programs Inc. "Smart Phone and Recovery" proposal. The implementation of this proposal will fill a much needed gap in Broward County.

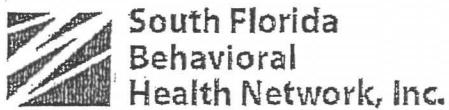
If you have any questions or if I can be of any further assistance, please contact me at (305) 377-5029.

Sincerely,

Silvia M. Quintana
Silvia M. Quintana
Program Supervisor

Circuits 11 and 16
401 NW 2nd Avenue, Suite N-1007, Miami, Florida 33128

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency



June 2, 2011

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61st Ave.
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

As the nonprofit, 501(c)3 managing entity that delivers comprehensive planning and coordination for the prevention and treatment of behavioral health disorders at the community level, the South Florida Behavioral Health Network (SFBHN) supports and agrees to work collaboratively with the proposed project for "Smart Phone and Recovery", aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The proposed project will identify women who are in need and do not have access to treatment by providing them with technology 24 hours/7 day per week to provide them with access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. Through this, the project aims to offer direct services to 400 women over a three year period.

SFBHN has been a collaborative partner with Spectrum Programs, Inc. (SPI) and it is with great confidence that we express our support for their "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. The extensive experience, consumer driven care, and use of evidence based strategies assure us that SPI will be successful in implementing the recovery oriented model for women.

Through the positive impact on the community the grant funding will maximize limited community resources. We anticipate the project will improve service delivery, benefiting families as well as the broader community.

Please contact me if you have any questions at 305 858 3335.

Sincerely,

A handwritten signature in black ink that reads "John Dow".

John Dow, Executive Director

Florida Department of Children & Families



UNIVERSITY OF MIAMI
SCHOOL of NURSING
& HEALTH STUDIES



Mailing Address
P.O. Box 248153
Coral Gables, FL 33124-3850

Phone: 305-284-3666
Fax: 305-284-5686
miami.edu/sonhs

June 1, 2011

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61st Ave
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

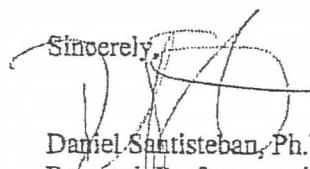
I would like to express my support for the three year "Smart Phone and Recovery" grant aimed at assisting 400 women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The proposed project designed to work with hard-to-engage women and provide them with technology 24 hours/7 day per week, is highly promising in its effort to give them access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance.

It is with great confidence that I express my support for Spectrum Programs, Inc. (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. My University of Miami team has enjoyed a highly productive 11 year relationship with Spectrum Programs and I thank you for your leadership. The extensive experience, consumer driven care, and use of evidence based strategies makes me confident that SPI will be successful in implementing the recovery oriented model for women.

It is with great enthusiasm that I submit this Letter of Support for Spectrum Programs Inc. "Smart Phone and Recovery" proposal. The implementation of this work will fill a much needed gap in Broward County.

If you have any questions or if I can be of further assistance, please contact me at 305 284-4271.

Sincerely,


Daniel Santisteban, Ph.D.

Research Professor and Director of the Youth and Family Development Program



MIAMI BEHAVIORAL HEALTH CENTER, INC.

June 6, 2011

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61h Ave
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

Miami Behavioral Health Center would like to express our support for "Smart Phone and Recovery" a proposal aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The purpose of this project is to identify women who are in need and do not have access to treatment by providing them with technology 24 hours/7 day per week to have access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. Through this the project aims to offer direct services to 400 women over a three year period.

It is with great confidence that we express our commitment to Spectrum Programs, Inc. (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. Miami Behavioral Health Center has committed to provide mental health services for the project. Miami Behavioral Health Center has been providing services since 1977.

It is with great enthusiasm that we submit this Letter of Commitment for Spectrum Programs Inc. "Smart Phone and Recovery" proposal. The implementation of this proposal will fill a much needed gap in Broward County.

If you have any questions or if I can be of any further assistance, please contact me at 305-757-0602.

Sincerely,


Leonor Garcia, MHSA
Chief Operating Officer



11031 N.E. Sixth Ave., Miami, Florida 33161-7182 United Way
(305)398-6101 Fax (305)398-6099

68



June 1, 2011

H. Bruce Hayden, President & CEO
Spectrum Programs, Inc.
11031 NE 61h Ave
Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden,

Credible Wireless, Inc. (Credible) would like to express our support for "Smart Phone and Recovery" a proposal aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The purpose of this project is to identify women who are in need and do not have access to treatment by providing them with technology 24 hours/7 day per week to have access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. Through this the project aims to offer direct services to 400 women over a three year period.

By Deploying Credible Behavioral Healthcare Software, Spectrum Programs, Inc. will receive the following benefits.

1. Easy to use interface with straight forward, legible screens, role based security, and online help tools.
2. Four annual software feature releases for the life of your contract.
3. Secure hosting and full disaster recovery services.
 - a. All networking, power equipment, and servers untouchable by fire, moisture, smoke, water, and electromagnetic pulses, (EMP).
 - b. Server rooms secured with biometric thumbprint readers and monitored by security cameras.
 - c. Built in redundancy for all power and cooling systems.
4. Powerful built in ad hoc reporting tools for Client, Employee, Claims, and Billing data.
5. Increased productivity and reduction in staff paperwork through elimination of duplicate data entry and paper based documentation inefficiencies.
6. Increased accuracy and timeliness of data with real time reporting.
7. Simplified and fully integrated documentation, reporting, scheduling and billing.
8. Fully Integrated electronic prescription capability.
9. HIPAA compliant operations.

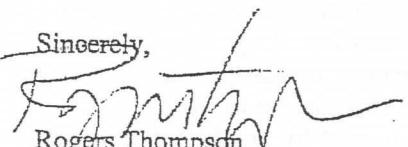
10411 Motor City Drive • Suite # 375 • Bethesda, MD 20817
Phone: (301) 652-9500 Fax: (240) 744-3086
www.credibleinc.com

It is with great confidence that we express our support for Spectrum Programs, Inc. (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. The extensive experience, consumer driven care, and use of evidence based strategies assure us that SPI will be successful in implementing the recovery oriented model for women.

It is with great enthusiasm that we submit this Letter of Support for Spectrum Programs Inc. "Smart Phone and Recovery" proposal. The implementation of this proposal will fill a much needed gap in Broward County.

If you have any questions or if I can be of any further assistance, please contact me at
904-540-3178

Sincerely,



Rogers Thompson
Senior Account Executive

Bayview Center for Mental Health, Inc.
700 Southeast 3rd Avenue, Suite 100
Fort Lauderdale, Florida 33316
(954) 414-8700
Fax (954) 467-9966

June 6, 2011

EXECUTIVES OFFICES

James R. Sleeper, MA, CAP
President and Chief Executive Officer
(954) 414-8710

BAYVIEW CENTER PHARMACY
(305) 892-4644

BROWARD COUNTY:
11031 Northeast 6th Avenue

CASE MANAGEMENT SERVICES Miami, FL 33161
(954) 888-7999

FASTRACK Forensic Diversion
(954) 518-4072

Forensic CCST
Community Treatment
(954) 518-4000

MDFAC Forensic Alternative
(954) 961-5985

OUTPATIENT SERVICES
(954) 888-7999

START Short Term Adult
(954) 966-4442

TRANSITIONS Transitional
(954) 966-4185

MIAMI DADE COUNTY:

CASE MANAGEMENT SERVICES
(305) 892-4747

CRISIS STABILIZATION UNIT
Emergency Services
(305) 691- HELP (4357)

CROSSROADS
Intensive Outpatient
(305) 892-4605

FACT TEAM
(786) 331-1011

FOCUS HOUSE
Psychosocial Clubhouse
(305) 895-4000

NEXT STEP
Transitional Housing
(305) 895-2130

OUTPATIENT SERVICES
(305) 892-4600

REACH AND MATT Outreach
(305) 892- 4605

SUPPORTIVE HOUSING
Community Based Living
(305) 940-2238

H. Bruce Hayden, President/CEO
Spectrum Programs, Inc.

11031 Northeast 6th Avenue

Miami, FL 33161

RE: Proposal for "Smart Phone and Recovery"

Dear Mr. Hayden:

Bayview Center would like to express our support for "Smart Phone and Recovery" a proposal aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and to facilitate the recovery of women in Broward County, Florida. The purpose of this project is to identify women who are in need and do not have access to treatment by providing them with technology 24 hours/7 day per week to have access to a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. Through this the project aims to offer direct services to 400 women over a three year period.

It is with great confidence that we express our commitment to Spectrum Programs, Inc. (SPI) "Smart Phone and Recovery" proposal. SPI has extensive experience in providing culturally and linguistically appropriate substance abuse and mental health services to the South Florida community for over forty years. The agency has developed a wide network of linkages throughout the community and has been instrumental in implementing evidence based practices such as motivational interviewing, cognitive behavioral therapy, and trauma informed care to consumers. Bayview Center has committed to providing technical assistance for e-therapy and referrals if the project gets funded. Bayview Center has experience in providing e-therapy to consumers for the past 3 years through MDLive Care.

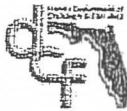
It is with great enthusiasm that we submit this Letter of Support for Spectrum Programs Inc. "Smart Phone and Recovery" proposal. The implementation of this proposal will fill a much needed gap in Broward County.

If you have any questions or if I can be of any further assistance; please contact me at (954) 414-8700.

Sincerely,

Jim Sleeper, MA, CAP
President/CEO

Sponsored/Funded by



CIRCUIT 17
COURTS 11 & 16



FCCMH



National Alliance on Mental Illness

MHCA



South Florida
Behavioral
Health Network



Joint Commission
An Accreditation of Healthcare Organizations

ATTACHMENT 2: DATA COLLECTION INSTRUMENTS

The following data collection instruments will be included and can be found in the following links:

Global Assessment of Individual Needs (GAIN- I):

http://www.chestnut.org/LI/gain/GAIN_I/GAIN-I_v_5-6/gi_5.6.0_full_reviewonly.pdf

SAMH Demographics Form:

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml SAMHIS Data Forms (DEMO Form)

FARS:

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml SAMHIS Data Forms (FARS Form)

ATTACHMENT 3: SAMPLE CONSENT FORMS



Miami Behavioral Health Center, Inc.
Attn: Clinical Records Dept.
3850 W. Flagler Street Miami, FL 33134
Phone: 305-774-3300

Spectrum Programs, Inc.
Attn: Clinical Records Dept.
3850 W. Flagler Street Miami, FL 33134
Phone: 305-774-3300

CONSENT TO RELEASE or REQUEST CONFIDENTIAL INFORMATION

Person's Full Name:	Phone No.	DOB:	SSN:	Person's Record Number:
---------------------	-----------	------	------	-------------------------

<input type="checkbox"/> Information to be released to: (or) <input type="checkbox"/> Information to be requested from: (Name and address)	Information format: (Check _____) <input type="checkbox"/> Verbal <input type="checkbox"/> Written record(s) <input type="checkbox"/> Facsimile <input type="checkbox"/> Electronic <input type="checkbox"/> All of the above
---	--

Specific information and/or documents:	
<input type="checkbox"/> Assessment (specify): _____	<input type="checkbox"/> Treatment Summary <input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Laboratory/Treatment or Service Plan	<input type="checkbox"/> Medication Sheet
<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> All Records (provide justification): _____	

Information released for the purpose of:	
<input type="checkbox"/> At the person served/personal representative/legal guardian's request	<input type="checkbox"/> Legal Purposes
<input type="checkbox"/> Research (cannot be combine with any other type of request)	<input type="checkbox"/> Disability determinations
<input type="checkbox"/> Continued medical care/aftercare	
<input type="checkbox"/> Other (specify): _____	

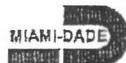
This consent is granted as a: (Check _____)	
<input type="checkbox"/> single (one-time) disclosure	<input type="checkbox"/> time limited: start date: ____ / ____ / ____ to end date ____ / ____ / ____
<input type="checkbox"/> continuing disclosure (expires 18 months from the date I sign this form) - This authorization will expire on (specific date or event) ____ / ____ / ____	

THIS CONSENT CAN BE REVOKED IN WRITING AT ANY FUTURE TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT

I understand that the specific information to be used or disclosed may include, but is not limited to history, diagnosis, treatment of drug or alcohol abuse protected under 42 U.S.C. 290dd-2 and 397.501, Fla. Stat., treatment of mental illness protected under 394.4615, Fla. Stat., or communicable diseases, including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) protected under 381.004, Fla. Stat., as well as, educational/school records, if such information exists. I understand that MBHC/SPI reserves the right to disclose the minimum information as per HIPAA Rule. I understand that treatment, payment, or eligibility for benefits is not conditioned on my signing this authorization. I understand that the information is being disclosed from records whose confidentiality is protected. Any further redisclosure is strictly prohibited unless the person served provides specific written consent for this redisclosure.

I release Miami Behavioral Health Center, Inc./Spectrum Programs, Inc., from any liability which may arise as a result of the information being released to the aforementioned individual, agency or facility.

Person Served Signature	Date	Guardian's Signature	Date
In order to revoke this release, the revocation must be in writing and provided to a staff member of this agency. Any uses or disclosures of your information prior to receipt of the revocation cannot be reversed and will not be covered by the revocation.		Witness' Signature	Date



The services provided by Spectrum Programs, Inc. is a collaborative effort between Broward County and Spectrum Programs, Inc. with funding provider by the Broward County Board of County Commissioners under an Agreement.



Miami Behavioral Health Center, Inc.
 Attn: Clinical Records Dept.
 3850 W. Flagler Street Miami, FL 33134
 Phone: 305-774-3300

Spectrum Programs, Inc.
 Attn: Clinical Records Dept.
 3850 W. Flagler Street Miami, FL 33134
 Phone: 305-774-3300

CONSENTIMIENTO PARA REVELAR o SOLICITAR INFORMACIÓN CONFIDENCIAL

Nombre Completo de la Persona:	Teléfono:	Fecha de Nacimiento:	NSS:	Número del Expediente:
--------------------------------	-----------	----------------------	------	------------------------

La información se revelará a: (o) La información se solicitará a:
 (Nombre y Dirección)

Formato de la Información: (Marque ____)

- Verbal Documento(s) escrito(s)
 Facsímile Electrónico
 Todos los indicados arriba

Información y/o documentos específicos:

- Evaluación (especifique): _____ Resumen del tratamiento Resumen al ser dado de alta
 Laboratorio/Plan de Tratamiento o de Servicio Página de medicamentos
 Otro (especifique): _____
 Todos los documentos del expediente (justifique): _____

Información revelada con el propósito de:

- Solicitada por la persona que recibe los servicios/representante personal/guardián legal Propósitos legales
 Investigación (no puede ser combinada con ningún otro tipo de solicitud) Determinación de incapacidad
 Continuidad de los cuidados de salud/servicios post-hospitalarios
 Otro (especifique) _____

Este consentimiento se concede como: (Marque ____)

- declaración única (sólo una vez)
 declaración por tiempo limitado: fecha de inicio: ___ / ___ / ___ fecha de vencimiento: ___ / ___ / ___
 declaración continua (expira en 18 meses a partir de la fecha en la que yo firmé este formulario) - Esta autorización vence en (especifique la fecha o evento)
 ___ / ___ / ___

ESTE CONSENTIMIENTO PUEDE SER REVOCADO POR ESCRITO EN CUALQUIER MOMENTO, EXCEPTO EN EL CASO DE QUE YA HAYA SIDO REVOCADO

Comprendo que la información específica que será usada o divulgada puede incluir, pero no se limitada a la historia, diagnóstico, o tratamiento del consumo de alcohol o drogas protegido bajo los Estatutos 42 U.S.C. 290dd-2 y 397.501 del Estado de la Florida, tratamiento de enfermedad mental protegido bajo el Estatuto 394.4615 del Estado de la Florida, o enfermedades transmisibles, incluyendo el virus de la inmunodeficiencia humana (VIH) y el síndrome de inmunodeficiencia adquirida (SIDA) protegidos bajo el Estatuto 381.004 del Estado de la Florida, así como también, expedientes escolares/educativos, si existiese dicha información. Comprendo que MBHC/SPI se reserva el derecho de revelar la más mínima información de acuerdo a la Regla HIPAA. Comprendo que el tratamiento, pago, o elegibilidad para beneficios no es condición para firmar esta autorización. Yo comprendo que la información será revelada de expedientes cuya confidencialidad está protegida. Cualquier otra revelación está estrictamente prohibida a menos que la persona que recibe los servicios conceda su consentimiento específico por escrito.

Yo exonojo al Miami Behavioral Health Center, Inc./Spectrum Programs, Inc. de cualquier responsabilidad que pueda surgir como resultado de la información revelada al individuo, agencia o clínica arriba indicado.

Firma del Cliente	Fecha	Firma del Guardián	Fecha
Para revocar este Consentimiento, debe entregarse la petición de revocación por escrito a un miembro de esta agencia. Cualquier uso o divulgación de su información antes de recibir la petición de revocación no se podrá revertir y no será cubierto por esa petición.	Firma del Testigo		Fecha



The services provided by Spectrum Programs, Inc. is a collaborative effort between Broward County and Spectrum Programs, Inc. with funding provider by the Broward County Board of County Commissioners under an Agreement.

ATTACHMENT 4: LETTER TO THE SSA



June 3, 2011

Stephanie Colston, Director
Substance Abuse and Mental Health Program
Department of Children and Families
1317 Winewood Blvd.
Bldg. 6, 3rd Floor, Room 300
Tallahassee, FL 32399-0700

Dear Ms. Colston:

I am pleased to inform you that Spectrum Programs Inc. is submitting a proposal to SAMHSA in response to RFA No. TI-11-002, Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need for our "Smart Phone and Recovery" project.

The proposed project is an endeavor aimed at assisting women with prescription drug misuse through technology-supported interventions designed to improve engagement, access, peer support, and facilitate their recovery in Broward County, Florida. The purpose of this project is to identify women who are in need and do not have access to treatment by providing them with a means of technology that will give them access 24 hours/7 day per week. We will be creating a web portal with self-guided comprehensive assessments, recovery-oriented educational materials, and professional assistance at their fingertips. This project aims to offer direct services to 400 women over a three year period.

Research reveals women are less likely to access treatment than their counterparts. Some factors to consider are long waiting lists that decrease motivation because they may not be treated immediately for treatment of abuse or dependence of prescription drugs. Upon commencing treatment, women may encounter a number of social and contextual factors that may also serve as barriers to successful completion of treatment. Factors may include opportunity cost of diverting time and energy to treatment and travel burden when treatment services are inconveniently located in reference to home or workplace (Jacobson, 2004). Opportunity costs, or the cost of any activity compared to an alternative forgone, may be higher for women who may prioritize caretaking responsibilities to their families above time spent in treatment or self-care activities needed for full recovery. Women are especially at risk for prescription drug abuse, and in lieu of proper treatment addressing their specific needs, are also at increased risk of death. Research reveals several factors that contribute to women being at increased risk for prescription drug abuse, including greater medical exposure to psychotropic drugs. Greater access to prescription drugs with potential for abuse has been linked throughout



11031 N.E. SIXTH AVENUE, MIAMI, FL 33161-7182 • (305) 757-0602 • FAX: (305) 757-2387

the literature to gender differences in coping with and expressing anxiety or psychological distress, willingness to seek medical care, perceptions of illness, and physician prescribing bias (Simoni-Wastila, 2000).

Through the "Smart Phone and Recovery" Project we will be targeting women who are in need of services and will provide them with the opportunity to receive some recovery oriented services through technology. Women will be referred to treatment by Dependency Court and will be handed to a Recovery Specialist. The Recovery Specialist will engage them in treatment and will help them transition from Pre-Contemplation to Action stage in the Stages of Change model. Each woman will also receive an IPad to facilitate their access and recovery. When the women are "ready" (Action Stage) for their recovery they will be linked with a therapist. Women will benefit by receiving motivational interviewing, cognitive behavioral therapy, e-therapy, peer recovery, Wellness Recovery Action Planning for their treatment. In doing so, the project's goal is to enhance the full range of substance abuse services using innovative and emerging new practices while maintaining them engaged in their treatment.

We are very excited about this new initiative. If you wish to comment on this project, please send your comments no later than August 13, 2011 to the following address:

Crystal Saunders
Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Please send me a copy of any comments you make regarding this project. I will be sure to inform you if we receive grant funding.

Sincerely,



H. Bruce Hayden
President/CEO
Spectrum Programs Inc.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Spectrum Programs Inc."/> * Street 1: <input type="text" value="11031 NE 6th Ave."/> Street 2: <input type="text"/> * City: <input type="text" value="Miami"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text" value="33161"/> Congressional District, if known: <input type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="Spectrum Programs has not lobbied."/>	7. * Federal Program Name/Description: <input type="text" value="Substance Abuse and Mental Health Services_Projects of Regional and National Significance"/> CFDA Number, if applicable: <input type="text" value="93.243"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix: <input type="text"/> * First Name: <input type="text" value="NA-Spectrum Programs has never"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="employed a lobbyist for a federal grant"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix: <input type="text"/> * First Name: <input type="text" value="NA"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="NA"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Rhonda Bohs"/> * Name: Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Bruce"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Hayden"/> Suffix: <input type="text" value="LMHC, CAP"/> Title: <input type="text" value="Chief Executive Officer"/> Telephone No.: <input type="text" value="305-757-0602"/> Date: <input type="text" value="06/14/2011"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-87)

Project/Performance Site Location(s)

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

CHECKLIST

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

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

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

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

Included NOT Applicable

- 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)

01/05/2010

01/05/2010

01/05/2010

01/05/2010

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.

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....
4. Have biographical sketch(es) with job description(s) been provided, when required?.....
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?
6. Has the 12 month narrative budget justification been provided?
7. Has the budget for the entire proposed project period with sufficient detail been provided?
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?
9. For Competing Continuation and Supplemental applications, has a progress report been included?

YES NOT Applicable

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

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

Prefix: <input type="text" value="Mr."/>	First Name: <input type="text" value="Bruce"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Hayden"/>	Suffix: <input type="text" value="LMHC, CAP"/>	
Title: <input type="text" value="Chief Executive Officer"/>		
Organization: <input type="text" value="Spectrum Programs Inc."/>		
Street1: <input type="text" value="11031 NE 6th Ave."/>		
Street2: <input type="text"/>		
City: <input type="text" value="Miami"/>		
State: <input type="text" value="FL: Florida"/>	ZIP / Postal Code: <input type="text" value="33161"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text" value="bhayden@spectrumprograms.org"/>		
Telephone Number: <input type="text" value="305-757-0602"/>	Fax Number: <input type="text"/>	

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

Prefix: <input type="text" value="Mrs."/>	First Name: <input type="text" value="Nancy"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Rudes"/>	Suffix: <input type="text" value="LCSW"/>	
Title: <input type="text" value="Clinical Performance Manager"/>		
Organization: <input type="text" value="Spectrum Programs Inc."/>		
Street1: <input type="text" value="11031 NE 6th Ave."/>		
Street2: <input type="text"/>		
City: <input type="text" value="Miami"/>		
State: <input type="text" value="FL: Florida"/>	ZIP / Postal Code: <input type="text" value="33161"/>	ZIP / Postal Code4: <input type="text"/>
E-mail Address: <input type="text" value="nrudes@spectrumprograms.org"/>		
Telephone Number: <input type="text" value="305-757-0602"/>	Fax Number: <input type="text"/>	

HHS Checklist (08-2007)

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)

03/08/2010 12:05 2E26195779

DHHS/COST ALLOC TO:

PAGE 02/04

ORIGINAL

NONPROFIT RATE AGREEMENT

EIN #: 1591415901A1

DATE: January 21, 2010

ORGANIZATION:
Spectrum Programs, INC.
11031 Northeast 6th Ave.
Miami

FILING REF.: The preceding
Agreement was dated
NONE

FL 33161-

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PROV.	09/01/09	06/30/10	42.0	All	All Programs
PROV.	07/01/10 UNTIL AMENDED		Use same rates and conditions as those cited for fiscal year ending June 30, 2010.		

*BASE:
Direct salaries and wages including all fringe benefits.

ORGANIZATION:
Spectrum Programs, Inc.

AGREEMENT DATE: January 21, 2010

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the costs of these paid absences.

Fringe Benefits include: FICA, Workers' Compensation, Unemployment, Health and Life Insurance.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year, and an acquisition cost of \$1,000 or more per unit.

ORGANIZATION:
Spectrum Programs, Inc.

AGREEMENT DATE: January 21, 2010

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rates would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the methods of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-122 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in the above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE ORGANIZATION:
Spectrum Programs, Inc.

(ORGANIZATION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

Department of Health and Human Services
(AGENCY)

(SIGNATURE)

Darryl Mayes

(NAME)

Director

Division of Cost Allocation

(TITLE)

JANUARY 21, 2010

(DATE) 1988

HHS REPRESENTATIVE: Phat Chau

Telephone: (202) 401-2808