

Foster, Alania (SAMHSA)

From: Clarke, Dianne [DClarke@OperPar.org]
Sent: Tuesday, June 25, 2013 4:34 PM
To: Foster, Alania (SAMHSA)
Cc: Griffin, Jackie; Hamilton, Nancy
Subject: TI024730 - TCE-TAC - Application Review - Response Requested
Attachments: BLDG B FLOOR PLANS.pdf; NetSmartContract.pdf; SAMHSA-Response-TCE-TAC.doc

Importance: High

Dear Ms. Foster,

Operation PAR is submitting its Application Review response as requested. Please contact us if there are additional questions following your review.

Respectfully,
Dianne Clarke, MPA, CAP
Project Director
Executive Director/COO
Operation PAR, Inc.
6655 66th Street North
Pinellas Park, FL 33781
dclarke@operpar.org
(727) 545-7564

From: Foster, Alania (SAMHSA) [<mailto:Alania.Foster@samhsa.hhs.gov>]
Sent: Friday, June 21, 2013 12:40 PM
To: Miller, Jim
Cc: dclarke@opeerpar.org
Subject: TI024730 - TCE-TAC - Application Review - Response Requested

Dear Jim,

My name is Alania Foster from the Division of Grants Management at SAMHSA.

Your organization recently applied to the FY 2013 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need announcement, RFA # TI-13-008. I have started the financial review of your application, and the following items need to be addressed before I can complete the review:

1. It was noted that your organization does not provide an adequate description of existing resources and other support it expects to receive for the proposed project. Provide a detailed description of existing resources and other support you expect to receive for the proposed project.
2. It was noted that your organization did not provide an adequate breakdown and calculations for the E-Therapy Tools costs listed under Supplies. Provide a detailed breakdown of the \$10,000.
3. It was noted that your organization did not provide an adequate breakdown and calculations for the Bay Care Behavioral Health, Inc. Provide a detailed breakdown of the \$25,000.
4. It was noted that your organization did not provide an adequate breakdown and calculations for the In The Rooms costs. Provide a detailed breakdown of the \$5,000.
5. For the rent cost, please fill out the attached questionnaire if applicable.

When making changes to the budget you must submit a full revised detailed budget and a revised SF424A. Also, if any changes are made to the budget, please ensure that the bottom line of \$280,000 does not change.

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

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

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

Thank you,

Alania Foster

Alania Foster, M.S.
Grants Management Specialist
U.S. Department of Health and Human Resources (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Financial Resources (OFR), Division of Grants Management (DGM)
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857
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?Re-disclosure Prohibited?

This message may include information that has been disclosed to you from records whose confidentiality is protected by State and Federal Law. 42 CFR, Part 2, prohibits you from making any further disclosure without specific written authorization of the person to whom it pertains or as otherwise permitted by 42CFR, Part2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**TI024730 - TCE-TAC - Application Review - Response Requested
Operation PAR, Inc.**

- 1. It was noted that your organization does not provide an adequate description of existing resources and other support it expects to receive for the proposed project. Provide a detailed description of existing resources and other support you expect to receive for the proposed project.*

Existing Resources and Other Support

Information Technology

The Information Technology Department supports the infrastructure of advanced communications, data storing and data sharing technology spanning five counties, with nearly 500 users and more than 400 devices including PCs, laptops and thin clients and printers. The Information Technology Department supports WANs made up of both fiber backbone and broadband cable connections, providing network connectivity to meet the needs of our entire Operation PAR workforce and services regardless of location. At the forefront of Operation PAR's Information Technology Department is our dedicated technology professionals who ensure system security, network administration, database management and software and hardware support. The Information Technology Department provides a one-stop Helpdesk support system, which can be accessed via telephone, email or web to ensure timely responses to technology needs while tracking expediency and customer satisfaction. All Operation PAR Information Technology staff is encouraged to continuously further their professional development and knowledge of the latest technology. For example, several of Operation PAR's Information Technology professionals are Microsoft Certified Technology Specialists while others are certified in specific Microsoft software products and certifications, such as CompTIA's Security+. Operation PAR's Information Technology Department is wholly dedicated to continuously seeking ways to utilize advances in technology to reduce costs and increase productivity, security and outcomes. Additionally, Operation PAR's Chief Information Officer, Jim Miller, oversees the information technology department of Boley Centers, Inc.

Operation PAR's IT department is housed on the third floor of a state of the art facility. The building, which was constructed in 2006, is hurricane rated to category 5. This means the facility is well protected against Florida's violent hurricane season. The building is also powered by a 225KW/281.25KVA diesel generator with 1000 gallon fuel tank, enough fuel to last 3 days. The generator not only powers the data center, but also most of the third floor, including the A/C units. Any gray colored receptacle or switch plate is powered by the generator.

In order to ensure the security of the IT department and the data center, several layers of security were used. First, the department is located on the third floor, thus minimizing the amount of people traffic. The floor is shared with only one other department. The stairwell doors are keyed differently than the rest of the building; ensuring that only authorized staff persons has access. 1200 pound magnetic locks were installed on the two doors that gain entry to the department. Key cards are issued and entry/exit is tracked by a computer system. The data center entry also utilizes a 1200 pound magnetic lock; however, the lock system is biometric. Each staff person must record their fingerprint in the scanner in order to gain access to the data center. This ensures

that if a key card is lost, the person that finds it will not be able to physically access the data center.

The data center is protected from fire by utilizing an FE25 gas system. This system will disperse the gas in the event of a fire if both smoke detectors have been triggered within the data center. A manual emergency release is also available.

Special antistatic rubber flooring was installed in the data center to reduce the risk of static shock when working on any of the systems. All of the racking systems are electrically grounded as well.

Only 4 post, enclosed racks are utilized. All wiring is contained within the rack through several types of wire management devices. All wiring is either run within or above the racks. No wires are run on the outside of the racks; thereby reducing trip hazards as well as potential for accidental outages due to cables coming unplugged.

All servers are rack mounted using pull out racks or shelves. Each server is wired carefully, taking full advantage of the service loop wiring rack on each pull out kit. This allows the servers to be pulled out of the rack for maintenance without having to disconnect any wires. Special labels are used to label every wire, on both ends, within the data center.

Helpdesk hours of operation are 9am-530p. The department also has an afterhours emergency pager line. The phone system will call the on call technician and deliver any messages left in the emergency voicemail.

Electronic Health Record

Operation PAR has invested in an electronic health record, the NetSmart product AVATAR. The contract is attached. AVATAR has been operational since July 1, 2012. The agency has conducted trainings for all of the staff entering information into the system. Additionally, Operation PAR has initiated an AVATAR workgroup consisting of selected staff from across the agency to report issues with the software, utilization and reporting capability. This group meets monthly and includes finance, clinical, support, technical and outcome personnel.

Utilization Management

The Utilization Management Department provides a proactive structure to ensure that consumers are receiving the most clinically appropriate services and referrals available. Criteria used in the utilization review process are drawn from guidelines established by the American Society of Addiction Medicine Patient Placement Criteria (ASAM). Review is based on medical necessity for admission and continued stay criteria. All contacts are subject to review. At any time during a client's treatment, the Utilization Reviewer refers identified discharge planning needs to the appropriate resource. The process of discharge planning incorporates a coordinated, interdisciplinary team approach. The role of the Utilization Review Specialists is to assist in treatment planning and preparing for consumers' future needs of care not only with Substance Abuse and Mental Health, but referrals to comprehensive service areas such as Primary Care, Vocational, Housing, etc.

Access Center

The Access Center was initiated in July 1998 to provide a central point of access for individuals seeking services or information about substance abuse and mental health services. Access Center Counselors provide callers who are in need of services a phone screening to determine their needs. If it is determined that the services offered by Operation PAR will best serve the individual in need of assistance and/or treatment, the Access Center coordinates entry into those services. If Access Center Counselors determine the individual would be better served at another program within the community outside of Operation PAR services, an immediate referral is provided. Operation PAR's goal is to provide assessments at the appropriate treatment modality within 72 hours from the initial call. The Access Center also provides services to the Mental Health Association of Greater Tampa Bay and the Zero Exposure Program with the Healthy Start Coalition of Tampa Bay, in addition to referrals and information on treatment services and support groups.

Assessment Center

The Assessment Center provides an evidenced based standardized assessment to individuals referred to Operation PAR or those seeking services at the agency. Services are provided for individuals in the SunCoast Region for all levels of care. Assessments are provided at various locations in Pinellas County and are coordinated through the Access Center.

Outpatient e-Services

The Outpatient e-Services works with clients to prevent relapse into substance abuse and addiction. The program provides individual and group counseling. Placement in this program is based on clinical information from the nationally validated Global Appraisal of Individual Needs (GAIN). e-Services utilizes the evidence-based treatment including but not limited to: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Family Support Network (FSN); Seeking Safety; (S-BIRT), etc. This mode of treatment focuses on individual motivation and teaching, in addition to practicing new skills to assist in a drug free lifestyle.

- 2. It was noted that your organization did not provide an adequate breakdown and calculations for the E-Therapy Tools costs listed under Supplies. Provide a detailed breakdown of the \$10,000.***

The breakdown of the E-Therapy tools is listed below.

Line Item	Cost
Windows Tablet (Dell XPS 10) 17 Tablets at \$400 per tablet:	\$6,800
Smart phones (9 @ \$200 per phone):	\$1,800
Data Plans for phone (\$100/month x 12 months)	\$1,200
Cost for e-Therapy applications (e.g, Healthy Habits, Habit Maker, iRecovery, Sponsor 911, InvolveCare, YouTube, Relax Lite,	\$200

- The Windows Tablet will be provided to clients who don't otherwise have access to internet. The tablets will be loaned and then returned upon discharge.
- Smart phones will be provided to clients who don't otherwise have access to internet. The phones will be loaned and then returned upon discharge.

- Data Plans will be provided so that clients need not have to pay for on-line access.
- E-Therapy applications are currently under review with the average licensing costs for the applications being \$200 over the course of a year.

3. *It was noted that your organization did not provide an adequate breakdown and calculations for the Bay Care Behavioral Health, Inc. Provide a detailed breakdown of the \$25,000.*

The table below details the breakdown of the \$25,000 budgeted for BayCare Behavioral Health, Inc.

Line Item	Cost
Hourly Cost of Training	\$250.00
# Trainings (4) and Technical Assistance meetings (8) per year <ul style="list-style-type: none"> ▪ 8 technical assistance and implementation meetings 	
4 Trainings to include topics below: <ul style="list-style-type: none"> ▪ Treating the Elderly ▪ SBIRT ▪ Integrating Primary Care into Substance Abuse Treatment 	12
Length of each training	8 hrs
Training Costs (\$250/hr x 12 x 8 hrs)	\$24,000
Materials (Printing Handouts) per quarter-\$250.00	\$1,000
Total	\$25,000

4. *It was noted that your organization did not provide an adequate breakdown and calculations for the In The Rooms costs. Provide a detailed breakdown of the \$5,000.*

In The Rooms: As a part of the project, In the Rooms will build a specific platform for grant participants to host continuing care sessions. In the Rooms will also provide access to existing recovery support (online 12-Step meetings) that serve more than 245,000 members from around the world. The table below details the breakdown of the \$5,000.

Line Item	Cost
Cost of building internet platform specific for the grant project: This includes: <ul style="list-style-type: none"> • 25 hrs of web-site design (\$200/hr) 	
Total	\$5,000

5. For the rent cost, please fill out the attached questionnaire if applicable.

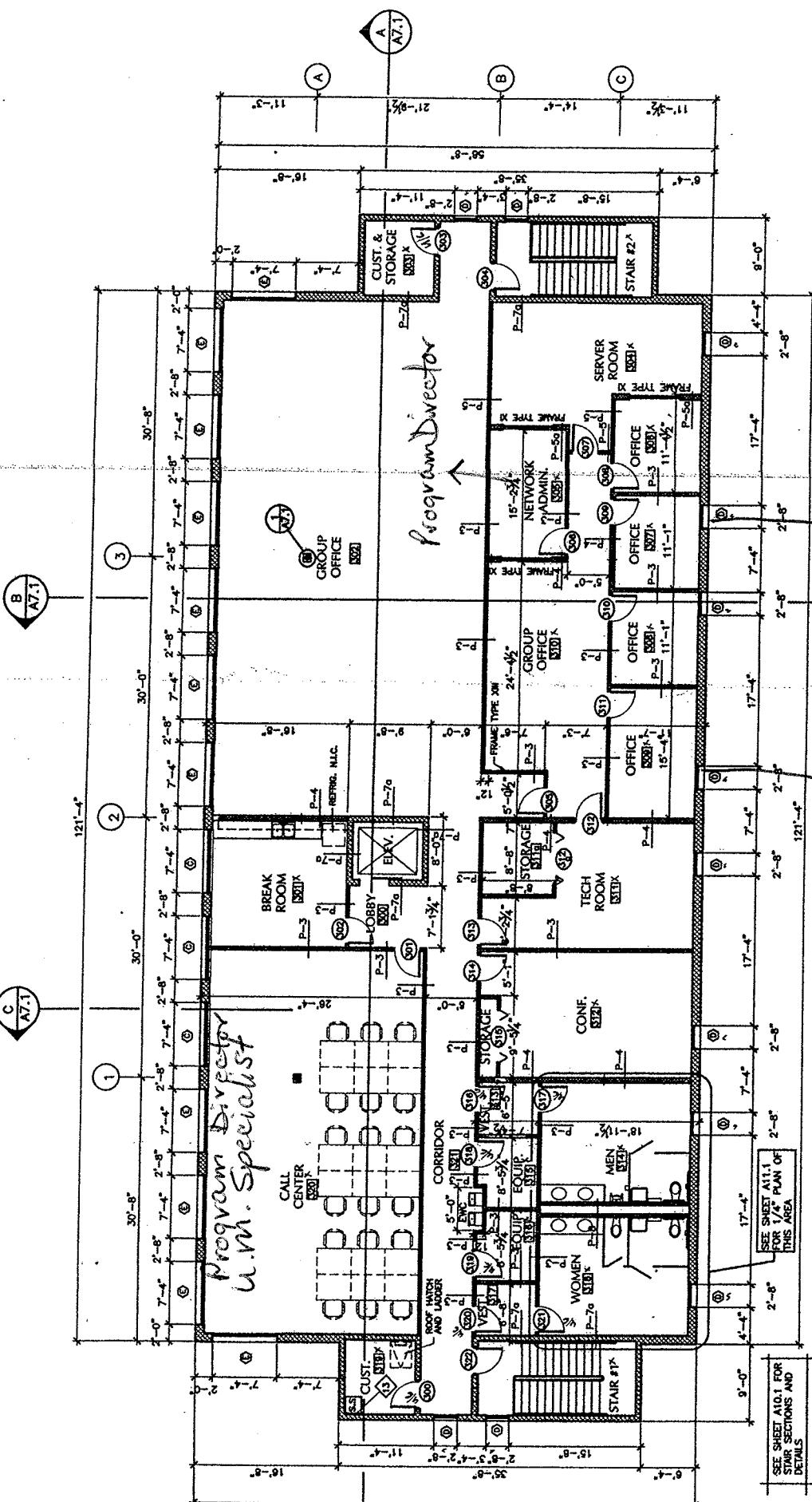
TCE-TAC GRANT – TI024730

9/30/13 – 9/29/14

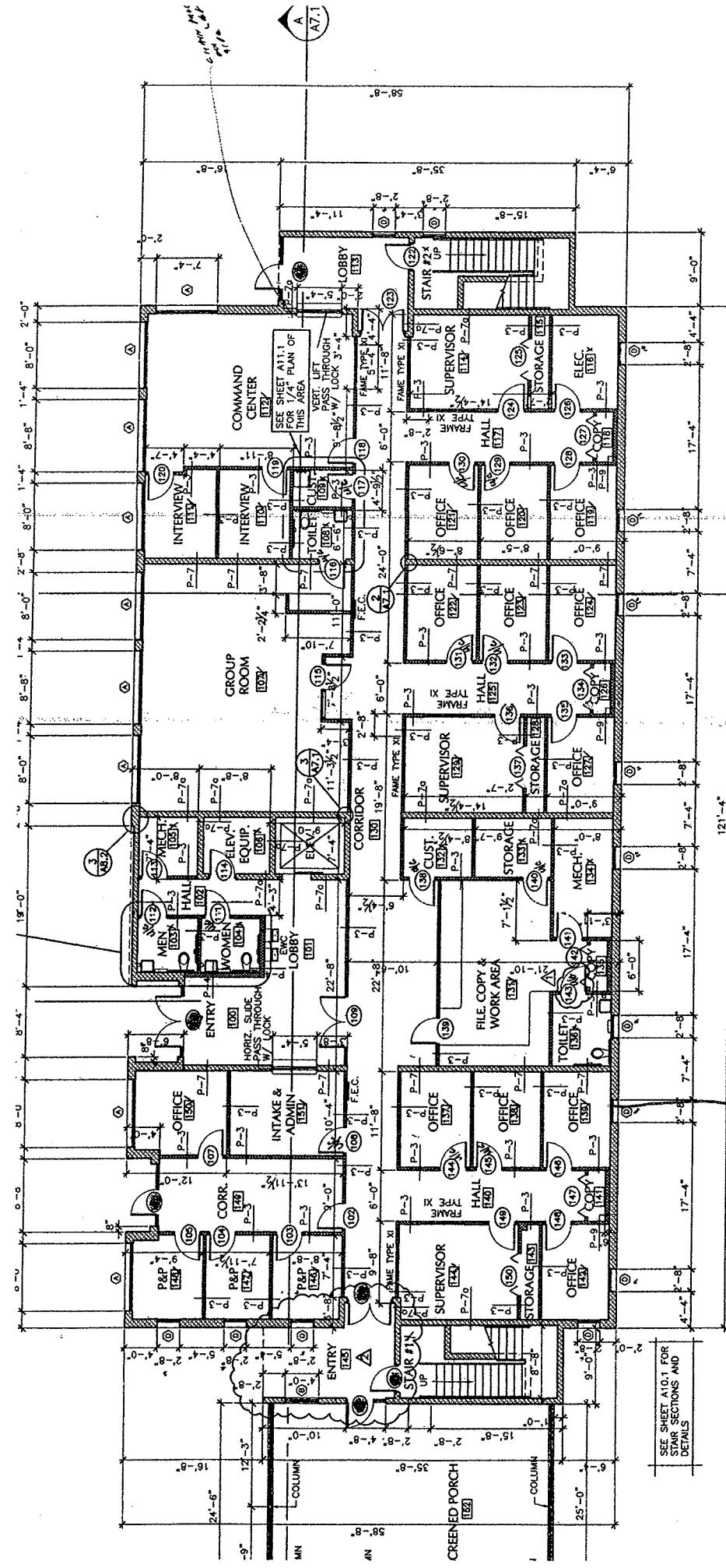
RENT QUESTIONS TO BE ANSWERED BY THE APPLICANT/GRAANTEE:

1. Operation PAR owns the building which was constructed with HRSA funds in 2007. Therefore, we are not including depreciation expense on the budget.
2. As a non-profit, our local government does not issue a tax assessment on the building.
3. A floor plan of the space is included. All space is to be used by program staff for their offices as well as common areas.
4. Below are estimated costs associated with the building:

Building Square Footage	22,785
Space Occupied:	
5 offices @ 250 sq ft. & common areas	2,735
Percentage	12%
Utilities – 9 months	\$45,430
Insurance – 9 months	\$10,684
Repairs & Maintenance – 9 months	<u>\$31,385</u>
Total	\$87,499
% of Allocation	12%
Budgeted amount – Year One	\$10,500



THIRD FLOOR PLAN



FIRST FLOOR PLAN

→ Counselor office

Netsmart Subscription and Services Agreement

Agreement made this 10th day of March, 2010, (the "Effective Date") by and between Netsmart New York, Inc., a Delaware corporation with offices at 3500 Sunrise Highway, Suite D122, Great River, New York 11739, (hereinafter referred to as "Netsmart") and Solutions for Administrative Services (SAS) a Florida corporation with offices at 445 31st Street North, St. Petersburg, FL 33713 (hereinafter referred to as "Subscriber").

1. SCOPE OF AGREEMENT

This Agreement states the terms and conditions under which Netsmart will:

- (a) Grant Subscriber the rights to use and operate certain proprietary computer programs and related documentation on a non-exclusive basis; and
- (b) Provide services such as project management, installation, training and Support Services to Subscriber.

2. Term

The Initial Term of this agreement is for a period five years from the Effective Date. This Agreement may be terminated by either party as provided in Section 12 Termination. At the expiration of the Initial Term this Agreement will automatically renew for additional one year Renewal Terms. Either party may terminate this agreement as of the last day of the Initial Term or any Renewal Term, by giving the other party not less than one-hundred and eighty (180) days written notice of termination prior to the last day of the Initial Term, or the last day of any Renewal Term as the case may be.

3. Definitions

As used in this Agreement, the following definitions apply to capitalized terms:

- (a) "Charges" means the amounts to be paid by Subscriber for the right to use the Programs, for services provided to Subscriber and for hardware or other Third Party Products acquired by Subscriber under the terms of this Agreement. The Charges are described in Schedule 2(a) and the payment schedule for these Charges is defined in Schedule 2(b).
- (b) "Development Services" means changes to be made to the Netsmart Programs (if any) required by Subscriber and generally described in Schedule 2(c) attached hereto.
- (c) "Implementation Plan" means the detailed work plan attached hereto as Schedule 2(d). In order to facilitate the development of the final Implementation Plan, the current version of Schedule 2(d) contains a template outlining parameters for preparation of a detailed Implementation Plan by the parties.
- (d) "Subscriber Database" means a collection of data records that are maintained as a single logical area that is used, accessed, or acted upon by Subscriber.
- (e) "Subscriber Resources" means the staff and other resources to be provided by Subscriber for the

implementation of the Netsmart Programs in accordance with the Implementation Plan. Schedule 2(g) attached hereto sets forth the required and available Subscriber Resources.

- (f) "Netsmart Programs" means the Netsmart computer programs in object code form and their associated documentation. Schedule 2(a) lists separately the various modules of the Netsmart Programs made available to Subscriber.
- (g) "Optional Products and Services" means the additional products and services which Netsmart will make available to Subscriber at prices shown in Schedule 2(j) for a period of 12 months after contract execution. Subscriber is under no obligation, however, to purchase items listed in Schedule 2(j).
- (h) "Problem or Defect" means any failure of the Programs to operate in substantial conformance with the Specifications.
- (i) "Services" means the installation, training and other services to be provided by Netsmart as described in Schedule 2(e).
- (j) "Specifications" means the description and features of the Netsmart Programs as set forth in the documentation for the Netsmart Programs supplied to Subscriber by Netsmart hereunder and more particularly identified in Schedule 2(i) of this Agreement.
- (k) "Support Services" means the maintenance and support services to be provided by Netsmart in accordance with Schedule 2(h).
- (l) "Third Party Products" means any product acquired by Netsmart from an outside vendor on behalf of Subscriber under the terms of this agreement. Third Party Products consisting of software are called Third Party Programs. Third Party Products are described in Schedule 2(a)
- (m) "Changes" All Changes to the terms of this agreement will be contained in Schedule 2(k)
- (n) "Service Level Agreement" or "SLA" defines the terms under which Netsmart will offer the Subscription Services as defined in Schedule 2(l)

4. Netsmart Programs

- a) Software Services may be used by Subscriber:
 - i) for Subscriber's internal business purposes and not to process the data of any other entity;
 - ii) to support the number of named users of the Netsmart Programs set forth in Schedule 2(a);
 - iii) for the Initial Term and any subsequent Renewal Terms.
- b) Except as expressly stated in this Agreement, no other rights, express, implied or otherwise are granted to Subscriber.
- c) Nothing in this Agreement will be deemed to convey any title or ownership interest in the Netsmart Programs or the Third Party Programs to Subscriber. Subscriber will not sell, disclose, lease, sublease, lend or otherwise make the Software Services available to others.

- d) Subscriber will not disassemble or reverse engineer any of the Netsmart Programs nor attempt to access or modify the source code version of the Netsmart Programs and will not make any derivations, adaptations, or translations of the Netsmart Programs in whole or in part, nor use the Netsmart Programs to develop functionally similar computer software or to otherwise compete with Netsmart.
- e) If suggestions made by Subscriber are incorporated into subsequent versions of the Netsmart Programs, Subscriber hereby assigns to Netsmart all rights Subscriber may have in and to any suggestions, concepts, or improvements concerning the Netsmart Programs, or other products and services that may result from Subscriber communications to Netsmart.

5. IMPLEMENTATION

Promptly after execution of this Agreement, the respective project managers appointed by each party will jointly develop the Implementation Plan. The Implementation Plan will set forth the tasks to be performed by each party, the time frames in which such tasks will be performed, and will identify the roles and responsibilities of the persons who will be provided by Subscriber to support the implementation pursuant to Schedule 2(g), Subscriber Resources.

6. CHARGES AND PAYMENT TERMS

- a) In consideration of the Services to be performed Subscriber agrees to pay Netsmart the Charges at the times and in the amounts set forth in Schedule 2(b)
- b) Invoices are payable net thirty (30) days after invoice date. Thereafter, any outstanding balance will bear simple interest at the lower of 18% per annum or the highest interest rate permitted by law.

7. TAXES

The Charges set forth in this Agreement do not include any taxes. Where applicable, these will be added to such Charges, and Subscriber will pay amounts equal to any taxes (however designated, levied, or based) on such Charges including, but not limited to, state and local sales, privilege, property, use or excise taxes, but not including taxes based on the net income of Netsmart. If Subscriber claims a tax exemption, Subscriber will provide to Netsmart a certificate of exemption from taxes, or other evidence sufficient to permit Netsmart to exclude taxes from Charges.

8. WARRANTIES

- a) Netsmart warrants that the Netsmart Programs will substantially conform in all material respects with their Specifications. Netsmart will correct any Problems or Defects in accordance with the Support Services provisions set forth in Schedule 2(h). The foregoing will be Netsmart's sole liability with regard to Problems or Defects in the Netsmart Programs or Netsmart's perform-

ance or nonperformance of its obligations under this Agreement.

- b) Netsmart further represents and warrants that it has all rights required to provide the Software Service to Subscriber and that to the best of Netsmart's knowledge neither the Netsmart Programs nor the Software Services infringe upon or violate the United States patent rights of any third party or the copyright, or trade secret right of any third party.
- c) If any modifications, additions or alterations of any kind or nature are made to the Netsmart Programs by Subscriber or anyone acting with the consent of or under the direction of Subscriber, all warranties will immediately terminate.

9. LIMITATION OF WARRANTY.

THE FOREGOING WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES AND CONDITIONS EXPRESS OR IMPLIED, WHETHER IN RELATION TO THE NETSMART PROGRAMS, HARDWARE OR THE PROVISION OF ANY SERVICES INCLUDING, BUT NOT LIMITED TO, THOSE CONCERNING MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE OR ARISING BY TRADE USAGE OR COURSE OF DEALING. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(a) WARRANTY AND NETSMART'S SOLE OBLIGATION IS TO ATTEMPT TO MODIFY THE SOFTWARE TO ELIMINATE THE PROBLEM OR DEFECT. IN THE EVENT NETSMART CANNOT ELIMINATE THE PROBLEM, THIS AGREEMENT WILL BE TERMINATED. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(b) WARRANTY IS SET FORTH IN SECTION 11.

10. LIMITATION OF LIABILITY

- a) **LIMITATION ON SPECIFIED DAMAGES** IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR EXEMPLARY DAMAGES (INCLUDING DAMAGES RELATED TO LOSS OF BUSINESS OR PROFITS OR REVENUE), EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND REGARDLESS OF WHETHER ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE. EXCEPT AS SET FORTH IN SECTION 11, IN NO EVENT WILL EITHER PARTY BE LIABLE FOR ANY THIRD PARTY CLAIM.

- b) **LIMITATION ON CUMULATIVE LIABILITY.** EXCEPT AS SET FORTH IN SECTION 11, THE CUMULATIVE LIABILITY OF NETSMART TO SUBSCRIBER FOR ANY ACTUAL OR ALLEGED DAMAGES ARISING OUT OF, BASED ON OR RELATING TO THIS AGREEMENT, WHETHER

BASED UPON BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), WARRANTY OR ANY OTHER LEGAL THEORY, WILL NOT EXCEED THE AMOUNT OF THE SUBSCRIPTION FEES PAID TO NETSMART UNDER THIS AGREEMENT.

11. INDEMNIFICATION

- a) In the event of any claim by a third party against Subscriber (the "Claim"), alleging that the use of the Netsmart Programs or the Software Services infringes upon any intellectual property rights of such third party, Subscriber will promptly notify Netsmart and Netsmart will defend such Claim, in Subscriber's name but at Netsmart's expense, and will indemnify Subscriber against any liability paid by Subscriber, including but not limited to attorneys' fees and disbursements, arising out of such Claim. In the event such an infringement is found and Netsmart cannot either procure the right to continued use of the Software Services, or replace or modify the Netsmart Programs with a non-infringing program, then Netsmart may terminate this Agreement. Netsmart will not have any liability under Section 8(b), and Netsmart will be indemnified by Subscriber with respect to any Claim, to the extent that the Claim is based upon (i) the use of the Software Services or Netsmart Programs in combination with other products or services not made or furnished by Netsmart, provided that the Netsmart Programs alone are not the cause of such Claim; or (ii) the modification of the Netsmart Programs or any portion thereof by anyone other than Netsmart, provided that the Netsmart Programs in unmodified form are not the cause of such Claim. Subscriber will indemnify and hold harmless Netsmart from and against all claims, suits or actions by any third party against Netsmart relating to, arising out of or resulting from Subscriber's misuse of the Netsmart Programs or the Software Services, or any claim by any party receiving services from Subscriber.

12. TERMINATION

- a) If either party is in default of any of its material obligations hereunder, and has not commenced cure within ten (10) days and effected cure within thirty (30) days of receipt of written notice of default from the other party (the "non defaulting party"), then the non-defaulting party may terminate the Agreement on written notice to the defaulting party.
- b) Within thirty (30) days of the date of termination of this Agreement by either party Subscriber will certify in writing to Netsmart that all copies of Netsmart specifications and documentation and any other Netsmart materials have been destroyed
- c) Notwithstanding any termination of this Agreement for any reason, the terms and conditions set forth in the following Sections of this Agreement will survive and will be binding on the representatives, successors, heirs

and assignees of the parties:

- | | |
|-----------------|---------------------------|
| i) Section 9 | "Limitation of Warranty" |
| ii) Section 10 | "Limitation of Liability" |
| iii) Section 11 | "Indemnification" |
| iv) Section 13 | "Confidentiality" |
| v) Section 14 | "Non-Solicitation" |
| vi) Section 17 | "General Provisions" |

13. CONFIDENTIALITY

- a) Netsmart recognizes and acknowledges the sensitive and confidential nature of information it may obtain with regard to Subscriber's clients and their treatment, and agrees that information with respect to Subscriber's clients and their treatment will be kept in strict confidence in perpetuity by Netsmart. Netsmart agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated there under including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". Netsmart agrees not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. Netsmart will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

- b) Subscriber will take adequate steps and security precautions to prevent unauthorized disclosure of information which is proprietary to Netsmart and/or the owner of the Third Party Programs. Including but not limited to: (i) instructing its employees having access to such information not to copy or duplicate the same or any part thereof and to withhold disclosure or access or reference thereto from unauthorized third parties; (ii) effecting sufficient security measures including, at the request of Netsmart, requiring non-disclosure agreements with its employees, to safeguard such information from theft or from access by unauthorized parties; (iii) Maintaining proper control of passwords and security procedures to prevent unauthorized access to the Subscriber Database .

14. NON-SOLICITATION During the term of this Agreement and for a period of one (1) year following its termination, neither party will directly or indirectly solicit

for employment or as a consultant, an employee or consultant of the other party, or any person who was an employee or consultant of the other party at any time during the six (6) month period immediately prior to the date such employee or consultant is solicited, hired or retained

15. **FORCE MAJEURE** Neither party will be responsible for delays or failures in performance resulting from acts or events beyond its reasonable control, including but not limited to, acts of nature, governmental actions, fire, labor difficulties or shortages, civil disturbances, transportation problems, interruptions of power supply or communications or natural disasters, provided such party takes reasonable efforts to minimize the effect of such acts or events.

16. **USE OF NETSMART WEBSERVICES**

If purchased, Netsmart supports the use of web services in our SaaS environment. The only medium for transmission of webservice data into the Netsmart environment will be through VPN tunneling across the Internet. Netsmart offers two VPN offerings, depending upon the needs of the customer, which include VPN client software installed on each machine submitting webservices data or VPN appliances which establish a permanent VPN tunnel between the client environment and the Netsmart SaaS data center

17. **GENERAL PROVISIONS**

- (a) This Agreement will be construed in accordance with the laws of the State of New York, without giving effect to the conflict of law rules thereof.
- (b) This Agreement and the schedules and exhibits attached hereto contain the entire understanding of the parties with respect to the matter contained herein. There are no promises, covenants or undertakings contained in any other writing or oral communication. In the event of any conflict between or among the documents comprising this Agreement, the latest dated document will prevail
- (c) This Agreement may not be modified except in a writing signed by authorized representatives of the parties.
- (d) Any notices required or permitted to be sent hereunder will be in writing and will be sent, Certified Mail, Return Receipt Requested, or by a recognized international courier. Notices will be sent to the addresses first set forth above or to such other address as a party may designate by notice pursuant hereto. Notices to Netsmart will be sent "Attention: Chief Financial Officer". Notices will be effective upon the date when delivery is either completed or refused.
- (e) A waiver of a breach or default under this Agreement will not be a waiver of any subsequent breach or

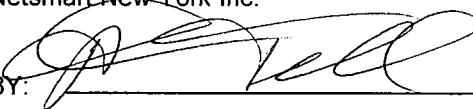
default. Failure of either party to enforce compliance with any term or condition of this Agreement will not constitute a waiver of such term or condition.

- (f) In the event that either party will cease conducting business in the normal course, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets, or avails itself of, or become subject to, any proceeding under a Bankruptcy Act or any other statute of any state relating to insolvency or the protection of rights of creditors, then (at the option of the other party) this Agreement will terminate and be of no further force and effect and any property or rights of such other party, whether tangible or intangible, will forthwith be returned to it.
- (g) The rights granted hereunder to Subscriber may not be assigned, or shared, nor may Subscriber use the Netsmart Programs to provide the software features as a service (Software as a Service) to a third party without the written consent of Netsmart. Subscriber may, however, assign all of its rights under this Agreement to an assignee who acquires all or substantially all of the assets of Subscriber, is not a competitor of Netsmart and has financial resources at least equal to those of Subscriber. Any permitted assignee will assume in writing, all obligations of the assignor.
- (h) Subscriber authorizes Netsmart to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases.
- (i) It is specifically agreed that the breach of this Agreement, and in particular the provisions concerning non-disclosure of proprietary information will result in irreparable injury and the party who claims such a breach will be entitled to specific performance and injunctive relief to correct and enjoin such breach in addition to all other remedies which might be available.
- (j) The parties will use reasonable efforts, including, without limitation, face-to-face negotiations, to resolve any differences arising between them as a result of this Agreement prior to exercising their respective rights at law or equity. If a trial results from this Agreement, the parties waive their right to a jury trial. No action, regardless of form, arising out of this Agreement will be brought more than two (2) years after the cause of action accrues.
- (k) If any provision of this Agreement is found to be invalid, illegal or unenforceable under any applicable statute or law, it is to that extent deemed to be omitted, and the remaining provisions of this Agreement will not be affected in any way.

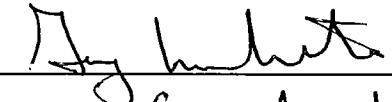
- (l) This Agreement may be executed in two or more counterparts, each of which will be deemed an original.
- (m) This Agreement may be executed by electronic signature as follows:
 - (i) a fax copy of this Agreement with a signature page that displays the image of a handwritten signature; or
 - (ii) a digital file that is transmitted by one party to the other which, when displayed on an electronic video display terminal, presents an image of this
- (n) The headings of the paragraphs and sections of this Agreement are for convenience only and will not control or affect the meaning or construction of any provision of this Agreement.
- (o) Subscriber agrees to comply with all laws and regulations, including all United States and multilateral export laws and regulations, to assure that the Netsmart Programs are not exported, directly or indirectly, in violation of law.

IN WITNESS THEREOF, the parties hereto have executed this Agreement as of the date below.

Netsmart New York Inc.

BY: 
Alan Tillinghast
 (PRINTED NAME)
 TITLE: EVP, Operations
 DATE: 3/16/2010

SOLUTIONS FOR ADMINISTRATIVE SERVICES

BY: 
Gary MacEachan
 (PRINTED NAME)
 TITLE: Admin. Manager
 DATE: 3/16/2010

Schedule 2(a)
Charges

DESCRIPTION

Monthly Recurring Fees	Quantit y	Initial Monthly Monthly Charge
Monthly price is based upon an initial rate of \$50 per concurrent user per month and a minimum of 214 concurrent users for a term of 60 months. Details on the payment terms are defined in Schedule 2(b) (100 users for the first three months, full 214 for each month after)	214	\$50
<u>Monthly Price includes the following modules</u>		
RADplus – Named Users: Includes Avatar System access and security management, modeling, table and dictionary maintenance and ad-hoc report integration		
Avatar Practice Management - Includes system management, client tracking, scheduling and reporting functions		
Clinician Workstation –Includes system management, assessment, progress notes, treatment planning and reporting functions		
Florida State Reporting Module		
Avatar Electronic Signature		
Avatar Order Entry		
Avatar eMAR (Electronic Medication Administration Record) 300 bed maximum		
One additional Avatar root system code		
Avatar GLI – Standard General Ledger Interface.		
Total – Monthly Recurring Charges		\$10,700* *except months 1-3 which will be \$5,000
One Time Charges		Charge
Third Party Products and Services		
Not Included		N/A
Total Third Party Products		N/A
Netsmart Development		
As defined in Schedule 2(c)		
Total Netsmart Development		N/A
Netsmart Services		
As defined in Schedule 2(e)		
Total Netsmart Services		\$272,697

Grand Total - One Time Charges		\$272,697
Other Annual Recurring Charges and Subscriptions		Price
Annually recurring escrow charge		\$1,200
Total Annual Recurring Charges		\$112,500 year one (includes NTST software as service fees &Escrow)

Schedule 2(b)
Payment Terms

Description	Amount Due
Netsmart Programs As described in Schedule 2(a).	
Monthly payments months 1 - 3 (100 users)	\$15,000
Monthly Payments months 4-12 (full 214 users)	\$96,300
Monthly payments months 13 - 24	\$128,400
Monthly payments months 25 - 36	\$128,400
Monthly payments months 37 - 48	\$128,400
Monthly payments months 49 - 60	\$128,400
First monthly payment is due on Agreement effective date. Subsequent monthly payments due on the first of each of the following 59 months.	
Total Payment - Netsmart Programs	\$624,900
Third Party Products As described in Schedule 2(a).	
Due on Agreement effective date	
Total Payment - Third Part Products	N/A
Development Payment As described in Schedule 2(c).	
Due on Agreement effective date	
Total Payment – Development Services	N/A
INSTALLATION SERVICES As described in Schedule 2(e).	
Due on Agreement effective date	\$50,000
\$20,245/month due the first of the month for the next ten months	\$202,450
\$20,247 due on implementation completion sign-off	\$20,247
Total Payment – Installation Services	\$272,697
Other Annual Recurring Charges and Subscriptions	
First year escrow charge	\$1,200
Total Annual Payment – Annual Recurring Charges and Subscriptions	\$1,200
TRAVEL AND LIVING AND TRAVEL TIME EXPENSES	
Billed monthly as incurred at the most economical rates.	
Travel Time will be billable at \$150 per hour.	
Travel and Living Expenses are as follows:	
Meals: Charged at Netsmart's then current daily per diem rate. The current rate is	
	Billed as incurred

Description	Amount Due
\$50.00 per day	
Airline: Coach Class on Major Airline including any additional fees applied by the airline	
Personal Vehicle: Personal vehicle usage will be reimbursed at the currently defined rate by the IRS	
Rental Car: Mid Size vehicle at local rates	
Ancillaries: Gas, Tolls, Parking	
Hotel: At local rates	

Schedule 2(c)
Netsmart Development Services

All Development Services provided by Netsmart on behalf of the Subscriber will be based on the prior preparation and approval of functional specifications. Approved specifications are incorporated by reference in Schedule 2(i). Prices indicated below include the costs associated with the creation of specification and quality assurance. Additional fees for maintenance of custom software will be included in Schedule 2(b)

Unless otherwise stated below, Development Services and its attendant costs are not included under this Agreement

In the event additional Development Services are required, Netsmart will make these services available as described in Schedule 2(j)

Description	Price
Not Included	\$0
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Fees for Development Services	\$0

**Schedule 2(d)
Implementation Plan**

Netsmart and Subscriber will formally develop and approve a detailed implementation plan within thirty (30) days of Agreement execution. Professional Services have been set based on the expectation of a nine month implementation plan. In the event extensions to this plan are required, additional Netsmart Implementation Services may be required. High-level project milestones are as follows:

Project Activity	Days from Agreement Execution
Hardware installation	30 Days
Software installation	45 Days
System table definition	60 Days
Training of trainers	150 Days
Go Live	270 Days

Schedule 2(e)
Netsmart Implementation Services

Description of Service	Quantity	Price
Project Management To consult and be the primary liaison with the Subscriber's project manager in developing and executing the Project Implementation Plan. Project Management time allocation is based on a high level month implementation plan as described in Schedule 2(d). Any extensions to the agreed upon implementation schedule will require additional Netsmart Installation Services	1156 Hours	\$162,731
File Build Assistance Assistance in the creation of and loading of various configuration tables.	60 Hours	\$8,447
Training Application training on the Netsmart Programs listed in Schedule 2(a).	372 Hours	\$52,367
Go Live Support Onsite technical and implementation assistance during the cutover from testing to production operations	0	\$0
Executive Project Management	72 Hours	\$10,136
Standard Data Conversion *Demographics and Movement History *Balance Forward	150 Hours	\$21,116
Eligibility Conversion for Operation PAR	64 Hours	\$10,400
SaaS Set Up Fee		\$7,500
Above Includes:		
Project Management RADplus Avatar PM Avatar CWS Order Entry eMAR General Ledger Interface Root System Code		
File Build Avatar PM and CWS		
Training RADplus (handled through free trial of Netsmart University) SQL Training with Crystal Reports (handled through free trial of Netsmart University) Avatar PM - QuickStart Training Avatar PM - Training of Trainers Avatar PM - Medical Necessity Rules and other billing set-up/Training Avatar PM - Initial setting of Registry settings and client training Avatar PM - End User Training Avatar CWS - Training of Trainers Order Entry General Ledger Interface Training		

The hours reflected above apply to the initial implementation of Operation PAR and Boley Centers. Subsequent professional services will be billed at \$1,300 per day.		
TOTAL		\$272,697
In the event additional Netsmart Installation Services are required, Netsmart will make these services available as described in Schedule 2(j)		

Schedule 2(f)
Desktop Hardware Requirements

CLIENT WORKSTATION:

RADplus™ Workstation Requirements:

Minimum Operating Requirements:

Processor: Intel Pentium 500 MHz or greater

Operating System: Windows 2000 or greater

RAM: 512 MB

Hard-disc space: 512 MB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Suggested Operating Requirements:

Processor: Intel Pentium 1.3Ghz or greater

Operating System: Windows XP or greater

RAM: 1 GB

Hard-disc space: 1 GB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Schedule 2(g)
Subscriber Resources

Subscriber will provide the resources described below for the implementation of the Netsmart Programs. Failure to provide these resources could compromise the project and may result in the need for additional Netsmart Implementation Services

For Avatar PM: Client Side Project Manager, Subject Matter Expert(s) as needed, Trainers for the End Users, Business Analyst, System Analyst, backups, configuration, Crystal Report writing, RADplus Development
Avatar CWS: Client Side Project Manager (can be the same as the PM Project Manager), Clinical Subject Matter Experts, System Analyst (backups, configuration, Crystal Report writing, RADplus Development, etc), End User Training
Avatar Order Entry: Client Side Project Manager (can be the same as the PM Project Manager), Orders Subject Matter Experts – for all order types that will be used, Pharmacy, Lab, Dietary, etc

Schedule 2(h)
Support Services

The Support Services described in this Schedule will be performed by Netsmart subject to the terms and conditions of this Subscription and Service Agreement.

- (a) Netsmart will maintain the then current version of the Netsmart Programs in substantial conformance with its Specifications as amended from time to time by Netsmart, and with applicable Federal regulatory requirements and laws. Netsmart will use commercially reasonable efforts to either:
 - (i) Correct any reproducible Problems or Defects in the then current or immediately prior release of Netsmart Programs by Netsmart which prevent it from operating in substantial conformance with the Specifications and applicable Federal regulatory requirements; or
 - (ii) Provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal regulatory requirements and laws.
- (b) Subscriber will make requests for Support Services by giving Netsmart written notice specifying a Problem or Defect in the Netsmart Programs. In making a verbal request for Support Services, Subscriber will provide Netsmart within twenty four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by Netsmart.
- (c) If analysis by Netsmart indicates that a reported problem is caused by a reproducible Problem or Defect, Netsmart will use commercially reasonable efforts to provide Support Services in accordance with the following prioritization of reported problems:

Priority 1 will be assigned when the Netsmart Program or a material Netsmart Program functional component is not operational, such as patient registration screen input/update/inquiry. Commercially reasonable efforts will be made to correct Priority 1 problems, or to provide a plan for such correction, within two (2) business days.

Priority 2 will be assigned for less critical functions, such as low impact screens and report printing errors. Commercially reasonable efforts will be made to correct Priority 2 problems, or to provide a plan for such correction, within five (5) business days.

Priority 3 will be assigned to problems not having a major impact on the Subscriber's ability to run the Netsmart Program but which obviously requires correction. Priority 3 problems will be responded to within ten (10) working days with a corrective plan and scheduled date for the implementation of the correction.
- (d) On a timely basis Netsmart will also provide Subscriber with:
 - (i) such updates as are distributed without charge to other similar Subscriber's which reflect modifications and incremental improvements made to the Netsmart Programs by Netsmart;
 - (ii) an opportunity to obtain enhancements to the Netsmart Programs for which charges are imposed on the same terms as such enhancements are generally made available to other Subscribers;
 - (iii) telephone support to answer Subscriber's questions about the Netsmart Programs and their use.
- (e) Netsmart will make technical support personnel available from 9:00 a.m. to 6:00 p.m., Netsmart local time Monday through Friday, exclusive of Netsmart holidays.
- (f) If reasonable analysis by Netsmart indicates that a reported Problem or Defect is caused by a problem related to Hardware used by Subscriber, the hardware's system software, or applicable software other than Netsmart Programs, or Subscriber's misuse or modification of the Netsmart Programs, Netsmart's responsibility will be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the Netsmart Programs. Subscriber will, at Netsmart's option, pay Netsmart for the cost of analyzing the reported problem at Netsmart's then prevailing time-and-materials rate.
- (g) Absent a bona fide dispute, if Subscriber fails to pay for Subscription Fees when due, Netsmart may refuse to provide Subscription Services until Subscriber makes payment of all Charges due.

Schedule 2(i)
Specifications

As set forth in the following documentation:

<input checked="" type="checkbox"/>	Avatar PM User Guide
<input checked="" type="checkbox"/>	Avatar PM Welcome Guide
<input checked="" type="checkbox"/>	Avatar PM Kickoff Manual
<input checked="" type="checkbox"/>	Avatar CWS User Guide
<input checked="" type="checkbox"/>	Avatar CWS Welcome Guide
<input checked="" type="checkbox"/>	Avatar CWS Kickoff Manual
<input type="checkbox"/>	Avatar MSO User Guide
<input type="checkbox"/>	Avatar MSO Welcome Guide
<input type="checkbox"/>	Avatar MSO Kickoff Manual
<input checked="" type="checkbox"/>	Avatar GLI User Guide
<input checked="" type="checkbox"/>	RADplus User Guide
<input checked="" type="checkbox"/>	Setup and Utilization of Third Party Reporting Software
<input checked="" type="checkbox"/>	System Administration Procedures for Netsmart Systems Utilizing Cache'
<input type="checkbox"/>	

Note: Electronic versions of all documentation will be delivered with the system. Subscriber may make additional copies for internal use only, and will not alter or eliminate any copyright notice on any copy of the documentation.

Schedule 2(j)
Optional Products and Services

Subscriber may exercise the option granted to it hereunder to add additional Named Users or to add Additional Netsmart Modules. Subscriber may also request Netsmart to provide it with the availability and pricing for other products and services not listed in this Schedule. The purchase of additional products and services will be effective when Subscriber returns an executed copy of the Additional Purchase Amendment.

The following pricing will hold firm for a period of 12 months from the Agreement Effective Date. (Prices for Third Party Programs are subject to change by the owner or distributor of the Third Party Programs).

Additional Purchases

Item	Price
PRICING FOR SUBSEQUENT CONCURRENT USER COUNT	
User 215-250	\$46/user
User 251-350	\$42/user
User 351+	\$40/user
This pricing structure will be valid throughout the course of the initial SaaS five year contract.	
MicroMedex handles drug/drug interaction checking and may be applicable to agencies using the Avatar Order Entry and eMAR applications. Each agency purchases Micromedex based on their bed count. MicroMedex is priced as follows:	
1 - 50 beds \$ 2,783	
51 - 100 beds \$ 3,896	
101 - 200 beds \$ 5,194	
201- 400 beds \$ 9,275	
Over 400 beds \$ 15,000	

Additional Professional Services

In the event additional Netsmart Installation Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

In the event additional Netsmart Development Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

Sample Additional Purchase Amendment

This is an Amendment ("Amendment") to a Subscription agreement dated _____, 2008, between Netsmart _____, Inc. ("Netsmart") and _____ ("Subscriber").

The parties hereby amend the Agreement as follows:

1. All terms used in this Amendment, which are defined in the Agreement, will have the same meaning as in the Agreement.
2. Subscriber agrees to Subscribe to or purchase the following additional products or services:

Product/Service	Purchase/Subscription	Charges

3. The terms and conditions of the Agreement will be applicable to the additional products or services purchased or Subscriber to hereunder.
4. Except as amended herein, the Subscription and Services Agreement is hereby ratified and confirmed.
5. Payment terms: _____

IN WITNESS WHEREOF, Netsmart and Subscriber have executed this Amendment as of the later of the dates below.

Netsmart New York Inc.

Subscriber

By: _____

By: _____

Date: _____

Date: _____

Schedule 2(k)
Changes to Standard Agreement

Section 4a.i) has been altered to allow SAS to process data in Hillsborough, Pinellas and Pasco Counties in Florida. Netsmart will work collaboratively with SAS in a sales effort to add additional agencies to the SAS consortium for use in their hosting environment. In any case where a prospective customer in this area desires a hosted solution, Netsmart will use its best efforts to help SAS be the preferred provider to the agency, however Netsmart reserves the right to propose an alternative option through Netsmart. Netsmart will support this in a variety of ways including limiting any discounts to a prospective customer in that area to an amount not greater than that already offered to SAS. When contacted by any prospective customer in the above identified counties, Netsmart will communicate this information to SAS and conversely should receive acknowledgement from SAS that it is also in discussions with this agency.

Section 4.a.ii) has been altered to indicate support for concurrent users of the Netsmart programs set forth in Schedule 2(a).

Section 4.c) has been altered to include "Subscriber will be permitted to offer hosting services using their Avatar license to agencies within Hillsboro, Pinellas and Pasco Counties in Florida.

Section 17g) has been modified to agree that the Subscriber may provide hosting services to identified agencies in the Hillsborough, Pinellas and Pasco County area of Florida.

Section 17h) has been modified to read: Netsmart shall be able to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases upon authorization by the Subscriber. The Subscriber shall not unreasonably withhold authorization to do so.

The parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by confidential mediation under the then current CPR Mediation Procedure [<http://www.cpradr.org/>] or JAMS Mediation procedures [<http://www.jamsadr.com>], before resorting to arbitration or litigation.

Netsmart will allow Operation PAR (and other ASO/CMHC/MIS customers) to maintain their CMHC/MIS license for historical purposes and will provide CMHC/MIS support to them for historical usage only at no additional charge for up to 3 years after migration to Avatar.

Netsmart will credit any balance of the annual CMHC/MIS maintenance paid by PAR on a pro-rated basis based on SAS's Avatar go-live date, if applicable.

"Meaningful use" is the responsibility of the agency, not Netsmart as the software vendor. Netsmart is currently pursuing the ARRA certification; assuming the release of finalized specifications from the certifying body, Avatar will have this certification by the end of 2011.

Netsmart is currently working in partnership with Chestnut, a private organization, to incorporate the GAIN assessment into Avatar . Netsmart agrees to provide this assessment to SAS within 90 days after successful execution of the Netsmart/Chestnut agreement or when we receive the required integration from Chestnut, whichever is later.

Netsmart will provide up to five (5) 2010 Connections registrations at no charge for use by SAS staff.

SAS's open outcome records located within the open admissions of the CMHC/MIS software, will be converted as an open admission within Avatar and included as part of the standard conversion quoted in this agreement at no additional charge.

SAS agrees that it will charge a minimum of \$60 per concurrent user per month to any other agency who may join SAS. This minimum will be reviewed and discussed on each anniversary of agreement effective date by Netsmart and SAS to determine if adjustments apply.

Netsmart will incorporate the ability to process eMAR reports based upon the date and time criteria needed to process their Missed Medication Report in an upcoming release to the eMAR module at no additional charge to SaS.

Netsmart agrees to meet applicable federal standards for the certification of behavioral health software with currently offered versions of the Avatar product suite.

**Schedule 2(l)
Service Level Agreement
For Software Services**

1. Coverage; Definitions

This Hosting availability Service Level Agreement (SLA) applies to you (“Customer”) if you have contracted for any of the following web-based services from NETSMART: Avatar or Cache hosting, e-mail hosting, or web hosting.

As used herein, the term “Hosting Availability” means the percentage of a particular month (based upon 24 hour days for the number of days in the subject month) that the NETSMART content is accessible on the Internet.

2. Service Level

- a. Goal: NETSMART'S goal is to achieve 100% Hosting Availability for all of our customers.
- b. Remedy: Subject to Sections 3 and 4 below, if the Hosting Availability is less than 99% in any month, NETSMART will issue a credit to Customer in accordance with the following schedule, with the credit being calculated on the basis of the monthly service charge for the affected service(s):

Hosting Availability	Credit Percentage
99.0 to 100%	0%
98.0 to 98.9%	5%
97.0 to 97.9%	10%
95.0 to 96.9%	15%
94.9 or below	25%

3. Exceptions

Customer shall not receive any credits under this SLA in connection with any failure or deficiency of Hosting Availability caused or associated with:

- a. Circumstances beyond NETSMART'S reasonable control, including, without limitation, acts of any governmental body, war, insurrection, sabotage, armed conflict, embargo, fire, flood, strike or other labor disturbance, interruption of or delay in transportation, unavailability of or interruption or delay in telecommunications or third party services, virus attacks or hackers, failure of third party software (including, without limitation, web server software, FTP Servers, or statistics) or inability to obtain supplies, or power used in or equipment needed for provision of services;
- b. Failure of access circuits to the NETSMART Network, unless such failure is caused solely by NETSMART;
- c. Scheduled maintenance, scheduled backups, scheduled restores and emergency maintenance and upgrades;
- d. Issues with FTP, POP, or SMTP customer access;

- e. Customer's acts or omissions (or acts or omissions of others engaged or authorized by Customer), including, without limitation, custom scripting or coding (e.g., CGI, Perl, Java, HTML, ASP, etc), any negligence, willful misconduct, or misuse of the Services;
- f. E-mail or webmail delivery and transmission;
- g. Outages elsewhere on the Internet that hinder access to your account. NETSMART is not responsible for browser or DNS caching that may make your site appear inaccessible when others can still access it. NETSMART will guarantee only those areas considered under the control of NETSMART: NETSMART server links to the Internet, NETSMART'S routers, and NETSMART'S servers.
- h. Use of a VPN or similar connection which is not exclusively within NETSMART'S control at both ends of such connection, and where the problem occurs in the part of the VPN which is not under NETSMART'S control.

4. Scheduled Maintenance

- a. Netsmart reserves the right to establish a monthly maintenance window for the purpose of upgrading, patching, modifying, and repairing portions or the entire ASP/Hosting environment. The monthly window is generally scheduled on the 3rd Sunday of the month, from 5:00am – 11:00Am EST.

5. Credit Request and Payment Procedures

In order to receive a credit, Customer must submit, within ten (10) business days after the incident supporting the request, a request by email to NetsmartSaaS@ntst.com. Each request must include Customer's account number (per NETSMART'S invoice) and the dates and times of the unavailability of the services. If the unavailability is confirmed by NETSMART as an incident eligible for credit, credits will be applied within two billing cycles after NETSMART'S receipt of Customer's request. Credits are not refundable and can be used only towards future billing charges.

Notwithstanding anything to the contrary herein, the total amount credited to Customer in a particular month under this SLA cannot exceed the total hosting fee paid by Customer for the month in which Services were impacted. Credits are exclusive of any applicable taxes charged to Customer or collected by NETSMART and are Customer's sole and exclusive remedy with respect to any failure or deficiency in level of services described in this SLA.

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"/> * Other (Specify): <input type="checkbox"/>
* 3. Date Received: <input type="text" value="04/09/2013"/>		4. Applicant Identifier: <input type="text"/>
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: <input type="text" value="Operation PAR, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-1349234"/>		* c. Organizational DUNS: <input type="text" value="0892776020000"/>
d. Address:		
* Street1: <input type="text" value="6655 66th Street North"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Pinellas Park"/>	County/Parish: <input type="text" value="Pinellas"/>	
* State: <input type="text"/>	FL: Florida	
Province: <input type="text"/>		
* Country: <input type="text"/>	USA: UNITED STATES	
* Zip / Postal Code: <input type="text" value="33781-5033"/>		
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: <input type="text"/>	* First Name: <input type="text" value="Dianne"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Clarke"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Executive Director/Chief Operating Officer"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="727-545-7564"/>	Fax Number:	<input type="text" value="727-545-7584"/>
* Email: <input type="text" value="dclarke@operpar.org"/>		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

* 12. Funding Opportunity Number:

TI-13-008

* Title:

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

13. Competition Identification Number:

Title:

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

 Add Attachment Delete Attachment View Attachment

* 15. Descriptive Title of Applicant's Project:

Technology-Assisted Care in Pasco County

Attach supporting documents as specified in agency instructions.

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.

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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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="0.00"/>
* 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="280,000.00"/>

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

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

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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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:

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

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

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel	\$ 112,239.00	\$	\$	\$	\$ 112,239.00
b. Fringe Benefits	32,412.00				32,412.00
c. Travel	5,152.00				5,152.00
d. Equipment	0.00				
e. Supplies	13,300.00				13,300.00
f. Contractual	61,200.00				61,200.00
g. Construction	0.00				
h. Other	15,839.00				15,839.00
i. Total Direct Charges (sum of 6a-6h)	240,142.00				\$ 240,142.00
j. Indirect Charges	39,858.00				\$ 39,858.00
k. TOTALS (sum of 6i and 6j)	\$ 280,000.00	\$	\$	\$	\$ 280,000.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.		\$ []	\$ []	\$ []	\$ []
9.		[]	[]	[]	[]
10.		[]	[]	[]	[]
11.		[]	[]	[]	[]
12. TOTAL (sum of lines 8-11)		\$ []	\$ []	\$ []	\$ []

SECTION D - FORECASTED CASH NEEDS

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

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. N/A	\$ 280,000.00	\$ 280,000.00	\$ []	\$ []
17.	[]	[]	[]	[]
18.	[]	[]	[]	[]
19.	[]	[]	[]	[]
20. TOTAL (sum of lines 16 - 19)	\$ 280,000.00	\$ 280,000.00	\$ []	\$ []

SECTION F - OTHER BUDGET INFORMATION

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

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Abstract

Technology-Assisted Care in Pasco County will expand and enhance eServices outpatient substance abuse treatment to Pasco County, Florida, a rural area with a population density of 622.2 people per square mile. Eastern Pasco County, the area that lies east of Interstate 75, is a prioritized area. Service enhancement and expansion will serve 120 individuals over the 36 month grant period and target those in need of substance abuse treatment but who are unable to receive treatment due to a lack of services immediately available to them. Expansion and enhancement through the use of applications on devices such as tablets and/or smartphones, telephone counseling and web-based services will increase community capacity which lacks needed primary care and substance abuse providers: the overall number has remained unchanged for a three-year period. The project will target high-risk, substance/alcohol abusing senior adults age 60 years and older. These seniors account for 27.6% of Pasco County's total population, and 8.2% of Pasco's elderly engage in heavy and/or binge drinking. Sub-populations include substance/alcohol abusing pregnant and/or parenting females age 18 years and older. In 2011 alone, targeted women gave birth to 33 newborns identified as having Neonatal Abstinence Syndrome: dependent on opiates, especially prescription drugs. An additional sub-population includes substance/alcohol abusing veterans age 18-years and older. Veterans face significant barriers to accessing mental health and substance abuse treatment including long delays to obtain initial appointments in times of crisis and excessive waits between appointments. Using evidence-based, culturally appropriate practices that include Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), Family Support Network (FSN), Screening, Brief Intervention and Referral to Treatment (SBIRT), and Global Assessment of Individual Needs (GAIN), the project goals include: 1) Expand eServices in Pasco County so that the capacity to treat clients is tripled; 2) Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (*considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model*); 3) Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction and 4) Integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR). **Technology-Assisted Care in Pasco County** measurable objectives include: 1) eServices in place and operational by the end of the first year of the grant. Establish baseline and have data available; 2) Enroll 40 clients a year in technology assisted care, totaling 120 clients over the 36 month grant period; 3) By the end of year 2, have a plan in place and 50% of the Benchmarking measures identified and operational; 4) By the end of year 2, have a plan in place and have a web-based system for SBIRT integration.

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Technology-Assisted Care in Pasco County

Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC)

Request for Applications (RFA) No. TI-13-008 Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

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Section A: Population of Focus and Statement of Need

- *Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.*

Operation PAR, Inc., a comprehensive substance abuse and mental health service provider in West Central Florida, has more than 43 years of experience and national, statewide and local expertise for providing effective, evidence-based, culturally and linguistically specific substance abuse treatment services. The agency is proposing to expand and enhance treatment capacity to persons in treatment who reside in Pasco County, Florida.

Population of focus: Adults ages 18 and over who reside in rural eastern Pasco County, Florida (Eastern Pasco County is defined as the area that lies east of Interstate 75) and meet the substance abuse dependency criteria required for outpatient treatment services. This population

experiences substantial challenges accessing substance abuse and mental health treatment services in a timely manner due to limited provider access and geographic constraints attributable to the rural geography and lack of public transportation services. This population greatly needs enhanced /expanded treatment services facilitated through the use of eService technologies.



a total population of 464,897 and ranks 14th out of Florida's 67 counties. Age breakouts by percentage include the following: 17.5% of the population is age 0 to 15 years, 10.7% age 15 to 24, 10.5% age 25 to 34 years, 13.1% age 35 to 44 years, 14.3% age 45 to 54 years 23.1% age 55 to 64 years and 6% age 65 and older.

The county's most densely populated areas include the cities of Land O' Lakes, Zephyrhills, Dade City, New Port Richey and Hudson and has a population density of 622.2 people per square mile, which underscores its rural nature when compared to its neighboring county of Pinellas which has a population density of 3,347 people per square mile.

According to American FactFinder (2010), Pasco County has the following demographics:

Gender	Female 51.4%		Male 48.6%
Racial & Ethnic	White 88.2%	African-American 4.5%	Hispanic 11.7%
Veteran status	11.7%		
Language	English		

Additionally, the majority of families (52.5%) reported being married¹, 28.4% reported being a single parent household², and 32.7% have a travel time to work of 20 - 34 minutes.³ A reported 15.7% of Pasco's families reported living at or below the federal poverty level, with 19.8% of those under age 18, 16.9% age 18 to 64 years and 8.3% age 65 and over. The local housing market is dominated (78.3%) by owner-occupied dwellings with 21.7% of the occupied housing units being renter-occupied. A comparison of education attainment for the county's residents vs. the respective state average is presented in the following table:

High school graduate or equivalent	Pasco County	State of Florida
	34.6%	30.1%
Bachelor's degree	13.8%	16.8%
Graduate or professional degree	6%	9.2%

BayCare Behavioral Health's "The Harbor" is the only nonprofit provider of substance abuse services in Pasco County.⁴ The Harbor, located in Dade City, offers substance abuse treatment and residential long-term treatment (more than 30 days) for adolescents, persons with co-occurring mental and substance abuse disorders, persons living with HIV/AIDS, individuals who are gay and lesbian, pregnant/postpartum women, and criminal justice clients. The number of primary care providers has remained unchanged at 50 per 100,000 residents from 2006 to 2009 (most current data available).⁵ The dearth of primary care and substance abuse providers increases the likelihood that individuals lack knowledge about where to access treatment in crisis situations as well as preventive and routine healthcare through a primary care provider or medical home. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick, and conditions can become far more severe, complicated, and costly as a result. Evidence of this can be seen in Pasco's hospitalization rate for alcohol-related injuries, which nearly doubled from 2007 to 2010: 48.0 per/100,000 population to 94.2.⁶ In addition to alcohol, residents (particularly elderly populations) also suffer from the effects of prescription medication overdose at an increasing rate, exceeding Florida's rate as demonstrated in the following table:⁷

¹ American FactFinder, 2009-2011, American Community Survey 3-Year Estimates.

² Ibid.

³ Ibid.

⁴<http://www.myflfamilies.com/local-resources>, retrieved March 21, 2013.

⁵ <http://www.healthytampabay.com/modules.php?op=modload&name=NS-Indicator&file=indicator&id=612925>

⁶ http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml.

⁷ Ibid.

Hospitalizations/ER visits for Unintentional Benzodiazepine Overdose	2007	2010
	Rate/100,000	
Pasco County	9.3	18.0
Florida	10.7	14.7
Hospitalizations/ER visits for Unintentional Opioid Overdose	2007	2010
	Rate/100,000	
Pasco County	18.6	29.9
Florida	15.8	24.0

- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.*

Sub-populations include elderly adults age 60 years and older who represent 27.6% of Pasco County's total population.⁸ Pasco County's elderly racial and ethnic minority population includes: 95% White, 2% Black, 3% other minorities and 5% Hispanic. The county also has an elderly gender distribution of 54.2% female and 45.8% male, and 8.6% of Pasco elderly adults (age 65 years and older) live at or below poverty status compared to 10% of their statewide peers.⁹

Of these individuals, 13.6% live at 125% of the federal poverty level. There are 33,517

Population by Age Category		
All Ages	473,007	100.0%
Under 60	342,355	72.4%
60+	130,652	27.6%
65+	99,106	21.0%
70+	70,023	14.8%
75+	46,126	9.8%
80+	27,860	5.9%
85+	13,399	2.8%

medically underserved seniors, and in 2010 an estimated 5.1% of Pasco's elderly (age 65 years and older) reported that a primary barrier to seeing a doctor at least once in the past year was attributable to cost, which is an increase from 3.2% of Pasco's elderly who reported the same finding in 2007.¹⁰ Healthcare providers play a critical role in the treatment of symptoms related to underlying co-occurring disorders, as well as prevention and education. While the overall rate

for heavy and binge drinking among Pasco's elderly continues to drop, their rate continues to exceed that of their statewide peers. A combination of challenges that include rural isolation, high poverty and lack of primary care and substance abuse providers places Pasco elders at high risk for death due to the consequences of substance use.

Pasco County reports an average number of mentally unhealthy days in the past 30 days (age-adjusted) as 4.7 compared to the state's 3.7 days and a national benchmark of 2.3 days. The Substance Abuse and Mental Health Services Administration confirms that “[u]ndiagnosed and untreated mental health issues like depression are an actionable problem in the elderly because when treated they have

Pasco County Seniors who engage in Heavy or Binge Drinking		
Year	Pasco	Florida
2002	12.7%	8.7%
2007	9.5%	7.7%
2010	8.2%	6.8%

⁸American FactFinder, 2010 Demographic Profile.

⁹American FactFinder 2011 American Community Survey 1-Year Estimates

¹⁰http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml.

the highest success rates of all age groups.”¹¹ Although highly successful when treated, 11% of statewide elders surveyed had to go without treatment for emotional or mental health problems. This finding was in the South, where rates of serious psychiatric distress were higher.¹²

Females age 18 years and older are also an identified sub-population and represent 41.1% of the total population. Pasco County's prescription drug epidemic has been well documented and although progress has been made, the county continues to lead the state in per capita babies born addicted to drugs. The county's rate of drug-addicted newborns has increased 2,840 percent since 2005.¹³ In 2011 alone, 33 newborns were identified as having Neonatal Abstinence Syndrome (NAS), costing Florida taxpayers in excess of \$53,400 per day.¹⁴ In most cases, these babies are born dependent on opiates, especially prescription drugs. In other cases, the drugs in question may be methamphetamines or cocaine, and in several cases severe addicts give birth to babies that are dependent on more than one substance. This poses a significant threat to their development and has serious implications for both mother and child. The resulting complications extend far beyond the ten days to two weeks that it takes for a newborn to “detox” from a substance. Babies who are born substance-dependent are at higher risk of developing growth or learning disorders that might not be evident until the child is much older. In addition, children of addicted mothers are at increased risk of abuse and neglect and a lack of prenatal and postnatal health care given the rural nature of the area. Operation PAR's understanding of the consequences of drug dependent babies and experience in this arena are critical to reaching and engaging this sub-population. The agency's trained and experienced staff is dedicated to providing inclusive, family-centered educational programs and therapeutic support to infants and young children with varying abilities and to help them reach their full potential.

A third sub-population comprises veterans age 18 years and older who represent 11.7% of the overall population.¹⁵ Extrapolating from national estimates, it is believed that as high as 27% of veterans have a substance use issue.¹⁶ A survey by the National Council for Community Behavioral Healthcare finds that veterans face significant barriers to accessing mental health and substance abuse treatment. Almost two-thirds of respondents said veterans and their families experience long delays for initial appointments in times of crisis and excessive wait times between appointments. Veterans in Pasco County often must travel long distances to the Veterans Administration (VA) or military base. Many veterans also experience substance abuse and mental health-related stigma out of the concern that seeking treatment from the VA or military will be noted in their personnel records, will negatively impact their careers, and will result in being labeled "weak" or "crazy."¹⁷ Operation PAR has successfully provided residential and outpatient substance abuse treatment services for male and female veterans though

¹¹ Unützer, J., Katon, W., Callahan, C. M., Williams, J. W., Jr., Hunkeler, E., Harpole, L., et al. (2002). Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. *JAMA*, 288(22), 2836–45.

¹² CDC/NCHS. (2008). National Health Interview Survey, family core questionnaire.

¹³ <http://www.tampabay.com/news/publicsafety/rise-of-women-in-pasco-jail-blamed-on-drug-addiction/1251778>

¹⁴ Attorney General Pam Bondi, Statewide Task Force on Prescription Drug Abuse & Newborns, February 2013 Final Report.

¹⁵ American FactFinder, 2009-2011, American Community Survey 3-Year Estimates.

¹⁶ <http://www.drugabuse.gov/publications/topics-in-brief/substance-abuse-among-military-veterans-their-families>

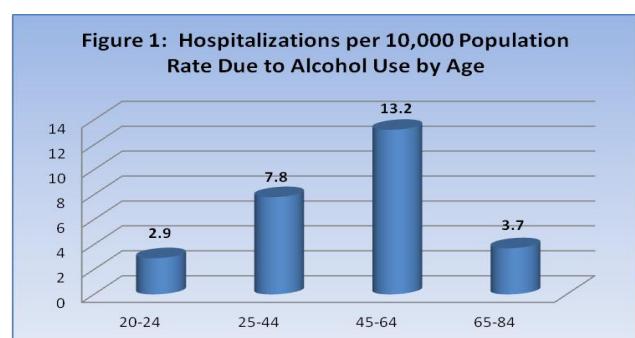
¹⁷ Nation Council for Community Behavioral Health, November 2009,
<http://www.healthcarefinancenews.com/print/13284>

SAMHSA grants including Family Achievement in Recovery (FAIR; TI19605 and TI16878). Additionally, Operation PAR provides cultural competency training specifically related to the cultural norms and expectations of serving military men and women. The training facilitates trust building and relationships within a peer-to-peer environment, thereby removing service barriers and increasing engagement into services and ancillary support structures.

- ***Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.***

Florida has made significant improvements in lowering overdose fatalities associated with the prescription drug epidemic. However, elderly residents and pregnant and postpartum populations remain a priority. Pasco County, within the Suncoast Region, is at the epicenter of the current prescription drug crisis, along with Pinellas, Hillsborough, Sarasota and Manatee nearby counties. For example, the Pasco County jail census significantly increased in the proportion of opiate-addicted pregnant and postpartum inmates as a result of environmental conditions.¹⁸ The female inmates have committed robbery, assault, and worse due to their opiate addiction. In 2000, the Pasco County jail recorded 83 women and for the first nine months of 2012 a total of 290 women. Among the women jailed in 2012, 114 were pregnant -- several indicating they also had children at home.

Pasco County adults arrested in 2011 totaled 21,355 of which 2,444 were identified as drug arrests. During 2012, there were 647 Pasco County children involved in the child protective services system and removed from their home. Of these, 262 or 40% of these children were removed and placed in out-of-home care where prescription medication was a contributing factor for their removal. While some in Pasco County began life with drugs, others perished later in life. According to the District Six Medical Examiner's office, there were 548 Pasco County cases/individuals accepted for autopsy of which 109 or 19.8% were the result of prescription and/or illegal drugs, alcohol or inhalants.



Within the Tampa Bay region, Pasco County's suicide rate exceeds that of the other counties and is one of the highest of Florida's 67 counties at 21.6 deaths per 100,000.¹⁹

Drinking alcohol has immediate effects that can increase the risk of many harmful health conditions. According to the Centers for Disease Control and Prevention, excessive

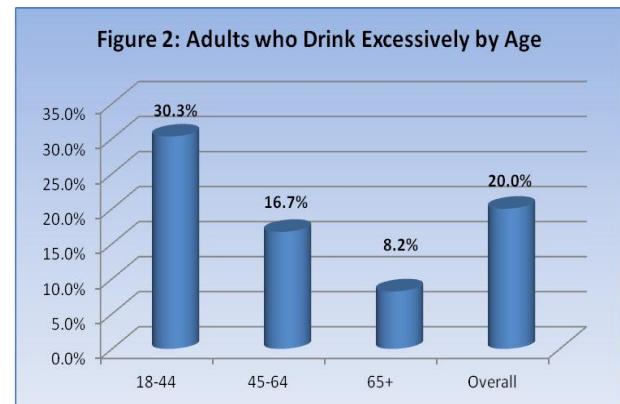
¹⁸ <http://www.tampabay.com/news/publicsafety/rise-of-women-in-pasco-jail-blamed-on-drug-addiction/1251778>

¹⁹ <http://www.floridacharts.com/charts/brfss.aspx>

alcohol use, either in the form of heavy drinking or binge drinking, can lead to increased risk of health problems such as liver disease or unintentional injuries. Pasco County's age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older is represented in **Figure 1** and has continued to increase consistently since the period 2009 - 2011.²⁰

Binge drinking is a common pattern of excessive alcohol use that can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The following table shows the percentage of adults who drink excessively by age and who participated in the Florida Behavioral Risk Factor Surveillance System Survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. At the local level, the prevalence of binge drinking among men (27.3%) is twice that of women (13.4%). In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving.²¹

Pasco County adults who drink excessively by age for the period 2009 - 2011²² is represented in **Figure 2**. Due to the often insurmountable nature of financial hardship, adults, families, couples and children who are low-income likely function under a great deal of chronic stress. One impact is that those with a substance use issue or mental illness may not receive consistent services that are necessary in order to maintain a healthy recovery. Another effect is that these individuals may end up in crisis situations that could have been avoided if they were receiving consistent care. Therefore, hospitals and law enforcement often have to expend an inordinate amount of resources for preventable mental health issues (i.e., acute crises such as suicidal persons, psychosis, etc.).



Section B: Proposed Evidence-Based Service/Practice (14 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.*

The **purpose** of *Technology-Assisted Care in Pasco County* is to expand and enhance the capacity of behavioral healthcare and primary care providers to engage adults in treatment who have been underserved due to lack of access to treatment in their immediate community, limited transportation, limited treatment capacity or financial constraints. **Proposed goals and objectives** are identified in the following table:

²⁰ Ibid.

²¹<http://www.floridacharts.com/charts/brfss.aspx>

²² Ibid.

Goals	Objectives
1) Expand eServices in Pasco County so that the capacity to treat clients is tripled.	eServices in place and operational by the end of the first year of the grant. Establish baseline and have data available.
2) Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (<i>considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model</i>).	Enroll 40 clients a year in Technology-Assisted Care totaling 120 clients over the 36 month grant period.
3) Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction.	By the end of year 2, have a plan in place and 50% of the Benchmarking measures identified and operational.
4) Integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR).	By the end of year 2, have a plan in place and have a web-based system for SBIRT integration.

The identified project goals are consistent with the goals and intent of the Technology-Assisted Care in Targeted Areas of Need Request for Assistance, since services target identified rural communities in Pasco County and prioritize access for populations at increased risk (elderly, veterans, pregnant and postpartum) to effectively communicate, track and manage their behavioral healthcare services.

Technology-Assisted Care in Pasco County will produce meaningful and relevant results by incorporating technology and enhancing treatment services. eServices via telephone counseling and web-based computer sessions will reduce treatment barriers such as transportation, scheduling conflicts and family challenges. eServices also allow for participation in online and/or telephone based recovery support groups (AA, NA, peer-led), counseling, case management, family therapy, vocational, anger management, life skills and juvenile offender monitoring.

- ***Describe the evidence-based practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See [Appendix C: Using Evidence-Based Practices \(EBPs\)](#).]***

Global Appraisal of Individual Needs (GAIN) is a comprehensive biopsychosocial assessment that identifies a co-occurring diagnosis in 72% of cases where open-ended questions do not, according to Operation PAR's 21 years of experience using the GAIN. The GAIN integrates GPRA embedded research and clinical assessment into one structured interview with eight core sections: *Background, Substance Use, Physical Health, Risk Behaviors and Disease Prevention, Mental and Emotional Health, Environment and Living Situation, Legal, and Vocational*. Each section contains questions on recency of problems, breadth of symptoms, and recent prevalence

as well as lifetime service utilization, recency of utilization, and frequency of utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV-based diagnosis, ASAM-based level-of-care placement, CARF-based treatment planning, and DOMS-based outcome monitoring. The GAIN has been normed and standardized for the target population.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced-based approach to identify problematic use and to reduce and prevent substance abuse and dependence. SBIRT is unique in that it screens for all types of substance use, not just substance dependence. Each part of the SBIRT process provides information and assistance that is tailored to the individual patient and their needs. Traditional substance disorder treatment assists individuals who are struggling with diagnosed conditions such as alcohol or drug dependence or abuse. The SBIRT model begins with a focus on risk and targets individuals who might be at risk of developing or having a substance use disorder. SBIRT concentrates on opportunities to help individuals understand hazardous use while helping them reduce or eliminate it. The model's core components are: **Screening** is the first step in the SBIRT process which provides a simple method of identifying patients who are drinking at at-risk levels as well as those who are already experiencing alcohol-related problems, including alcohol dependence; **Brief Intervention (BI)** is a time-limited, patient-centered strategy that focuses on changing a patient's behavior by increasing insight and awareness regarding substance use; **Intensive Intervention** consists of multiple sessions to educate and motivate individuals to change risky or harmful behavior; and **Referral to Treatment** for patients that are identified as possibly dependent on a substance consists of assisting patients with accessing specialized treatment, selecting treatment facilities and obtaining authorizations from insurance and transportation. The foundational tenets of SBIRT include an individual-based approach as well as complete respect for the client's individual and cultural differences.

Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET CBT) is an individual and peer-referenced treatment. Outpatient treatment programs that evolved from mental health approaches have recognized the importance of coping skills and strategies, understanding and management of problematic emotional responses, proper interpretation of the behavior of others, and understanding of conditioned responses to drug-related stimuli. This general approach, used in a group format, is termed cognitive-behavioral therapy (CBT). In the Cannabis Youth Treatment Study, assessment and two individual sessions comprised the motivational interviewing approach to enhance recognition that substance abuse may be a problem, and amplifying the client's motivation to do something about it. The two motivational enhancement interviewing sessions are described in Sampl and Kadden (2001), along with the three group sessions, which make up the brief version of motivationally enhanced cognitive-behavioral treatment, (MET/CBT 5). By adding seven (7) sessions of CBT groups, the MET/CBT 12 treatment (Webb et al., 2002) is provided. MET/CBT 12 is a manual-driven treatment that should be used with clinical supervision providing Quality Assurance. The foundational tenets of MET and CBT are complementary to SBIRT (described previously) by upholding an individual-based approach and full respect for the client's individual and cultural differences.

Family Support Network (FSN) is an evidence-based model recognized by NREPP that comprises an out-patient, family-oriented component of treatment designed to improve family

functioning, reduce marginalization of the client, and improve the ability of parents to understand family issues, effective parenting, and adolescent behavior. FSN uses a eServices Counselor to engage the family, reduce barriers to parent participation, and to make service referrals outside the program. The FSN provides six (6) parent education sessions, in addition to three (3) to four (4) therapeutic in-home visits. The importance of the family's continuing commitment to recovery, as well as awareness of the family context, are emphasized. The FSN model addresses parent engagement, parenting skills, and family functioning. Thus, child and parent(s) experience treatment in semi-parallel fashion, so that the focus on coping for each takes place independently with a series of therapeutic home visits to focus on family functioning and integration. FSN is manual-driven, with quality assurance procedures to assess adherence to fidelity over time. FSN operates on a strengths-based approach and meets the family where they are, at that place in time. Session locations are flexible (in-home or community-based) if transportation or timing is a barrier. Materials are presented by the eServices Counselor using the family's primary language, which is English for the population of focus.

Contingency Management Plan is designed to ensure ongoing program engagement through the use of rewards for milestones and achievements met at various levels of the treatment process. This positive reinforcement helps to build and strengthen client confidence and reinforces appropriate decision making. The rewards are based on achieving any and/or all of the following: Negative drug screen; Showing up on time; Payments ahead of time; Meaningful participation; Bringing assessments to sessions; Every 30 days clean and sober. As the client accumulates points for milestones and achievements, they are able to exchange them for a grab bag item which may range from a candy bar to a gift card to a restaurant or Walgreens (drug store/notions, etc.).

Trauma-informed evidence based practices will be implemented once identified by the team.

- *Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP.*
There are no modifications being proposed. Therefore, this question does not apply.
- *If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.*
The evidence-based practices have been identified and described previously. Therefore, this question does not apply.

Section C: Proposed Implementation Approach (25 points)

- *Describe how you will support SAMHSA's Strategic Initiative #6, Health Information Technology (HIT), in treating substance using populations.*

Technology-Assisted Care in Pasco County will support SAMHSA's Strategic Initiative #6: Health Information Technology and specifically **Goal 6.2:** Provide incentives and create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings in three areas. The project will (1) Expand eServices outpatient substance abuse treatment to rural areas in Pasco County, Florida to individuals in need of substance abuse treatment but who are unable to receive treatment due to a lack of services

immediately available to them; (2) Expand the capability of Operation PAR's Electronic Health Record to include Benchmarking Performance Measures that can be accessed by managers in a timely manner that will be used to assess performance and adapt programs to better meet the needs of the clients while reducing costs; and (3) Enhance the Utilization Review capabilities of the agency to provide clients with timely and appropriate engagement into treatment. The Project Director, Project Coordinator, Program Director and Evaluator will be responsible for implementing technology-assisted care scope of services. The Program Director and eServices Counselor along with all other staff will be primarily responsible for conducting the technology-assisted care.

Program Benchmarking will be accomplished through the implementation of Netsmart's Enlighten Analytics™, a business intelligence software tool that captures revenue, cost, productivity and quality outcomes data and reporting in simple-to-interpret charts and graphs, quickly and effectively turning the amounts of complex data into meaningful, actionable information. Enlighten will enhance the delivery of services to be delivered via web and/or phone. Benchmarking will be a way to measure, in real time, for program staff to more readily and appropriately adapt to the client's needs and ensure their ongoing engagement and ability to meet personal goals. Enlighten is a valuable tool for staff to advance patient care, including the integration of predictive modeling algorithms in clinical care and the promotion of innovative ways to leverage EHR transaction data to enhance clinical decision support and improve the accuracy and efficacy of patient diagnosis and treatment. Enlighten is appropriate for the population of focus, as it takes a holistic approach and predictive modeling that provides the patient and provider with critical clinical care information often provided through a medical home or primary care provider. The Project Director, Project Coordinator and Evaluator will be responsible for implementing the benchmarking component of the project. The Project Director, Project Coordinator, Evaluator, Systems Analyst and Programmer will be responsible for overseeing and conducting benchmarking activities.

- *Describe your experience using technology for treating substance using populations. Describe your successes, challenges and outcomes. Describe your organization's current capacity in technology-assisted care. Explain how your current infrastructure enhances or limits the quality of care your organization provides. Explain how it enhances or limits your efficiency as an organization.*

Operation PAR has been providing technology assisted substance abuse treatment since 2000. During this time, the technology assisted treatment focused on web-based (video) services and applications for supportive services (journaling, tracking, etc). Operation PAR has experienced significant **success** improving treatment retention and access for family participation in treatment. The agency now provides Outpatient eServices (individual and group counseling) that work with clients to prevent relapse into substance abuse and addiction. Placement in this program is based on clinical information from the nationally validated Global Appraisal of Individual Needs (GAIN). eServices utilizes the evidence-based treatment: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT). This mode of treatment focuses on individual motivation and teaching, in addition to practicing new skills to assist in a drug free lifestyle. Potential **challenges** would involve individuals (clients) who are interested in services but are unable to attend due to misperceptions among referring entities (court, child welfare, etc.) not accepting that technology based services are just as (if not more) effective

than office-based services. Other clients may not have the technology available to them (e.g., no computer, limited data on smartphone, etc.).

Over the past decade, Operation PAR has actively educated referring entities on the effectiveness of technology in treatment. Following a series of meetings with providers and clients, Operation PAR developed a set of standards to address referral services. Operation PAR's capacity to provide technology-assisted substance abuse treatment is reflected by the hardware that has been tested, the staff who have been trained and certified in the state of Florida as Certified therapists, and written standards and protocols. One of the limitations beyond the challenges previously mentioned is that Operation PAR utilizes evidence-based programs that would be optimal if those EBPs had corresponding applications that clients could reference between and after treatment to continue their recovery. The Program Director and eServices Counselor will be responsible for implementing this component of the project.

- *Explain how you will address the following factors influencing the expansion and/or enhancement of technology (including but not limited to EHR and telemedicine systems and tools):*
 - *Organizational factors (i.e., redesign of workflows, capabilities of your practice, day-to-day operations of your practice).*

The organizational factors influencing expansion and/or enhancement of technology will be addressed from two levels. Regarding the first level, Operation PAR Performance Measures will be reviewed by the Evaluator who will identify programs not meeting their goals and then initiate Performance Improvement actions that could include internal review by the Agency Performance Improvement Committee or Clinical Care Committee or external review involving the NIATx methodology. Second, agency supervisors will be informed that meeting agency benchmarks are essential and will be encouraged to address issues of workflows, day-to-day operations or any other daily activity that impedes service delivery. To facilitate this self-evaluation, supervisors and programs will be rewarded for identifying program issues and bringing them to the attention of the agency Clinical Care or Performance Improvement Committee. The Program Director, UM Specialist, and Evaluator will be responsible for implementing this component of the project.

- *Provider training and competence factors (i.e., disparity in IT dexterity among clinicians and staff).*

Operation PAR has always placed training of its staff as one of the key components to maintaining client success and satisfaction. To meet that need, Operation PAR has a training department that monitors staff training needs and provides opportunities to receive training either through quarterly agency trainings or on-line trainings. Regarding ongoing staff capacity needs related to Information Technology dexterity, Operation PAR conducts face-to-face trainings on EHR implementation and use. To achieve this, Operation PAR has two Information Technology training facilities equipped with individual computer stations and smart boards. One room can accommodate up to 30 staff for seminars and workshops while the other training room can accommodate 12 for focused, smaller group trainings.

Bay Care Behavioral Health, Inc.: As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care

and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

In The Rooms: As a part of the project, In The Rooms will build a specific platform for grant participants to host continuing care sessions. In The Rooms will also provide access to existing recovery support (online 12 Step meetings) that serve more than 245,000 members from around the world.

- *Relationship factors between provider and persons in treatment (i.e., immediate vs. long term impact on care, the ability of persons in treatment to use electronic tools).*

Operation PAR is committed to providing clients with access to treatment after they have left face-to-face outpatient or residential treatment. While engaged in these more traditional types of substance abuse treatment, the traditional continuing care methods employed face-to-face follow-ups. With the implementation of the Affordable Healthcare Act, Operation PAR realizes that this traditional method of continuing care will need to change in order to provide quality aftercare to all clients without an increase in cost. One of the key components will be for clinicians to educate their clients on the use of electronic tools to assist in their recovery. Outpatient and residential programs will include clinicians logging on to eServices and familiarizing clients with the websites. They will also assess clients' ability to use electronic tools and their access to them. Treatment plans will include issues of continuing care and e-therapy.

- *Technical factors requiring additional staff or consultants (i.e., support maintenance, operation of the system).*

Operation PAR's Information Technology Department supports the infrastructure of advanced communications, data storing and data sharing technology spanning five counties, with nearly 500 users and more than 400 devices including PCs, laptops and thin clients and printers. The Information Technology Department supports Wide-Area Networks (WANs) made up of both fiber backbone and broadband cable connections, providing network connectivity to meet the needs of our entire Operation PAR workforce and services regardless of location. At the forefront of Operation PAR's Information Technology Department is our team of dedicated technology professionals who ensure system security, network administration, database management and software and hardware support. The Information Technology Department provides a one-stop Helpdesk support system, which can be accessed via telephone, email or web to ensure timely responses to technology needs while tracking expediency and customer satisfaction.

All Operation PAR Information Technology staff members are encouraged to continuously further their professional development and knowledge of the latest technology. For example, several of Operation PAR's Information Technology professionals are Microsoft Certified Technology Specialists while others are certified in specific Microsoft software products and certifications, such as CompTIA's Security+. Operation PAR's Information Technology Department is dedicated to continuously seeking ways to utilize advances in technology to reduce costs and increase productivity, security and outcomes. Additionally, Operation PAR's Chief Information Officer, Jim Miller, oversees the information technology department of Boley Centers, Inc. and will serve as Project Director. Additionally, Operation PAR's Chief

Information Officer has access to numerous consultants to assist in the support, maintenance, and operation of the system.

Bay Care Behavioral Health, Inc.: As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

In The Rooms: As a part of the project, In The Rooms will build a specific platform for grant participants to host continuing care sessions. In The Rooms will also provide access to existing recovery support (online 12 Step meetings) that serve more than 245,000 members from around the world.

- *Financial factors (i.e., coverage of ongoing hardware upgrades and maintenance, software maintenance, IT staff and consultants, and refresher training costs that occur beyond the 3-year award period).*

Operation PAR is committed to the use of Electronic Health Records and is aware of the importance of using EHRs in the future for Behavioral Health Care. To that end, Operation PAR has already committed substantial funds to the purchase, installation, implementation, use and maintenance of its EHR and will continue to support the use and maintenance of the record beyond the 3-year award period.

- *Describe how effective consent will be obtained and tracked, including any special conditions dictated by State law and 42 CFR part 2.*

Consent for services as well as consent for release of information forms will be obtained by a variety of means based on client ability and access to technology. The consents for services are obtained prior to engaging in any treatment services through eServices. Consents for release of information are received prior to the release of any information to the requested party. To obtain the consents, the client has the following options: sign at an Operation PAR location, thereby allowing the client to ask any questions to a staff member at the physical location; have the forms emailed to them, where they are reviewed with a staff member via the telephone, followed by the client signing and then electronically or physically returning/mailing the form; the client may also go to another agency where PAR has agreements (PAR staff would be available to answer questions on the forms). Prior to engagement of the first session, the consents are reviewed with the client to ensure any questions the client may have in regards to consent or 42 CFR part 2 are clarified to allow the client a full understanding of these consents.

- *Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.*

The goals of the project and their impact on the community are the following:

Goal 1: Expand eServices in Pasco County so that the capacity to treat clients is tripled. This goal will increase access to people in need of substance abuse treatment. It will also expand

the availability of treatment, outreach and treatment services. Pasco County will immediately benefit from this service, and the lessons learned during the grant will allow the project to expand to other rural and underserved counties in the state of Florida. This goal is consistent with SAMHSA's Strategic Initiative Goal 6.2.

Goal 2: Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (*considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model*). This goal will increase access and availability to treatment. Again using Pasco County as a model, Operation PAR anticipates that the project will expand throughout Florida based on the lessons learned.

Goal 3: Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction. This goal will allow the agency to effectively evaluate its performance on many levels including clinical outcomes, organizational operation and financial impact. Evaluation of these components in a timely and efficient manner will impact the community by providing it with effective and affordable substance abuse treatment.

Goal 4: Integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR). This goal will enhance engagement and retention into behavioral healthcare by rapidly integrating behavioral screening with the electronic record.

All of the goals are consistent with SAMHSA's Strategic Initiative Goal 6.2.

- *Describe your plan to screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.*

Upon referral, the eServices Counselor will screen and assess clients for the presence of co-occurring substance abuse and dependence and mental health disorders with the GAIN, a standardized screening/assessment instrument. The GAIN's comprehensive biopsychosocial assessment identifies a co-occurring diagnosis in 72% of cases where open-ended questions do not, according to Operation PAR's 21 years of experience using the GAIN. The GAIN integrates GPRA embedded research and clinical assessment into one structured interview with eight core sections: *Background, Substance Use, Physical Health, Risk Behaviors and Disease Prevention, Mental and Emotional Health, Environment and Living Situation, Legal, and Vocational*. Each section contains questions on recency of problems, breadth of symptoms, and recent prevalence as well as lifetime service utilization, recency of utilization, and frequency of utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV-based diagnosis, ASAM-based level-of-care placement, CARF-based treatment planning, and DOMS-based outcome monitoring.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]**

The following chart depicts a time line for the entire project period:

Key Activities: First 120 Days	Individual(s) Responsible	Milestones
Develop Specific Program Design, Implementation Plan, Evaluation Design and Trauma-Informed Practices	Project Director, Project Coordinator, Program Director, Evaluator and partners	Initiate MOUs; Hold Partner meetings twice a month
Implement evaluation plan, Gather baseline data, evaluate service design	Project Director, Project Coordinator, Program Director and Evaluator	
Initiate Outreach Activities	Project Director, Project Coordinator, Program Director and Evaluator, eServices Counselor	
Implement Service Design	Project Director, Project Coordinator, Program Director, Evaluator eServices Counselor and partners	
Complete hiring and transition new staff into project	Project Director, Project Coordinator, Program Director and Evaluator	All staff hired
Train staff on protocols, documentation, service design and evaluation process	Project Director, Project Coordinator, Program Director and Evaluator	All Staff trained
Initiate bi-monthly meetings with key stakeholders	Project Director, Project Coordinator, Program Director and Evaluator	
Assess and identify clients for program admission. Administer GPRA	Program Director	First client enrolled
Purchase and Implement Benchmarking Software	Project Director, Project Coordinator, Program Director and Evaluator	
Attend SAMHSA Grantee meeting & training	Project Director, Project Coordinator, Program Director and Evaluator	
Key Activities: 120-180 days	Individual(s) Responsible	Milestones
Review process to date and make service modifications as appropriate	Project Director, Project Coordinator, Program Director and Evaluator	Refined program model
Ongoing program outreach, recruitment, referrals, program	Project Director, Project Coordinator, Program Director and Evaluator	Enroll at least 20

training and services		clients within 180 days.
Initiate PSA & other announcements	Project Director, Project Coordinator and Program Director	
Administer follow-up GPRA	Program Director, eServices Counselor, Systems Analyst	
Provide summary of baseline data	Evaluator	
Attend SAMHSA TA conference	Project Director, Project Coordinator, Program Director and Evaluator	
Ensure linkages for supportive services	Project Coordinator, Program Director	
Key Activities: 180-360 days	Individual(s) Responsible	Milestones
Review process to date and make service modifications as appropriate	Project Director, Project Coordinator, Program Director and Evaluator	
Ongoing program outreach, recruitment, referrals, program training and services	Project Director, Project Coordinator, Program Director and Evaluator	Enroll at least 40 clients within 360 days
Administer 6 month follow-up GPRA	Program Director	80% follow-up
Analyze Data and outcomes report to staff & stakeholders	Evaluator	
Seek additional resources for project continuation	Project Director, Project Coordinator, Program Director and Evaluator	
Ensure linkages to ancillary services and provide continuing care services	Project Director, Project Coordinator, Program Director and Evaluator	
Key Activities: Year 2 and 3	Individual(s) Responsible	Milestones
Continue services and necessary refinements	Project Director, Project Coordinator, Program Director and Evaluator	
Report 1 st year findings to SAMHSA, stakeholders	Project Director, Project Coordinator, Program Director and Evaluator	
Review and sustain sustainability plan	Project Director, Project Coordinator, Program Director and Evaluator	Plan is developed in Year 1
Evaluate comm. indicators for success, look for emerging trends	Project Director, Project Coordinator, Program Director and Evaluator	

- *Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.*

Identification and Recruitment. The project will be research-based, employing a variety of evidence-based practices to enhance treatment engagement and retention and improve client outcomes. The eServices Counselor will identify and recruit participants in treatment by working hand in hand with key program partners. The Program Director will supervise these activities. Once participants have been identified as appropriate for the project, referrals will be handled by Operation PAR's eServices Counselor to schedule screening and assessment appointments. The MOUs in place for this project will increase referrals from agencies that serve the elderly communities. Participants will participate in focus groups to assist in designing a media and marketing campaign to recruit targeted populations. This input is critical for ensuring that the program elements -- starting with recruitment -- are culturally competent by directly incorporating recommendations and feedback regarding identification and recruitment effectiveness.

Retention. The project will incorporate state-of-the art, clinical and service delivery approaches that are culturally, linguistically and age appropriate for targeted clients. For instance, project staff will be trained in Motivational Interviewing techniques, MET/CBT, and other evidence-based protocols to improve treatment retention. The Program Director and eServices Counselor will assist in implementing specific trauma-informed evidence-based practices to improve retention. The Evaluator will also monitor retention rates as part of process improvement.

- *Describe how you will ensure the input of clients in assessing, planning and implementing your project.*

During the first four months of the project, project planning, implementation, and evaluation will incorporate client input through focus groups organized by the Project Coordinator and our partners in Pasco County. The Project Coordinator and eServices Counselor will identify participants, evaluate their needs and facilitate their input into implementing the project. Areas of focus will include how to best prepare clients for how the technology works (including its capabilities and limitations), communication regarding the status and functionality of the network, and other technical aspects about client preferences for using the technology.

- *Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in Attachment 1.*

The following two partners will be involved in the project:

BayCare Behavioral Health: BayCare Behavioral Health's "The Harbor" is the only nonprofit provider of substance abuse services in Pasco County.²³ The Harbor, located in Dade City, offers substance abuse treatment and residential long-term treatment (more than 30 days) for adolescents, persons with co-occurring mental and substance abuse disorders, persons living with

²³<http://www.myflfamilies.com/local-resources>, retrieved March 21, 2013.

HIV/AIDS, individuals who are gay and lesbian, pregnant/postpartum women, and criminal justice clients. The number of primary care providers has remained unchanged at 50 per 100,000 residents from 2006 to 2009 (most current data available).

As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

In The Rooms, Inc.: In The Rooms is the world's largest Recovery Social Network. In The Rooms presents a warm and welcoming environment, founded upon 12-Step principles and traditions. It allows members to immediately feel safe and secure in their privacy. By maintaining the integrity of these principles and traditions, In The Rooms allows people to reach out to one another across the globe 24-7 to share their experiences, strength and hope. The agency presents a wealth of information and resources, which serves as an invaluable "lifeline" for anyone seeking to better understand addiction and recovery.

As a part of the project, In The Rooms will build a specific platform for grant participants to host continuing care sessions and we will provide access to its existing recovery support online 12-Step meetings serving more than 245,000 members from around the world. Their website is <http://www.intherooms.com>.

- State the unduplicated number of individuals you propose to serve under the expansion/enhancement, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, and gender.*

The project plans to serve 40 unduplicated participants per year, each year, for a total of 120 over the three year grant period. The project plans to serve approximately 90% White, 5% African American and 5% other races. Additionally, the grant plans to serve approximately 10% Hispanic and approximately 60% males vs 40% females. Lastly, regarding the elderly target population, the project proposes to serve 60% elderly (age 60 years and older).

- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.*

The total cost of the project is \$840,000 (\$280,000 times 3). Removing 20% for performance assessment (\$168,000) results in a cost of \$672,000. The project plans to serve 120 clients, resulting in a cost per client of \$5,600.

Section D: Staff and Organizational Experience (17 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.*

Operation PAR, Inc. is a comprehensive substance abuse and mental health services provider in West Central Florida with 43 years of experience and a national, statewide and local reputation for providing effective gender-specific substance abuse treatment. The agency has deep organizational experience serving the target population through its 14 programs in 9 locations with program components including: substance abuse education, prevention and intervention, case management, outpatient and residential treatment service for males, females, mothers and children, and adolescents; medical detoxification and outpatient detoxification services; methadone and medication assisted program, continuing care services; drug court services; and juvenile justice services. Operation PAR is licensed under Florida Chapter 397 and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Operation PAR remains on the cutting edge of innovation, technology, research, evaluation and development.

Linkages to the population of focus - Locally, Operation PAR has extensive relationships with grassroots and community-based organizations that are rooted in the culture and language of the population and serves Pasco County directly through our Medication Assisted Patient Services (MAPS) program which provides methadone maintenance, detoxification, counseling and medical services, including HIV risk assessment to opiate-addicted clients. Our PAR Adolescent Intervention Center (PAIC) provides substance abuse treatment, mental health, prevention and intervention services for male and female youth between 13 and 17 years old and their families. Operation PAR utilizes MET/CBT 7 sessions and FSN parent education sessions as its evidence-based, manual-driven therapy. Our long-standing partnership with the Pasco County Juvenile Assessment Center is a partnership with the Florida Department of Juvenile Justice and is a one-stop-shop that provides onsite youth with an initial health screen, which includes the use of a breathalyzer, to determine if they are in need of detoxification, emergency medical care or mental health treatment, prior to their admission. Locally, these programs have resulted in established referral networks with Pasco County Schools, the Department of Juvenile Justice, and Pasco County Alliance for Substance Abuse Prevention. Additionally, through our partnership with BayCare's Behavioral Health facility, the Harbor, their program staff and executive leadership have facilitated numerous referrals and underscored the need and welcomed our expanded service array to meet the rising needs of this rural community.

- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.*

Project Director, Jim Miller (0.05 FTE, Rate = \$48.08/hr). The Project Director will ensure successful project implementation and performance throughout the grant period and will work hand in hand with the Project Coordinator and the Evaluator. Jim Miller has been dedicated to fostering technology solutions within professional environments for more than 15 years. Mr. Miller currently serves as Operation PAR's Chief Information Officer/Corporate Security Officer where he has led the agency in innovative uses of technology, including the conversion to the

electronic health record resulting in cost reductions, increased security, productivity, accountability and increased accuracy in data collection.

Project Coordinator, VP of Development, Jackie Griffin, MS, (0.05 FTE, Rate = \$37.32/hr). This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. Ms. Griffin has 17 years experience in behavioral healthcare, including more than a decade of experience in assisting the agency's President & CEO with successful SAMHSA grant compliance. She will serve as the liaison between administrative, clinical and research and evaluation project coordination and will assist in project benchmarking, sustainability and implementation.

Program Director, Wendy Danicourt, (0.10 FTE, Rate = \$29.88/hr). This position will provide clinical supervision to all staff and will oversee eServices activities. Ms. Danicourt has over 10 years experience working in eTherapy and is a Certified Addiction Professional, Certified e-Therapist and Certified Mental Health Professional.

Evaluator, VP of Research and Evaluation, Mark Vargo, Ph.D., (0.10 FTE, Rate = \$33.56/hr) is responsible for oversight of the Systems Analyst position and overall project evaluation. The Evaluator will ensure all required GPRA compliance and participate in all required SAMHSA meetings. Dr. Vargo holds more than 13 years experience as Evaluator for other SAMHSA-funded projects. All projects are currently meeting and exceeding GPRA compliance rates at intake and follow-up.

Other positions to be filled include the following:

- **Systems Analyst,** (0.75 FTE, Rate = \$21.64/hr), will be a new hire. The Systems Analyst position will serve as a liaison between the VP of Research and Evaluation and clinical staff and will provide GPRA and other eServices components.
- **eServices Counselor,** (0.75 FTE, Rate = \$13.71/hr), will be a new hire. Qualifications require a Certified Addiction Professional and Bachelor's level degree in a related behavioral healthcare field and experience in substance abuse and mental health counseling. This eServices Counselor will provide screening/assessments, MET/CBT sessions and SBRIT in individual/group settings and eService formats (web-based and telephone). The eServices Counselor provides evaluation, screening and assessment services for participants and will provide clinical documentation in accordance with Clinical Care Committee standards.
- **Programmer,** (0.50 FTE, Rate = \$19.24/hr), will be a new hire. The Programmer will implement the NetSmart Enlighten Benchmarking Program which measures, in real time, client's engagement, adherence and ability to meet personal goals, thus enhancing clinical decision support and improving the accuracy and efficacy of patient diagnosis and treatment. Qualifications include a Bachelor's degree in a related field of study and at least a year experience in data management functions.
- **UM Specialist,** (0.50 FTE, Rate = \$14.43/hr), will be a new hire. The Programmer will implement the NetSmart Enlighten Benchmarking Program which measures, in real time, client's engagement, adherence and ability to meet personal goals, thus enhancing clinical decision support and improving the accuracy and efficacy of patient diagnosis and treatment. Qualifications include a Bachelor's degree in a related field of study and at least a year experience in data management functions.

- *Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).*

Two key staff, the Project Coordinator and Program Director, have extensive experience in serving this population. Project Coordinator Jackie Griffin has been involved with community activities for 17 years. Most recently as Executive Director of the LiveFree! Substance Abuse Prevention Coalition, she has actively recruited members from all sectors of the community, including the elderly, and has engaged them to become active members in the coalition. Program Director Wendy Danicourt has extensive experience with outreach, assessment and eTherapy by engaging and treating all members of the community including the elderly.

Additionally, the sub-contractors in the grant have extensive experience in serving the population of focus:

- **BayCare Behavioral Health, Inc.:** BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.
- **In The Rooms, Inc.:** As a part of the project, In The Rooms will build a specific platform for grant participants to host continuing care sessions. In The Rooms will also provide access to existing recovery support (online 12-Step meetings) that serve more than 245,000 members from around the world.

Section E: Data Collection and Performance Measurement (15 points)

- *Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.*

Operation PAR's ability to collect and report data to SAMHSA and meet its contractual obligations and assure 80% GPRA compliance at intake and follow-up is documented by our 10 years of successfully collecting and reporting data in previous SAMHSA grants and meeting and exceeding all required rates. This experience has been gained through data management and analysis for a number of SAMHSA grants, including the *Women's Empowerment Initiative* (SAMHSA grant # TI-19787), U-Turn (SAMHSA grant # TI-20566), Adolescent Recovery and Intervention Services for the Assertive Adolescent Family Treatment (AAFT, PARIS, Grant # TI-17761), Bay Area Young Offender Reentry Program (YORP, Grant # TI-16928), The Family Achievement In Recovery at PAR Village for Pregnant and Post-partum Women, Women's and Children Treatment (FAIR, PPW/WCT Grant # TI-16878), African American Center of Excellence, Treatment Drug Court (TDC, AACE, Grant # TI-14126), the PAR Adolescent Recovery and Intervention Services, Effective Adolescent Treatment (EAT, PARIS, Grant # TI-15478) and Family Support Network Enhancement of Juvenile Outpatient Program, Targeted Capacity Expansion, Adolescent Treatment (TCE/AT, FSN-JOP Grant # TI-13190).

Data Collection - Data collection will be supervised by Evaluator, Mark Vargo, Ph.D. and conducted by the eServices Counselor and program staff as directed. Trainings on data collection, data integrity, and follow-up documentation will be conducted by Dr. Vargo. Data will be collected using web-based Screening, Brief Intervention, and Referral to Treatment (SBIRT), Global Appraisal of Individual Needs (GAIN), and GPRA surveys to enhance efficiency and integration with the EHR. Custom reports will comply with SAMHSA's reporting

requirements, including the following: Performance Measurement Biannual Report, Benchmarking agency outcomes reports, and Final Performance Report that will systematically capture levels of service, patient needs, and program performance characteristics.

The GAIN data collection instrument is a comprehensive biopsychosocial assessment designed to integrate research and clinical assessment into one structured interview with eight main sections (background, substance use, physical health, HIV risk behaviors, mental health, environment, legal, and vocational). It incorporates simple and complex skips, validity checks, computer applications to aid with administration, scoring and interpretation, and employs formal measurement models to handle data that are Not Missing at Random. Symptom counts in each area can be used to create dimensional measures (useful for analysis/prediction) or categorical measures designed to support clinical decision making related to diagnosis, treatment planning and placement. Operation PAR has over 21 years of experience successfully using the GAIN in substance abuse treatment settings and has certified the majority of staff in its use working directly with the national GAIN Coordinating Center (GCC).

The GAIN instrument will screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. GPRA data collection will include abstinence, education/employment, housing, social connectedness, criminal justice and have no/reduced alcohol or illegal drug and related health, behavioral or social consequences.

GCC has at least 25 years of providing training, quality assurance, analysis and technical assistance to individual grantees from the Center for Substance Abuse Treatment (CSAT), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Drug Abuse (NIDA), as well as providers and researchers from several states (e.g., CT, IL, KY, MA, MO, NC, NH, SC, VT, WA, WI, WY), counties (e.g., Cook Co., Milwaukee Co., King Co.), private foundations, and large treatment systems (e.g., Catholic Charities, Haymarket Center, Phoenix House, Operation PAR). Through formal training, quality assurance and certification protocols for administration, interpretation, software support and data management, the GCC has helped to ensure a level of consistency such that most systems using the GAIN will accept a completed assessment by certified staff even if they are in a different company, across the state or across the country.

The SBIRT screening instrumentation will capture data during the following three stages: (1) Initial Screen (simple questions on alcohol use patterns > low-risk / high-risk); (2) Secondary Screen (formal protocol); and (3) Assessment (medical/behavioral status and provider judgment combine). These data will enable the eServices Counselor to raise awareness of alcohol or other drugs. These data will also identify risky behavior patterns to inform how to best motivate clients to change their behavior.

The Evaluator and Systems Analyst will collect and report data to SAMHSA and meet its obligations under the Government Performance and Results Act (GPRA) and will report performance in several areas relating to the client's substance use, family and living condition, employment status, social connectedness, access to recovery support and other services, retention

in treatment and criminal justice status. This information will be gathered using the Discretionary Services Client Level GPRA tool. Participants will be interviewed at baseline to measure whether GPRA indicators change in a positive direction or become stable over time where appropriate on each of the following measures:

- No use of illegal drugs or alcohol or misused prescription drugs during the past month.
- Are currently employed or engaged in productive activities.
- Have reduced their involvement with the criminal justice system.
- Have a permanent place to live in the community.
- Have increased or maintained positive social connections.
- Have experienced increased access to recovery support and other services.
- Are being retained in the program.

Overall, integrated EHR data will be collected at baseline (i.e., the client's entry into the project), 6 months post-baseline, and at discharge. After GPRA data are collected, they will be entered into CSAT's GPRA Data Entry and Reporting System (samhsa-gpra.samhsa.gov) within 7 calendar days of completion.

Data Management – The Evaluator, Systems Analyst and the Program Director will monitor the integrity of data collection, entry, synthesis, and analysis for consistent and accurate reporting. The security, back-up and privacy policies/procedures will overlay this process and will be monitored for compliance and adherence. EHR data will be checked for errors and completeness, and all raw data files will be converted to SPSS for analysis.

Data Analysis - EHR data will be analyzed to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities so that the program evaluation is utilization-focused, developmental, and adherent to established and rigorous evaluation methods. A detailed, formative analysis of these data will determine the efficacy of each program activity in propelling positive changes associated with the evidence-based practices and services. Quantitative data will be cross-tabulated and synthesized with descriptive statistics (frequency, percentage, mean/median/mode, variance, standard deviation, standard error, and range) and analysis of variance (ANOVA) by the Healthy People 2020 groups who have experienced greater obstacles to health (i.e., race, ethnicity, gender, sexual orientation, and other characteristics) as according to National Outcome Measures for participants at baseline, discharge, and 6 months post-baseline.

The types of data comparisons as they relate to the goals and objectives for the project will be analyzed according to the following expected outcomes:

- Expand eServices in Pasco County so that the capacity to treat clients is tripled;
- Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness – (*considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model*);
- Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction; and
- Integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR).

Data Reporting - In addition to reporting in accordance with SAMHSA submission deadlines, weekly meetings with the program staff, monthly project implementation meetings and quarterly Continuous Quality Improvement (CQI) meetings will occur for consistent data reporting of all contemporary evaluation data and findings to monitor program fidelity and create Structural Change Objectives, Action Items, and Plan-Do-Study-Act cycles that are necessary to realign and continuously improve program activities. Program outcomes will be reported to community partners and compiled for SAMHSA system of care conferences, workshops and publications. Data will be aggregated and de-identified to ensure reporting will not attribute specific data responses to clients in accordance to 42 CFR Part 2 and HIPAA privacy rules.

- *Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.*

Describe Process for Tracking and Assessing Changes in Sub-population Disparities. Operation PAR will utilize the program data to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities and implement strategies to decrease the differences in access, services use, and outcomes among those subpopulations by implementing the enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS), which comprise mandates, guidelines, and recommendations that are intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. The CLAS standards are defined as services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs at every point of contact. Incorporating CLAS standards is essential to reducing disparities and improving health care quality and equity. Since several research studies demonstrate that implementation of the CLAS standards to date has been uneven, particularly within primary care settings, opportunities exist for program evaluation frameworks to address the opportunities to address disparities experienced by minority populations.

The project will follow a utilization-focused evaluation design and will ensure CQI to proactively assess the initiative's effectiveness. These established approaches uphold data collection and reporting as the primary drivers of performance improvement by establishing a performance baseline, identifying performance barriers, monitoring how performance barriers are overcome, and measuring the extent to which performance goals and objectives are met⁶⁰.

Strategies for implementing CLAS standards include upholding the following principles to address subpopulation disparities: (1) ensuring services are patient-centered so that they are active participants in planning and managing their treatment; (2) maintaining respect for diverse cultural and linguistic backgrounds; and (3) recognizing personal, social, and institutional barriers and how to overcome these barriers. To track and assess deviations from these principles, the program data on access, utilization, and outcomes will be tracked and assessed.

- *Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.*

Describe Plan for Conducting Performance Assessment Specified in Section I-2.3. To ensure continuous quality improvement (CQI) and adherence to the mission of Operation PAR, funder goals and program requirements, we will rigorously evaluate the proposed initiative with all

elements of the SAMHSA site visit assessment reviews as well as specific local qualitative and quantitative metrics that will be reviewed at every monthly project meeting. Updates and CQI corrective action items that address potential problems will use the SMART framework (specific, measurable, achievable, realistic, and time-framed), whereby specific staff will be assigned to lead and report the status of these items. As a result, any potential problems, cases of non-adherence or failure to follow-up can be identified and remedied immediately. The following outlines major goals for this initiative, sources of formal quality assurance data and performance measures that will be reported at project meetings and in reports to SAMHSA:

Goal: Expand eServices in Pasco County so that the capacity to treat clients is tripled.

Data Sources: SBIRT, GAIN, and the CSAT Discretionary Services Client Level GPRA Tool; eServices activity registration and sign-in sheets; eServices activity & counseling session monitoring/observation notes; and Case management data.

Performance Measures: # indicating abstinence, education/ employment, housing, social connectedness, criminal justice and have no/reduced alcohol or illegal drug and related health, behavioral or social consequences; # indicating the presence of co-occurring mental disorders; #s and descriptions regarding substance abuse treatment site characteristics, demographics, reason for test or refusal to take test, and risk behaviors.

Goal: Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (*considering SAMHSA as payer of last resort, and clients in need of copayments in a shared cost model*).

Data Sources: GAIN; eServices activity registration and sign-in sheets; eServices activity & counseling session monitoring/observation notes; and Case management data.

Performance Measures: Increase the number of private pay clients by 10% each year of the project.

Goal: Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction.

Data Sources: SBIRT, GAIN, and the CSAT Discretionary Services Client Level GPRA Tool; eServices activity registration and sign-in sheets; eServices activity & counseling session monitoring/observation notes; and Case management data.

Performance Measures: # and types of recovery support services and referrals delivered; # of referral partners and successful referrals; and # of follow-up client contacts.

Goal: Integrate Screening Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR).

Data Sources: Operation PAR's Electronic Health Record, AVATAR.

Performance Measures: Fully integrate all screening and assessment instruments into the Electronic Health Record by the end of the project.

Section F: Electronic Health Record (EHR) Technology (10 points)

- *If you currently have an existing certified EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in Attachment 5 of your application.*

Operation PAR has a contract with NetSmart to install and implement the AVATAR Electronic Health Record. A copy of the vendor contract is in Attachment 5

- *If you or the primary provider of clinical services do not currently have an existing certified EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a time line for implementation. Be sure to include these costs in your budget.*

Operation PAR has an EHR System and as a result, this question is not applicable.

Section G: Literature Citations.

American FactFinder, 2009-2011, American Community Survey 3-Year Estimates.

American FactFinder, 2010 Demographic Profile.

American FactFinder 2011 American Community Survey 1-Year Estimates

Attorney General Pam Bondi, Statewide Task Force on Prescription Drug Abuse & Newborns, February 2013 Final Report.

CDC/NCHS. (2008). National Health Interview Survey, family core questionnaire.

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

<http://www.drugabuse.gov/publications/topics-in-brief/substance-abuse-among-military-veterans-their-families>

<http://www.floridacharts.com/charts/brfss.aspx>

<http://www.healthytampabay.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=612925>

<http://www.myflfamilies.com/local-resources>, retrieved March 21, 2013.

<http://www.tampabay.com/news/publicsafety/rise-of-women-in-pasco-jail-blamed-on-drug-addiction/1251778>

Nation Council for Community Behavioral Health, November 2009,
<http://www.healthcarefinancenews.com/print/13284>

Sampl, S., & Kadden, R. (2001). *Motivational enhancement therapy and cognitive behavioral therapy for adolescent cannabis users: 5 sessions, Cannabis Youth Treatment (CYT) Series, Volume 1*. DHHS Pub. No. (SMA) 01-3486. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Unützer, J., Katon, W., Callahan, C. M., Williams, J. W., Jr., Hunkeler, E., Harpole, L., et al. (2002). Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. *JAMA*, 288(22), 2836–45.

Webb, C.; Scudder, M.; Kaminer, Y., and Kadden, R. *The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 2*. DHHS Pub. No. (SMA) 07-3954. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002, reprinted 2003, 2004, and 2007.

Section H: Biographical Sketches and Job Descriptions.

- *Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.*



Project Director: Jim Miller

Jim Miller has been dedicated to fostering technology solutions within professional environments for more than 15 years. Mr. Miller currently serves as Operation PAR's Chief Information Officer/Corporate Security Officer where he has lead the agency in innovative uses of technology, resulting in cost reductions, which also lead to increased security, productivity, accountability and increased accuracy in data collection. Mr. Miller also provides executive leadership as head of administrative services organization for two companies' IT and security departments. He is responsible for managing all aspects of strategic IT planning, design, and support, including evaluation of new services/products while remaining abreast of future technological advances; all while working with executive staff to align technology with current and future business requirements. Mr. Miller leads by example, remaining committed to professional growth and development, having received Security+ certification from CompTIA, is a Certified Microsoft Professional and is currently pursuing his Certified Information Systems Security Professional (CISSP). He leads a team of 12 technology professionals responsible for establishing, upgrading and maintaining technology systems utilized by nearly 750 users, while overseeing a multi-departmental budget exceeding \$1M. In addition to overseeing Operation PAR's I.T. Department, Mr. Miller supervises the agency's Health Information Management Department as well as Boley Center's IT Department. Mr. Miller's greatest strengths are his forward-vision, knowledge and experience, team leadership and accountability and keen understanding of possibilities working within the parameters of budget restrictions, timeliness, security and regulatory boundaries with measurable solutions.

EXECUTIVE PROFILE

Information Technology ~ Project Management ~ Corporate Security Officer

Customer service oriented, security focused IT professional with 20 years of progressive professional growth and development. Strong record of success in creating robust IT architectures and infrastructures while keeping aligned with company strategic initiatives. Proven ability to bring the benefits of IT to solve business problems while managing costs and risks. Established leadership skills with a focus on employee growth.

PROFESSIONAL EXPERIENCE

SOLUTIONS FOR ADMINISTRATIVE SERVICES (SAS)

OPERATION PAR/BOLEY CENTERS

2007 - Present

Chief Information Officer/Director of I.T./Corporate Security Officer

Provide executive leadership as head of administrative services organization for two companies' IT and security departments. Responsible for managing all aspects of strategic IT planning, design, and support, including evaluation of new services/products while remaining abreast of future technological advances. Work with executive staff to align technology with current and

future business requirements. Managed two departments with annual budgets of over \$1 million (IT and Health Information Management). Led team of 12 IT professionals in support of 750+ employees in twenty locations in five different counties. Well versed in the requirements of HIPAA (Security and Privacy Rule), HITECH, and other government regulations. Negotiated contract for electronic health record, resulting in significant savings for both companies. Directed team of 35 professionals from multiple departments to facilitate redesign of future workflows for agency electronic health record. Present monthly reports to Board of Directors and other executive level staff on status of key projects. Excellent communication skills with all levels of staff.

Significant Accomplishments:

- Worked with two companies to merge the IT departments in order to increase efficiencies and maximize capacity, resulting in reduced administrative overhead costs to both companies.
- Effectively introduce and integrate new technologies: Internet, Intranet, and Extranet sites for state-wide customer base consisting of funders, partners, vendors and employees allowing for secure communication and exchange of data.
- Implemented asset tracking system to better manage agency resources resulting in faster, more accurate inventory reports.
- Designed patient barcoding system to help track sleep habits resulting in decreased prescription medication costs for the agency.

OPERATION PAR, INC., PINELLAS PARK, FL

2001-2007

Network Manager/I.S. Manager

Strong background in technology. Coordinated multi-facility network conversion from frame relay to broadband, then to fiber. Built network infrastructure to be scalable allowing for fast growth while maintaining security and best practices. Managed four technical staff providing help desk services to entire organization. Interacted with all levels of management staff and provided input for executive level decisions.

Significant Accomplishments:

- Planned, directed, and coordinated wiring of voice/data drops for new construction of two 30,000sqft buildings.
- Designed and executed domain/Exchange migration (NT4 to Win2k to Win2k3/Exchange 5.5 to 2000 to 2003) for over 500 users in 15 locations
- Managed team of IT professionals to mitigate new virus in less than 24 hours resulting in reduced downtime to the organization.

EDUCATION

- **AMERICAN INTERCONTINENTAL UNIVERSITY , Buckhead, GA:** Bachelor of Science - Information Technology 2004
- **COMPTIA:** Security+ Certification 2009
- **MICROSOFT CORPORATION:** Microsoft Certified Professional, MCP 2002

PROFESSIONAL ASSOCIATIONS

- **CIO FORUM AND EXECUTIVE IT SUMMIT:** Member since 2011
- **WEBROOT CUSTOMER ADVISORY BOARD:** Member from 2007-2008

Other sources of support: Other salaries provided by Operation PAR, Inc.

Project Coordinator; Jackie Griffin, MS

PROFESSIONAL EXPERIENCE:

7/03-present Operation PAR, Inc., Pinellas Park, Florida: **Vice President of Development**

LiveFree! Executive Director

Responsible for supervising the Grants Department and LiveFree! sub-contractors and overseeing LiveFree! Compliance with Strategic Prevention Framework under the federal Drug Free Communities Grant Support Program and the Florida Department of Children and Families Substance Abuse Response Guide (SARG). As LiveFree! Executive Director, oversees performance and contractual compliance with LiveFree! grant compliance and liaison work with the LiveFree! Key Leader Council. Assists in sustainability and Strategic Prevention Framework training in Pinellas County and for the Florida Prevention System as requested. As Operation PAR's Vice President of Development, responsible for preparing large federal grants and special member projects; white papers; preparing all reports and board reports on behalf of President and Chief Executive Officer; developing advocacy marketing and coalition and community education materials with Grants Specialist and Multi-Media Manager; assisting with all LiveFree! and SunCoast Keep Kids Drug Free Prevention activities as LiveFree! Executive Director and SunCoast Keep Kids Drug Free Prevention Center Coordinator; assisting in development of agency's Annual Report, writing major federal grants with President and CEO and Vice President of Research and Evaluation and Executive Director and COO and CFO;

12/00-6/03 Operation PAR, Inc., Pinellas Park, Florida: **Vice President of Grants and Resource Development:**

Supervises the Grants and Resource Development Departments. Responsible for developing special member projects; white papers; preparing Board Reports on behalf of Chief Operating Officers; developing agency's \$8 million Annual Operating Plan.

6/99-12/00 Operation PAR, Inc., Pinellas Park, Florida: **Clinical Services Systems Developer**

Developing legislative concepts; preparing Board Reports on behalf of Chief Operating Officers; developing agency's \$7 million Annual Operating Plan; Writing grants and editing all grant submissions from the Grants Department.

1/99-6/99 Operation PAR, Inc., Pinellas Park, Florida: **Grants Development Manager**

Supervising three Grant Development Coordinators; establishing collaboration among local providers and improving resource development within this substance abuse/mental health care agency. Writing grants and editing all grant submissions from the department.

5/98-12/98 Operation PAR, Inc., St. Petersburg, Florida: **Director of Resource Development**

Supervising five Resource Development Specialists; managing the daily operations of the department; monitoring and providing contract management; writing grants and editing all documents produced by the department and developing the agency's Annual Operating Plan.

5/97-5/98 Operation PAR, Inc., St. Petersburg, Florida: **Grants Supervisor**

Supervising three Grant Development Coordinators; establishing collaboration among local providers and improving resource development within this substance abuse/mental health care agency. Writing grants and editing all grant submissions from the department.

1/96 - 5/97 Operation PAR, Inc., St. Petersburg, Florida: **Resource Development Specialist**

Responsible for all aspects of grant writing; generating program concepts and coordinating program development or expansion.

10/95-7/97 University of Tampa, Public Information Department, Tampa, Florida: **Free-Lance Writer:**

Responsible for press releases, alumni newsletter articles and contributed to all university

publications.

1/94 - 9/95 Governor's Commission on Reduction of Infant Mortality, Raleigh, NC

Community Development Specialist; Media and Editorial Consultant: Wrote and edited articles for the *Infant Mortality Monitor, Annual Report* and *Facilitator's Guide*. Coordinated *Coalition United to Reduce Infant Mortality* meetings and activities.

7/92 - 12/93 Onslow County Health Department, Jacksonville, NC: **Community Development Coordinator**. Coordinated community activities and information dealing with infant mortality.

11/90 - 7/92 The Daily News, Jacksonville, NC: **Staff Writer**: Responsible for interviewing, researching and writing county government news, including all human services; also wrote in-depth feature articles.

EDUCATION:

2001 Master of Science Degree in Organizational Management and Leadership, Springfield College, Tampa, FL. Maintained a 4.0 Grade Point Average

1988 Bachelor of Arts Degree in Writing and English, University of Tampa, Tampa, FL. (Dean's List)

COMMUNITY VOLUNTEERISM - BOARD MEMBERSHIP:

12/1/12-Present, Community Advisory Board, Springfield College School of Human Services, Tampa Campus

7/1/12-Present, Technical Advisor Global United Soccer, Inc.

11/11-Present, Floridians for Recovery, Board of Directors

1/11-Present, Grants Collaborative of Tampa Bay Events Chair

10/06-Present, Florida School of Addictions Studies, Board of Directors

10-10-Present, Narcotic Overdose Prevention Education (NOPE) Board of Directors, Pinellas County Chapter

8/09-10/12- Florida Coalition Alliance, Vice Chair and Chair of Legislative and Advocacy Workgroup

10/05-July, 2012, Florida Coalition for Homeless Board of Directors. Served as Vice President from 2005-2010.

10/27/09-10/27/10-Florida Supportive Housing Coalition Board of Directors

10/05- 8/07 Former President of the Pinellas County Coalition for the Homeless/Homeless Leadership Network PCCH designee

9/05 – 12/06, Former Vice Chair of the Circuit 6 Juvenile Justice Board and Chair of the PC Juvenile Justice Council

9/05 – 3/06, Former, Coordinator of the Keep Kids Drug Free Prevention Centers (seven sites statewide)

10/04-12/06, Former Chair of the Pinellas County Juvenile Justice Council (Elected two terms in 2004 and 2005) and member of the Circuit 6 Juvenile Justice Board

8/01-8/07, Springfield College Community Advisory Board, appointed Chair in 2003;

12/94-10/95 The Eastern North Carolina Poverty Committee. (Regional collaborative of non-profit organizations) Board member and Secretary.

HONORS AND AWARDS:

6/09 Suncoast Health Council Community Partners Award

3/08 Finalist in City of St. Petersburg Women of Distinction Awards

9/95 "Outstanding Volunteer" by the Governor's Commission to Reduce Infant Mortality.

9/95 "Special Award" from Sarah's Refuge, a domestic violence shelter in Warsaw, NC, for developing the grant, which funded the County's first shelter for battered women and children.

Other sources of support: Operation PAR supports the remainder of Ms. Griffin's salary.

Program Director: Wendy S. Danicourt

WD Consulting

January 2005 to Current

Consultant

- Provide training to providers under federal grants
- Provide supervision for providers under federal grants
- Provide overview for certification
- Contribute to manuals and articles

Operation PAR, Inc, Pinellas Park, FL

November 2004 to Current

Access, Managed Care, and e-Services Director

- Provide trainings on Managed care/utilization Management.
- Provide monthly Introduction to Substance Abuse training at new employee orientation.
- Provides trainings for Motivational Enhancement Therapy/ Cognitive Behavioral Therapy (MET/CBT) and Family Support Network (FSN) of the CYT Research Series
- Provide trainings on the GAIN-I and GAIN-Q.
- Development of systems for utilization management program.
- Development of Utilization Management software.
- Reviews cases that have been denied by third party payers
- Coordination of Operation PAR into a managed care for all clients'.
- Development of e-Services program, providing services via the telephone, internet and PDAs.

Operation PAR, Inc, Pinellas Park, FL

January 2002 to October 2004

Call Center Manager

- Oversee the management and operations systems of the Call Center: call system, software system, Policy and Procedures, Call Center Staff.
- Maintenance of referral sources for: substance abuse, mental health, behavioral health treatment and available services
- Ability to screen and intervene with clients over the phone and/or in person providing appropriate referrals and treatment recommendations
- Development and maintenance of training manuals, referral database, and other resources for the call center.

October 1999 to December 2001: *Utilization Reviewer*

- *Development, implementation and Reporting of Utilization Management*
- *Development of Utilization Management Plan*

Charter Behavioral Health Systems at Manatee Palms, Bradenton, FL

- March 1998 to May 1999: *Director of Utilization and Case Management*
- May 1997 to March 1998: *Director of Needs Assessment*

Charter Behavioral Health Systems at Peachford, Atlanta, GA

- October 1995 to April 1997: *Senior Assessment Counselor*

Charter Behavioral Health Systems at Medfield, Largo, FL

- November 1994 to October 1995: *Child Adolescent Program Manager*

Professional Psychological Services, Clearwater, FL

- May 1993 to December 1994: *Clinical Specialist*

Federal Correctional Institution, U.S. Department of Justice, Tallahassee, FL

- May 1991 to August 1991: *Case Manager Intern*
- August 1991 to December 1992: *Case Manager*

Certifications

- Certified Addiction Professional
- Certified e-Therapist
- Certified Mental Health Professional
- Global Assessment Individualized Needs – GAIN National Trainer
- Motivational Enhancement Therapy / Cognitive Behavioral Therapy – National MET/CBT National Trainer
- Family Support Network – National Trainer

Trainer Topics

- GAIN – National Trainer
- MET/CBT – Cannabis Youth Treatment Series – National Trainer
- CBT
- SAIS
- WISC-III
- Sexual Abuse and Trauma
- Introduction to Substance Abuse
- Suicide Gatekeeper
- Outreach
- Placement Criteria – Mental health
- Placement Criteria – ASAM
- Follow-ups
- Clinical Documentation
- Motivational Interviewing
- Verbal De-escalation
- Global Assessment of Functioning
- Implementing evidenced based treatment protocols

EDUCATION

- B.S. Criminology: Florida State University, Tallahassee
- Masters Public Administration (current student): Troy University, Alabama

Other sources of support: Operation PAR supports the remainder of Ms. Danicourt's salary.

NAME: Mark A. Vargo, Ph.D.	POSITION TITLE: Evaluator Vice President of Research and Evaluation, Operation PAR, Inc.,
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EDUCATIONAL TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of Pittsburgh	B. S.	1977	Biology
University of Illinois at Urbana-Champaign	Ph.D.	1984	Biology

RESEARCH AND PROFESSIONAL EXPERIENCE:

2002 to Vice President of Research and Evaluation, Operation PAR, Inc.
present Evaluator or Co-Evaluator for the Following Projects:

- PEMHS Lifeline, SAMHSA, 2010-2012
- Community Care Chronic Minor Offender Program awarded by SAMHSA, 2010-2011.
- Dads at Demilly is a collaboration with the Florida Department of Corrections with funds awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, US Department of Justice. 2010-2012.
- PAR Adolescent Recovery and Integrated Services (PARIS) Program CSAT Grant TI-023247: Adolescent Program using ACRA-ACC. 2010-2013
- Bay Area Young Offender Reentry Program (YORP) CSAT Grant TI-021580: Operation PAR, Inc. will serve youth in the Bay Area Young Offender Reentry Program (Bay Area YORP) using Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC)—evidence-based approaches designed specifically for youth ages 14-18 with substance abuse issues reentering the community from a residential commitment program. 2009-2012
- Family Connect, Abandoned Infants Assistance, (90-CB-0163), 2008-2012.
- U-Turn, New Directions in Recovery and Independent Living (Homeless Treatment, TI 20566), SAMHSA, CSAT, 2008-2013.
- Project Recovery Enhancement Program (PREP, Criminal Justice Grant, TI 20373), SAMHSA, CSAT, 2008- 2011.
- Pinellas County Drug Court Collaborative (Treatment Drug Court TI 20117), Co-evaluator, SAMHSA, CSAT, 2008-2011.
- Women's Empowerment Initiative (TCE/HIV Grant TI 19787), SAMHSA, CSAT, 2008-2013.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW Grant TI 19605), SAMHSA, CSAT, 2008-2011.
- PAR Adolescent Recovery and Intervention Services for the Assertive Adolescent Family Treatment (AAFT, PARIS, Grant TI17761), SAMHSA, CSAT, 2006-2009.
- Bay Area Young Offender Reentry Program (YORP, Grant TI 16928), SAMHSA, CSAT, 2005-2009.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW/WCT Grant TI 16878), SAMHSA, CSAT, 2004-2008

- PAR Adolescent Recovery and Intervention Services (PARIS, Grant TI 15478), SAMHSA, CSAT, 2003-2006.
- African American Center of Excellence (AACE, Grant TI 14126), SAMHSA, CSAT, 2003-2006.
- Family Support Network Enhancement of Juvenile Outpatient Program (FSN JOP, Grant TI 13190), SAMHSA, CSAT, 2002-2006.

Duties also include Research Coordinator on behalf of Operation PAR for the NIDA Clinical Trials Network, of which Operation PAR is a Community Treatment Provider (CTP) for the Florida Node under the leadership of the University of Miami. Research Coordinator for two medication-based clinical trials conducted at Operation PAR, Inc.

02/2002 – 03/2003	Operation PAR, Inc. Administrator of Grants and Contracts
12/2000 – 07/2002	Operation PAR, Inc. Manager of Grants, Contracts and Resource Development
10/1993 - 10/2000	Manager of Small Business Division
11/1991 – 05/1993	Biotechnical Instrumentation Sales Representative
11/1990 – 11/1991	Beckman Instruments, Application Scientist for Molecular Biology Robotics Products.
10/1987 – 11/1990	EG&G Biomolecular, Application Scientist for Automated DNA Sequencing Instrumentation.
10/1984 – 10/1987	Brandeis University, Post Doctoral Research Fellow in Behavior Genetics.

Honors and Awards

2006 to Present	Member of the Florida Behavioral Health Epidemiology Outcomes Workgroup.
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Publications

Vargo, M., Griffin, J., Gamache, P. "Neonatal Abstinence Syndrome: One Community's Efforts to Reverse the Trend" The Journal of Global Drug Policy and Practice. 2012: Vol 6, Issue 4. <http://www.globaldrugpolicy.org>

Riggs PD, Winhusen T, Davies RD, Leimberger JD, Mikulich-Gilbertson S, Klein C, Macdonald M, Lohman M, Bailey GL, Haynes L, Jaffee WB, Hamilton N, Hodgkins C, Whitmore E, Trello-Rishel K, Tamm L, Acosta MC, Royer-Malvestuto C, Subramaniam G, Fishman M, Holmes BW, Kaye ME, Vargo MA, Woody GE, Nunes EV, Liu D. Randomized Controlled Trial of Osmotic-Release Methylphenidate With Cognitive-Behavioral Therapy in Adolescents With Attention-Deficit/Hyperactivity Disorder and Substance Use Disorders. Journal of the American Academy of Child & Adolescent Psychiatry, 2011; 50:903-914.

Other sources of support: Operation PAR supports the remainder of Dr. Vargo's salary.

- *Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.*

Job Descriptions

- (1) **Title of position:** Project Director, Jim Miller, Chief Information Officer
- (2) **Description of duties and responsibilities:** The Project Director will ensure successful project implementation and performance throughout the grant period.
- (3) **Qualifications for position:** Bachelors Degree, in Information Technology, Five years experience working in the area of Information Technology. Proven experience in developing IT Systems at an agency level.
- (4) **Supervisory relationships:** Supervises all staff in the project. Reports to Agency CEO and COO.
- (5) **Skills and knowledge required:** Extensive knowledge of Information Technology to include security issues, implementation of smartphone, tablets, and internet technologies, ability to interact with vendors to address technology issues.
- Knowledge of substance abuse, trauma, HIV/AIDS services, and co-occurring treatment.
- (6) **Personal qualities:** Strong record of success in creating robust IT architectures and infrastructures while keeping aligned with company strategic initiatives. Proven ability to bring the benefits of IT to solve business problems while managing costs and risks.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$48.08/hr
- (9) **Hours per day or week:** 0.05 FTE (2.5 hrs/wk)

Job Descriptions

- (1) **Title of position:** Project Coordinator, Jackie Griffin
- (2) **Description of duties and responsibilities:** This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. She will serve as the liaison between administrative, clinical and research and evaluation project coordination and partnerships established within the project. She will assist in project sustainability and implementation.
- (3) **Qualifications for position:** Minimum of a master's. Extensive experience with community development and project planning. Developed extensive contacts among community partners.
- (4) **Supervisory relationships:** Reports to the President/CEO of the agency.
- (5) **Skills and knowledge required:** Knowledge of substance abuse, trauma, HIV/AIDS services, women's treatment and co-occurring treatment and community resources.
- (6) **Personal qualities:** Empathetic to client's needs who are experiencing substance abuse and trauma. Energetic and devoted to developing community partnerships.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$37.32/hr
- (9) **Hours per day or week:** 0.05 FTE (2 hrs/wk)

Job Descriptions

- (1) **Title of position:** Program Manager, Wendy Danicourt
- (2) **Description of duties and responsibilities:** This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. She will serve as the liaison between administrative, clinical and research and evaluation project coordination and will assist in project sustainability. She will also provide clinical supervision to the clinical staff.
- (3) **Qualifications for position:** Minimum of a bachelor's, certified addiction professional, certified eTherapist or Licensure. Extensive experience with community development and project planning. Developed extensive contacts among community partners and funders.
- (4) **Supervisory relationships:** Reports to the President/CEO of the agency.
- (5) **Skills and knowledge required:** Knowledge of substance abuse, trauma, HIV/AIDS services, women's treatment, senior citizen and co-occurring treatment motivational interviewing and community resources. Knowledge of available funding, access to funding for services in the area for clients and needed services. Knowledge base of eServices standards, technology ability and access to technology for ease of client use.
- (6) **Personal qualities:** Empathetic to women, senior citizen and clients needs who are experiencing substance abuse and trauma. Energetic and devoted to developing community partnerships.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$29.88/hr
- (9) **Hours per day or week:** 0.10 FTE (4 hrs/wk)

Job Descriptions

- (1) **Title of position:** Evaluator/Vice President of Research and Evaluation: (Mark Vargo, Ph.D.)
- (2) **Description of duties and responsibilities:** This position is responsible for overall project evaluation.
- (3) **Qualifications for position:** Ph.D. in scientific field and experience with experimental design and data analysis.
- (4) **Supervisory relationships:** Reports to the President/CEO of the agency. Supervises evaluation personnel (Research Assistants, Data Managers).
- (5) **Skills and knowledge required:** Knowledge of substance abuse, trauma, HIV/AIDS services, and co-occurring treatment and community resources.
- (6) **Personal qualities:** Monitors GPRA numbers and results on a timely schedule.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$33.56/hr
- (9) **Hours per day or week:** 0.10 FTE (4 hrs/wk)

Job Descriptions

- (1) **Title of position:** Counselor eServices, TBD
- (2) **Description of duties and responsibilities:** Performs substance abuse and mental health counseling work on an individual client basis using electronic applications. Provides evaluation, screening and assessment services for the population. Responsible for servicing primary caseload along with other clients as assigned, and documenting in accordance with company standards. Skills include: sensitivity and awareness of women's issues, senior citizen's issues. Motivational interviewing, understanding of abuse issues and post-traumatic stress disorders; awareness of the impact of substance abuse on health of the client and family; understanding of the characteristics of family dynamics.
- (3) **Qualifications for position:** Bachelor's degree in counseling or related field. Certified Addiction Professional preferred
- (4) **Supervisory relationships:** This position reports to the Program Director and Clinical Supervisor. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Knowledge of medical assessment and treatment for HIV/AIDS, substance abuse and trauma, Motivational Interviewing, eServices Standards for the State of Florida.
- (6) **Personal qualities:** Excellent written and oral communication skills; familiarity with technology use of technology to communicate to include but not limited to web-based video and applications on personal devices such as smartphone or tablet; Ability to manage multiple projects.
- (7) **Amount of travel and any other special conditions or requirements:** Extensive local travel, little to no out of state travel.
- (8) **Salary range:** \$13.71/hr.
- (9) **Hours per day or week:** 0.75 FTE (30 hrs/wk)

Job Descriptions

- (1) **Title of position:** Systems Analyst, TBD
- (2) **Description of duties and responsibilities:** The Systems Analyst position will serve as a liaison between the VP of Research and Evaluation, clinical staff and providing GPRA and other eServices components. The Systems Analyst is responsible for entering GPRA data from participants at baseline, and follow-up and assisting with Evaluation activities, such as collection, compiling and reporting of data. The position is also responsible for providing support with the maintenance, data integrity & validity & dissemination of data, used in publishing articles & project findings & reports to CSAT and stakeholders. Assists the evaluation in locating participants at follow-ups to assure an 80% benchmark for GPRA compliance.
- (3) **Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in computer science.
- (4) **Supervisory relationships:** This position reports to the Evaluator. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Requires a working knowledge of Microsoft Word, Excel, PowerPoint and data systems. Also should have experience in operating web-based data systems.
- (6) **Personal qualities:** Excellent communication skills both verbal and written. An ability to

Job Descriptions

collaborate and work in a team environment with all members of the project.

- (7) Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) Salary range:** \$21.64/hr.
- (9) Hours per day or week:** 0.75 FTE (30 hrs/wk)

Job Descriptions

- (1) Title of position:** UM Specialist, TBD
- (2) Description of duties and responsibilities:** Position to identify those individuals who would clinically benefit from services provided by use of eServices. To utilize the LOCUS standards for level of care criteria. Ensure that all other financial resources have been exhausted prior to client utilizing of grant services. The position will provide ongoing utilization management working with the clinical team to identify needs of the client, potential resources and funding for services for new or continued care needs. Services are not limited to substance abuse or mental health but will include referrals for health, environment, wellness, vocation , social support and other basic needs for the client to be successful in their treatment and ongoing goal to wellness.
- (3) Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in a work related field preferred.
- (4) Supervisory relationships:** This position reports to the Program Director. No Supervisory responsibilities.
- (5) Skills and knowledge required:** Knowledge of Motivational Interviewing, Substance abuse, mental health, Utilization Management (LOCUS), community resources, funding resources in community and health insurance.
- (6) Personal qualities:** Excellent written and oral communication skills, timely, legible and concise documentation. Strong drive to investigate ways to meet needs of clients with available resources.
- (7) Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) Salary range:** \$14.43/hr
- (9) Hours per day or week:** 0.38 FTE (15.2 hrs/wk)

Job Descriptions

- (1) **Title of position:** Programmer, TBD
- (2) **Description of duties and responsibilities:** Responsible for the development and maintenance of the agency's electronic health record (Avatar) modeled screens. Assist in the design and maintenance of agency reports utilizing Crystal reports and SSRS., assist in the administration of the document imaging system. Working knowledge of Crystal Reports, SSRS, and programming such as scripting/VBA, .NET, C#. Familiar with data warehousing using SQL. Must have excellent communication and people skills.
- (3) **Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in computer science.
- (4) **Supervisory relationships:** This position reports to the Project Director. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Computer Science degree required or commensurate experience. Associate degree with three years experience or Bachelor's degree with one year experience. Two years' experience in networking environments and a thorough knowledge of computer architecture and interconnectivity. Knowledge of computer hardware and software utilized by the agency. This knowledge must include a strong knowledge of current programming languages such as .NET, VB, C#, and Java, as well as current OS' and a workable knowledge of MS Office applications and database software. Ability to solve computer problems with available tools and skills. Ability to operate a keyboard, and mouse or other data entry device. Ability to communicate with highly technical support engineers. Knowledge of Avatar software is a plus
- (6) **Personal qualities:** Ability to communicate with end-users in a way that is meaningful and understandable to the user. Ability to define problems, collect data, establish facts, and make the best possible solution. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form. Ability to effectively communicate in English with speaking, hearing and writing skills.
- (7) **Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) **Salary range:** \$19.23/hr
- (9) **Hours per day or week:** 0.38 FTE (15.2 hrs/wk)

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

Confidentiality and Participant Protection:

1. Protect Clients and Staff from Potential Risks

- *Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.*

Psychological stress may occur among some clients when questioned about topics that relate to family issues such as sexual and other physical abuse and victimizations, or questions about rejection by other, access to guns and weapons and questions about parental criminal activity. However, these questions represent only a small part of the material to be covered in interview/sessions that involve the participants. In addition, for those participants who show any signs of distress or unwillingness to answer questions on these matters, their privacy will be respected and the counselor/interviewer will immediately move to another topic and obtain the assistance of a trained therapist if needed for follow-up.

Clients are also informed that there is a potential risk that personal information about them may be inadvertently released. Though this release of information is not intentional or done on purpose, the fact that personal information about them is being kept on file and in rare instances these events occur. To date, this has not occurred at Operation PAR and participants are assured that all efforts will be made to keep their information confidential.

While there are no foreseeable physical or medical risks or adverse effects due either to: a) participation in the project itself, or to b) the evaluation activities, there is the possibility of some legal risk in circumstances in which it is determined that a client poses a danger to herself or others, as well as in the case of suspected child abuse or neglect. In either or both cases, reports to the authorities would have to be made by program or evaluation staff and the potential for legal repercussions exist. In response to such a circumstance, every effort will be made to provide supportive and therapeutic services and other relevant assistance.

Operation PAR's Institutional Review Board oversees the protection of subjects and staff from potential risks. When submitted for review to the IRB, the following safeguards' will be addressed: a) have only voluntary participation, b) focus on elderly and rural clients, c) provide participants with incentives to cover the costs of their participation, d) have all staff sign a common confidentiality agreement, e) have a common standard for informed consent and f) have a safety net protocol for monitoring participants who are discharged earlier than the average length of stay in treatment.

- *Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.*

All client evaluation information will be coded for confidentiality. All research or evaluation records will be kept separate from regular treatment records. They will be kept in a locked cabinet in a locked office in the Operation PAR Research and Evaluation Department. Only specified Research staff will have access to the master list of names of participants that match coded numbers.

Clients are advised, by means of Informed Consent, that Operation PAR will follow all Federal and State laws regarding confidentiality, but are mandated to report cases of child abuse. Confidentiality may also be broken if there is threatening or harm to Operation PAR staff or its property or cases of medical necessity/emergency. Clients are also informed that because this project is sponsored by SAMHSA, staff from that or other DHHS agencies may review records that identify the client.

- *Identify plans to provide guidance and assistance in the event there are adverse effects to participants.*

Safety Net Procedures. Substance use is a serious condition and some participants may deteriorate during the study to the point where they need referral to inpatient care and/or re-intervention. If a participant continues to use or relapses at any stage of care, a referral may be made to a higher level of treatment. If a participant becomes suicidal or is a danger to others, a more aggressive referral is made. Explanation of these procedures are included as part of a client orientation session. Each client is given contact information so they can call the program should they relapse. Any member involved in the multidisciplinary team staff, including probation officers and law enforcement can initiate these calls. The treatments offered in this project are behavioral interventions and as such any medication based adverse event is not expected to result from the treatment itself.

- *Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.*

The intent of the program is to keep the participants in treatment so as to treat their substance abuse. This program is designed to increase client retention rates that were exhibited in previous studies. As a result, any alternative treatments or procedures that may be developed during the course of the project that result in increased retention and increased success rates will be employed. Furthermore, if it is determined that an alternative treatment will be more beneficial to the participant than the treatment being received in the study, every effort will be made to transfer the client to the more appropriate level of treatment.

2. Fair Selection of Participants

- *Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.*

The target population is adults ages 18 and over who reside in rural eastern Pasco County, Florida and meet the substance abuse dependency criteria required for Outpatient Treatment Services. The population of focus experiences challenges accessing substance abuse and mental health treatment services in a timely manner due to limited provider access and geographic constraints attributable to the rural geography and lack of public transportation services and would benefit from enhanced /expanded treatment services facilitated through the use of eService technologies. The sub-population of focus is elderly in this geographic area. All genders, races and ethnic groups are eligible for the project. The population will not include homeless youth, foster children, or children of substances abusers. It will include pregnant women, but not as a population of focus.

- *Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.*

Pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS are not the population of focus in this project. The population of focus are adults ages 18 and over who reside in rural eastern Pasco County and the elderly. The rationale for using this population is based on the following facts:

- The proposal is based on previous research programs, which targeted substance abuse and trauma and provides an efficient, cost-effective treatment for this population, and
- This population meets the targeted groups of the RFA.

- *Explain the reasons for including or excluding participants.*

The program specifically targets adults, age 18 and over and the elderly who have:

- A need for substance abuse treatment;
- Sufficiently high levels of problem severity - including recent history or histories of victimization, that would require treatment;
- Mental or behavioral disorders such as non-psychotic mental illness.
- Need for e-therapy.

The project is not proposing to exclude any populations described. However, the following exclusionary criteria will apply. For safety and logistical reasons, participants are excluded if they meet any of the following criteria: a) have an acute medical condition that requires immediate treatment or is likely to prohibit full participation in treatment and cannot be managed in this level of care or would present an endangerment to self or others, such as acute suicidal ideations, homicidal ideations and/or history of extreme violence or aggression towards others, b) have an acute psychological condition that requires immediate treatment and/or is likely to prohibit full participation in treatment and cannot be managed in this level of care, c) appear to have insufficient mental capacity to understand the consent and/or participate in treatment, d) currently live outside of the program's catchment area or expect to move out within the next 90 days, e) have a history of violent behavior, severe psychoses, predatory crime or criminal justice system involvement that is likely to prohibit full participation in treatment (e.g., pending incarceration), f) lack sufficient ability to use English to participate in treatment, and g) cannot understand the informed consent.

Participants with all of the above inclusion criteria and none of the above exclusion criteria will be considered "Eligible" and invited to participate in the project. Participation is voluntary, so those who meet all criteria except willingness to participate will be considered to have "refused" and be part of pre-inclusion attrition. Only those who are eligible, agree to participate and who complete all intake assessments will be admitted to the program. There are several situations that are not grounds for exclusion but that are monitored closely and will be considered in the analysis: a) prior treatment for substance abuse (including transfers), b) co-occurring mental conditions (e.g., depression, generalized anxiety, PTSD), c) criminal justice system involvement, and d) non-traditional family structures.

All clients - regardless of race - who meet the above criteria are eligible for admission.

- *Explain how you will recruit and select participants. Identify who will select participants.*

Clients will be referred by the Florida Department of Children and Families, the Pasco County Sheriff's Office, the Pasco County Department of Health, the Sixth Judicial Circuit Court, referrals from family members, self-referred individuals contacting Operation PAR through its Access Center, other community substance abuse, mental health and homeless providers in Pasco County and other Operation PAR programs. Additionally, The Outreach Worker will conduct outreach from these referrals to convince identified clients to enter treatment. Following recruitment, potential participants will receive a physical health screening and psychosocial assessment. Identified clients are placed into treatment as determined by utilizing the ASAM Patient Placement Criteria for Substance-Related Disorders, Second Edition (PPC-2). The ASAM tool is used for placement, continuing stay and discharge. Once in the program, individualized treatment plans will be developed by the multi-disciplinary treatment team.

3. Absence of Coercion

- *Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.*

Participation in the program is voluntary, however, some participants may be referred from the criminal justice system or court ordered. For those clients, if they decide not to participate in the program, they will be referred to existing internal or external continuum of care services. All clients in Operation PAR treatment programs are receiving treatment on a voluntary basis unless court ordered mandates are in effect. Participants will be informed that their participation is voluntary and they have the right to withdraw at any time without prejudice to them by the project or evaluation staff.

- *If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.*

At present, plans are to provide participants with incentives when they complete the intake and 6-month follow-up assessment. The amounts for these incentives are \$10 for intake and \$10 for the 6-month follow-up. The incentives will be awarded in the form of gift certificates to local merchants and department stores.

The incentives offered in the program are \$20 or less and as a result, not considered coercive. Additionally, incentives are provided in the form of gift cards to local stores and as such considered appropriate and conservative.

- *State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.*

It is explained to participants during the Informed Consent process that their participation is voluntary and if they chose not to participate, they may still apply for other services provided by Operation PAR or other agencies. Participants are not offered remuneration to enter the program, however, participants are provided with incentives to comply with the intake assessment and 6-month post intake interviews.

4. Data Collection

- *Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.*

Data will be collected from the participants and will include self-reports by the participants, drug screens (unobserved), therapist ratings, service log data, and results from assessments. No physically invasive procedures or pharmacological treatments are involved in the project, although a participant may be referred to or receive through internal professional staff, mental health services that include pharmacotherapy and medication management under a licensed practitioner (consistent with state laws, rules and regulations). Copies of the assessment/data instruments are in Appendix 2.

- *Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.*

Specimens collected from the participants will include bodily fluids (urine or oral fluid) for the purpose of evaluation drug screens. No other uses will be made of these drug screens. The results from these body fluids will be maintained in the Operation PAR Research and Evaluation Department and will only be reported in aggregate form. No individual drug screen results will be reported. Once the report of the drug screen is obtained, it will be placed in the participant's research chart which is kept in a double locked room that is accessible only by designated research staff and administration.

- *Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.*

The requested instruments and protocols can be found in Appendix 2.

5. Privacy and Confidentiality:

- *Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.*

All assessment instruments will be administered in a private and confidential session. Operation PAR has strict policy and procedures concerning Confidentiality procedures and all staff are required to sign confidentiality agreements. Additionally, Operation PAR has a Compliance Director, an Ethics Committee, including an anonymous phone message service, and client grievance policies and procedures. Privacy and confidentiality procedures have been established and include: a) requiring staff to sign confidentiality agreements, b) transmitting files directly or via secured links, c) password protected access to all electronic files, d) removal of all personal identifiers (except study ID) from any analytic files, e) use of IDs (vs. names) in e-mail correspondences or reports back to the sites, and f) obtaining specific releases from the participant before talking about the individual with others, even for the purpose of follow-up. Operation PAR's site is operating under a single project assurance. We will also obtain a certificate of confidentiality from SAMHSA.

Data will be collected by the project staff as well as the evaluation staff. It will be collected in the form of written assessments, self-reports by the participants, drug screens (unobserved), therapist ratings and service log data.

▪ ***Describe:***

- ***How you will use data collection instruments.***

All assessment instruments will be administered in a private and confidential session. All client evaluation information will be coded for confidentiality. After collection, the data is entered into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure double-locked room in the Research and Evaluation Department at Operation PAR. Data collection instruments will be used primarily in an interview setting with the participant understanding that their participation is voluntary. Data from the data collection instruments will be aggregated for the project to determine project effectiveness and fidelity. No client's individual data will be reported.

- ***Where data will be stored.***

All research or evaluation records will be kept separate from regular treatment records. After collection, the data is coded into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure double-locked room in the Research and Evaluation Department at Operation PAR.

- ***Who will or will not have access to information.***

Only specified Operation PAR Research staff (need to know basis) will have access to the information.

- ***How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.***

A master list of names of participants will be kept in a separate location from the coded name list and only specified Research staff (need to know basis) will have access to the master list of names of participants that match coded numbers.

Operation PAR agrees to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures:

▪ ***List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.***

All participants in the project receive extensive explanations and directions regarding participation in the project, the nature and purpose of their participation and their voluntary nature and right to withdraw. All participants receive Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the project, the role of the participant, potential risks, potential benefits and participant's rights, what data will be collected and how the data will be used. The Consent form is written on a 7th grade literacy level, read aloud by the staff and it is covered paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. A sample Informed Consent is included in Appendix 3.

Periodically during the project, results of the project compiled in aggregate form will be presented to the participants to inform them of the progress of the project and its effect.

- ***State:***

- ***Whether or not their participation is voluntary.***

Their participation is voluntary and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Their right to leave the project at any time without problems.***

The participant has the right to leave the project at any time without problems and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Possible risks from participation in the project.***

Possible risks from participation in the project are presented to the participants and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Plans to protect clients from these risks.***

Plans to protect clients from these risks are presented to the participants and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.***

All participants receive a written Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the study, the role of the participant, potential risks, potential benefits and participant's rights. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Participating youth would require the consent of their parent or legal guardian. Those not able to understand the English language would be excluded from this program as explained in the exclusionary section above. These individuals may be referred to other programs within Operation PAR. A sample Informed Consent is included in Appendix 3.

- ***Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?***

Since all participants in the program are over 18, Informed consent need only be obtained by the participant and not their parents or legal guardians. All participants receive a Consent form to read and the Operation PAR staff member administering the Informed Consent process will read the consent form to the participant. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Each participant will be provided a copy of the signed Consent form. A sample Informed Consent is included in Appendix 3.

- ***Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.***

The sample forms must be included in Appendix 3, “Sample Consent Forms”, of your application. If needed, give English translations.

The Sample Consent Forms are included in Appendix 3.

- *Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?*

Separate consent forms for different stages or parts of the project will not be obtained. The Consent form used in the project will encompass all stages and aspects of the project and this will be explained to each participant.

- *Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?*

For the purposes of the project, no other consent to release information to others or gather information from other sources than those identified in the informed consent will be used. Participants are informed of their rights under HIPAA and 42CFR. Should there come a time when additional information would be needed from an outside source, another informed consent would be drafted, presented to Operation PAR’s IRB and the CSAT Project Officer for approval before this data collection would begin. In such an instance, if the participant refused to consent to this additional data collection process, they would still be allowed to participate in the project. As always, their participation in the project and the data collection process is voluntary.

7. Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

The project provides little, if any, risk to the participant, due to the fact that it consists primarily of counseling sessions. Unless otherwise prescribed by the participant’s doctor or signed consent from the participant, no medications are prescribed for the program. The benefits received by the participant receiving evidence-based substance abuse treatment far outweigh the risks of not receiving treatment or the potential risk of their confidentiality being breached. Additionally, the knowledge obtained from the project provides a contribution of knowledge to the substance abuse field that would further the effect of treatment for other individuals in the target population.

Protection of Human Subjects Regulations

Operation PAR complies with the Protection of Human Subjects Regulations (45 CFR 46) and with the Protection of Human Subject Regulations. The specific evaluation design proposed is in compliance with the Protection of Human Subjects Regulations. The grant application, informed consent, assessment tools and evaluation plan will be presented to Operation PAR’s Institutional Review Board (IRB) for approval. Operation PAR’s IRB meets 3-4 times a year and at the next scheduled meeting this application will be presented for review, even though a funding decision may not be available at that time. Even though IRB approval is not required at the time of grant award, Operation PAR will provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

Attachment 1

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

The experienced, licensed service provider organization in this application is Operation PAR, Inc.

(2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization;

BayCare Behavioral Health

In the Rooms

(3) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time;

This document is found on the following page.

(4) letters of commitment.

The letters of commitment and support are attached after the Statement of Assurance.

Appendix D - Statement of Assurance

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

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist. (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



Date

April 8, 2013

Ms. Nancy Hamilton, MPA, CAP, CCJAP
President and Chief Executive Officer
Operation PAR, Inc.
6655 66th Street N
Pinellas Park, Fl 33781

Dear Ms. Hamilton,

On behalf of BayCare Behavioral Health, I am writing to express our full support and collaboration for Operation PAR's application for the Substance Abuse and Mental Health Services Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. BayCare and Operation PAR have enjoyed more than a decade of successful collaboration, and we are looking forward to helping you successfully implement the ***Technology-Assisted Care in Pasco County*** project.

As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

We are pleased to support Operation PAR in its efforts to seek, expand and enhance e-services outpatient substance abuse treatment to Pasco County, particularly eastern communities serving those populations that are considered high-risk.

We look forward to a favorable response.

Sincerely,



Doug Leonardo
Executive Director



Ron Tannebaum
President, CEO

In The Rooms, Inc
9520 NW 13 St.
Plantation, FL 33322

April 8, 2013

Ms. Nancy Hamilton, MPA, CAP, CCJAP
President and Chief Executive Officer
Operation PAR, Inc.
6655 66th Street N
Pinellas Park, FL 33781

Dear Ms. Hamilton,

On behalf of InTheRooms, Inc. I am writing to express our full support and collaboration for Operation PAR's application for the Substance Abuse and Mental Health Services Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. We look forward to collaborating with your agency on the ***Technology-Assisted Care in Pasco County*** project. Our organization will develop specialized recovery support services for grant participants and will provide web-based 12 Step recovery rooms.

As a part of the project, InTheRooms will build a specific platform for grant participants to host continuing care sessions and we will provide access to its existing recovery support online 12 Step meetings serving more than 247,000 members from around the world.

We are pleased to support the efforts of Operation PAR in their efforts to seek expand and enhance e-services outpatient substance abuse treatment to Pasco County, Florida. This rural community is in critical need of these services, particularly elderly and veteran populations. We look forward to working with you on this project.

Sincerely,

Attachment 2

Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

Data will be collected using web-based Screening, Brief Intervention, and Referral to Treatment (SBIRT), Global Appraisal of Individual Needs (GAIN), and the SAIS GPRA Client Outcome Instrument to enhance efficiency and integration with the EHR. All are standardized data collection instruments. The links for the instruments are listed below.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

<http://www.samhsa.gov/prevention/sbirt/>

Global Appraisal of Individual Needs (GAIN)

<http://www.gaincc.org/>

SAIS GPRA Client Outcome Instrument

<https://www.samhsa-gpra.samhsa.gov/>

Attachment 3

Sample Consent Forms

OPERATION PAR, INC. TECHNOLOGY-ASSISTED CARE IN PASCO COUNTY PARTICIPANT INFORMED CONSENT FORM

You have been invited to take part in a research project. The way you learn about the project and make your decision is called informed consent. If you decide to take part in this project, you will be asked to sign this form. A copy will be given to you and the original will be placed in your records. We will explain the research project to you and you will have the chance to ask any questions you might have about it before you make your decision. To make sure each section of this consent form has been fully covered, you will be asked to sign your initials at the end of each section. By doing so, you are saying that you understand the information in that section.

What is the project about and how long will it last?

This study is federally funded by the Center for Substance Abuse Treatment (CSAT). It is focused on providing substance abuse treatment to those people needing those services and want to participate by using web-based or electronic applications of treatment. The goal is to test the effectiveness of these methods. To evaluate the treatment, we will interview you now and again in six months.

Initials: _____

Your Participation is Voluntary.

You are completely free to decline to participate in this study. A refusal to participate does not affect your eligibility for regular services. If you agree now, **you can withdraw at any time.** Even if you agree now, you are also free to refuse to answer any individual question that we ask you. We prefer that you not answer any objectionable questions rather than giving a false answer.

Initials: _____

Admission and Exclusion Criteria

The program specifically men and women over the ages of 18 years old and specifically individuals over the age of 60. Individuals would be excluded from the program if you

- have a medical condition that requires immediate treatment or
- have a psychological condition that requires immediate or more focused treatment or
- are unwilling to participate in treatment or
- currently live outside of the program's geographic area or expect to move out within the next 90 days or
- have a history of violent behavior or
- lack sufficient ability to use English to participate in treatment or
- have previously participated in this study or
- cannot understand the informed consent, or

- have a suicide plan.

Initials: _____

Treatment at Operation PAR, Inc.

If you agree to participate, you will be assigned to the treatment programs in the study. The treatment is 12 weeks of outpatient treatment using electronic applications. You will receive HIV/AIDS screening and services, screening for mental health issues, 12 sessions of Motivational Enhancement Therapy- Cognitive Behavioral Therapy (MET CBT-12).

Alternative Non-Research Services

If you do not want to participate in the research study, there are alternative programs available in which you can receive treatment. However, there would be a fee charged for these services.

Initials: _____

Your Responsibility

You will be asked to tell us about any times that you use any alcohol or other drugs while in the study. We know that stopping substance use can be quite hard. In order to be helpful to you and other treatment clients in the future, we need to know about your alcohol and drug use. **Your commitment to the study is that:**

- You do your best to stop using alcohol and other drugs
- That you be honest about your problems and how well you are doing in treatment
- That you show up on-time for the treatment sessions
- That you give open and honest information as it is asked for by the program
- That you be able to do the follow-up interviews.

Initials: _____

Assessments and Follow-up Interviews

You will be interviewed and asked questions about yourself, your background, how you are feeling and your progress in treatment. We will need to get the address and phone number of several people close to you in case we can't locate you directly for interviews following your discharge from the program. All of this information will remain confidential and protected.

During the interview, we will need to ask you about your alcohol and drug use. This information will also be confidential and protected. **We will need to collect information from you at three different points during the next twelve months.** The first assessment will occur before treatment begins and will take about 2 1/2 hours for you. This assessment will be used to determine final eligibility and to make a referral if necessary. We will interview you again when you are discharged from the program and again six months from your first assessment date. The discharge and the six-month follow-up interviews will last approximately 60 minutes. When we contact you, we will identify ourselves as the **Florida Health Survey Institute**, in order to protect your privacy.

At the intake, discharge and six-month interviews, **we will also ask you to provide a fluid sample for drug screening.** The results of these drug screens will be maintained within the evaluation record and will only be used in the evaluation of the project. **The results of these drug screens done for the research intake and follow-up will NOT be given to Criminal**

Justice, the Courts, Probation Officers, the Department of Corrections, Treatment Staff or your parents or relatives, unless you consent to such release.

Also, because some people who use drugs are also doing illegal things, you will be asked about any time you deal with police and the courts, as well as illegal activities. The information gathered at 6 months will only be used in the evaluation and not shared with others.

Please understand that any other Drug Screen done during treatment by the clinical staff that needs to be performed as a requirement of the Department of Justice, the Courts, Probation Officers or the Department of Corrections, while you are in treatment, WILL be reported to those agencies. ONLY THOSE SAMPLES AND DRUG SCREEN RESULTS COLLECTED BY THE RESEARCH COMPONENT OF YOUR TREATMENT WILL BE KEPT CONFIDENTIAL. AT TIMES IT MAY BE NECESSARY FOR YOU TO PROVIDE TWO SAMPLES AT THE SAME TIME FOR DRUG SCREENING, ONE FOR THE RESEARCH EVALUATION AND ONE FOR THE PROGRAM/CRIMINAL JUSTICE COMPLIANCE.

Initials: _____

Cost of Participation

We recognize that your time is valuable. At the intake assessment we will give you \$10. At the six-month assessment we will give you \$10 to cover the cost of your time, effort and travel related expenses. **The total possible compensation for your participation in the study is \$20.** This incentive will be paid to you in the form of a gift certificate.

Initials: _____

Use of the Information Collected

Your counselor will be allowed to review your initial response and use this in your treatment plan. If you choose to participate, the information you give us may be shared with other researchers in the country who are also working on this federally-funded project. **However, you will never be personally identified in the information shared with these researchers.** Furthermore, any written reports will focus on how well women in the program respond to the treatment on "average" and will not report on specific individuals.

If your spouse/significant other/parent/guardian provides us with information about you, it will also be protected under both the certificate of confidentiality and federal privacy act. **We will not share your specific answers with the participating adult or the adult's answers with you - they are only for the purpose of the research study.**

Initials: _____

Consent to be Audio Taped

To monitor and evaluate the counselor providing treatment, we are also asking that they audio and/or video tape counseling sessions. This helps us to learn more about how to best provide each type of treatment and reduces the amount of paperwork the staffs have to do. **If you agree to participate, you must also agree to be audio and/or videotaped.** However, if you have

something very personal to say to your counselor you *may at anytime request that the tape be temporarily turned off.*

Initials: _____

Confidentiality

Your individual responses to the survey and drug screen results will be kept in a research record and are protected. To help us protect your privacy, we have obtained a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). With this certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

The Certificate of Confidentiality cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing, quality assurance, and evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold information.

A Certificate of Confidentiality does not apply to disclosure of medical information in cases of medical necessity or circumstances in which the client may be a risk to themselves or others. The Certificate does not protect us from reporting the abuse, neglect, or exploitation of a child, elder or other vulnerable person.

Initials: _____

Benefits and Risks of Your Participation

All participants in the study may benefit directly from the counseling they receive as well as increased self-esteem knowing that they are taking part in a study to improve counseling techniques.

The risk to you in participating in this study is that you will be providing the evaluation and treatment staff with personal information about your life, including any substance use that may have occurred. There is a small risk that we may give out the information you give to our staff. Federal laws protect the confidentiality of information you give in this study. Yet, the laws do not protect us from having to report the abuse, neglect, or exploitation of child, elder or other vulnerable person. We are required by law to report medical information in cases of medical necessity, or events in which a client may be a risk to themselves or others. Finally, staff from DHHS agencies may review records that identify you.

Initials: _____

Questions or Concerns

You will receive a copy of this consent form for your records. If you have any other questions, you can ask them. If you have questions in the future, or are worried about how this study is being conducted, or if you feel the program has been culturally insensitive please contact:

- The Project Director, Jim Miller (727-499-9110, Ext 368)
- The Principal Evaluator of the study, Dr. Mark Vargo (727-499-7240 ext. 204)
- The Chairman of the Institutional Review Board, Ken Winter at (727-545-7564 ext. 261).
- Or the confidential toll-free research line (888-545-9799)

Initials: _____

Project Assurance of Consent

This study has been explained to me. I have had the chance to ask questions that deal with any and all aspects of the study and procedures involved. I am aware of my responsibilities while taking part in this study and agree to be asked to do the follow-up interviews. I am aware that I may leave this study at any time without penalty.

I agree that no promise has been given by anyone as to the results to be gained. Evaluation records of the study which contain only coded non-personally identifiable information may be reviewed by federal agencies who audit our research records for the purpose of checking our research procedures. My consent will last for 18 months and Operation PAR's evaluation staff will have to repeat my consent if I am called upon past that time.

Right now, we only have funds to contact participants for up to 12 months. If additional funds are provided, we may want to contact you again in the coming years to see how you are doing. If we do so, each time we will identify ourselves, explain what we are doing and ask for your permission to be contacted for research purposes. If you agree to participate, you also agree to future contact. However, when recontacted, you have the right to decline future participation. In making the contact, we will always protect your confidentiality as a previous client.

Initials: _____

Participant: By signing below, I hereby agree _____ / do not agree _____ (check one) to participate in the above-described evaluation project.

Participant Signature

Date

Witness: I attest that I witnessed the above signatures.

Relationship: Staff Relative Other: _____

Witness Signature

Date



Attachment 4

April 11, 2013

Ms. Kathy Goltry, M.S.W.
Director
Substance Abuse and Mental Health Program Office
Florida Department of Children and Families
1317 Winewood Boulevard, Building 6, Room 300
Tallahassee, Florida 32399-0700

RE: Single State Agency (SSA) review

Dear Ms. Goltry:

In accordance with Executive Order #12372, this letter is to inform you that Operation PAR is submitting a new competitive application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment under the heading Grants to Expand Care Coordination through the use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC, Request for Applications (RFA), No. TI-13-008), CFDA No. 93.243. The application proposes to expand and enhance substance abuse treatment and related recovery services to adults and elderly in rural Pasco County through the development of electronic applications for treatment.

A copy of the application face page (Standard Form 424) and a copy of the project abstract are enclosed for your review. As Florida's Single State Agency, should you wish to comment on the proposal, please send any comments and/or State review process recommendations to the following address within 60 days of the April 11, 2013 application deadline.

For United States Postal Service:
Diane Abbate, 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**.

ATTN: SSA – Funding Announcement No. **TI-13-008**.
Change the zip code to 20850 if you are using another delivery service.

If your agency does submit comments to SAMHSA regarding the proposal, please forward our office a copy of the comments. Thank you for your prompt attention to this matter.

Sincerely,

Nancy Hamilton, MPA, CAP, CCJAP
President & Chief Executive Officer
Operation PAR, Inc.

Encls: Standard Form 424, Abstract

Netsmart Subscription and Services Agreement

Agreement made this 10th day of March, 2010, (the "Effective Date") by and between Netsmart New York, Inc., a Delaware corporation with offices at 3500 Sunrise Highway, Suite D122, Great River, New York 11739, (hereinafter referred to as "Netsmart") and Solutions for Administrative Services (SAS) a Florida corporation with offices at 445 31st Street North, St. Petersburg, FL 33713 (hereinafter referred to as "Subscriber").

1. SCOPE OF AGREEMENT

This Agreement states the terms and conditions under which Netsmart will:

- (a) Grant Subscriber the rights to use and operate certain proprietary computer programs and related documentation on a non-exclusive basis; and
- (b) Provide services such as project management, installation, training and Support Services to Subscriber.

2. Term

The Initial Term of this agreement is for a period five years from the Effective Date. This Agreement may be terminated by either party as provided in Section 12 Termination. At the expiration of the Initial Term this Agreement will automatically renew for additional one year Renewal Terms. Either party may terminate this agreement as of the last day of the Initial Term or any Renewal Term, by giving the other party not less than one-hundred and eighty (180) days written notice of termination prior to the last day of the Initial Term, or the last day of any Renewal Term as the case may be.

3. Definitions

As used in this Agreement, the following definitions apply to capitalized terms:

- (a) "Charges" means the amounts to be paid by Subscriber for the right to use the Programs, for services provided to Subscriber and for hardware or other Third Party Products acquired by Subscriber under the terms of this Agreement. The Charges are described in Schedule 2(a) and the payment schedule for these Charges is defined in Schedule 2(b).
- (b) "Development Services" means changes to be made to the Netsmart Programs (if any) required by Subscriber and generally described in Schedule 2(c) attached hereto.
- (c) "Implementation Plan" means the detailed work plan attached hereto as Schedule 2(d). In order to facilitate the development of the final Implementation Plan, the current version of Schedule 2(d) contains a template outlining parameters for preparation of a detailed Implementation Plan by the parties.
- (d) "Subscriber Database" means a collection of data records that are maintained as a single logical area that is used, accessed, or acted upon by Subscriber.
- (e) "Subscriber Resources" means the staff and other resources to be provided by Subscriber for the

implementation of the Netsmart Programs in accordance with the Implementation Plan. Schedule 2(g) attached hereto sets forth the required and available Subscriber Resources.

- (f) "Netsmart Programs" means the Netsmart computer programs in object code form and their associated documentation. Schedule 2(a) lists separately the various modules of the Netsmart Programs made available to Subscriber.
- (g) "Optional Products and Services" means the additional products and services which Netsmart will make available to Subscriber at prices shown in Schedule 2(j) for a period of 12 months after contract execution. Subscriber is under no obligation, however, to purchase items listed in Schedule 2(j).
- (h) "Problem or Defect" means any failure of the Programs to operate in substantial conformance with the Specifications.
- (i) "Services" means the installation, training and other services to be provided by Netsmart as described in Schedule 2(e).
- (j) "Specifications" means the description and features of the Netsmart Programs as set forth in the documentation for the Netsmart Programs supplied to Subscriber by Netsmart hereunder and more particularly identified in Schedule 2(i) of this Agreement.
- (k) "Support Services" means the maintenance and support services to be provided by Netsmart in accordance with Schedule 2(h).
- (l) "Third Party Products" means any product acquired by Netsmart from an outside vendor on behalf of Subscriber under the terms of this agreement. Third Party Products consisting of software are called Third Party Programs. Third Party Products are described in Schedule 2(a)
- (m) "Changes" All Changes to the terms of this agreement will be contained in Schedule 2(k)
- (n) "Service Level Agreement" or "SLA" defines the terms under which Netsmart will offer the Subscription Services as defined in Schedule 2(l)

4. Netsmart Programs

- a) Software Services may be used by Subscriber:
 - i) for Subscriber's internal business purposes and not to process the data of any other entity;
 - ii) to support the number of named users of the Netsmart Programs set forth in Schedule 2(a);
 - iii) for the Initial Term and any subsequent Renewal Terms.
- b) Except as expressly stated in this Agreement, no other rights, express, implied or otherwise are granted to Subscriber.
- c) Nothing in this Agreement will be deemed to convey any title or ownership interest in the Netsmart Programs or the Third Party Programs to Subscriber. Subscriber will not sell, disclose, lease, sublease, lend or otherwise make the Software Services available to others.

- d) Subscriber will not disassemble or reverse engineer any of the Netsmart Programs nor attempt to access or modify the source code version of the Netsmart Programs and will not make any derivations, adaptations, or translations of the Netsmart Programs in whole or in part, nor use the Netsmart Programs to develop functionally similar computer software or to otherwise compete with Netsmart.
- e) If suggestions made by Subscriber are incorporated into subsequent versions of the Netsmart Programs, Subscriber hereby assigns to Netsmart all rights Subscriber may have in and to any suggestions, concepts, or improvements concerning the Netsmart Programs, or other products and services that may result from Subscriber communications to Netsmart.

5. IMPLEMENTATION

Promptly after execution of this Agreement, the respective project managers appointed by each party will jointly develop the Implementation Plan. The Implementation Plan will set forth the tasks to be performed by each party, the time frames in which such tasks will be performed, and will identify the roles and responsibilities of the persons who will be provided by Subscriber to support the implementation pursuant to Schedule 2(g), Subscriber Resources.

6. CHARGES AND PAYMENT TERMS

- a) In consideration of the Services to be performed Subscriber agrees to pay Netsmart the Charges at the times and in the amounts set forth in Schedule 2(b)
- b) Invoices are payable net thirty (30) days after invoice date. Thereafter, any outstanding balance will bear simple interest at the lower of 18% per annum or the highest interest rate permitted by law.

7. TAXES

The Charges set forth in this Agreement do not include any taxes. Where applicable, these will be added to such Charges, and Subscriber will pay amounts equal to any taxes (however designated, levied, or based) on such Charges including, but not limited to, state and local sales, privilege, property, use or excise taxes, but not including taxes based on the net income of Netsmart. If Subscriber claims a tax exemption, Subscriber will provide to Netsmart a certificate of exemption from taxes, or other evidence sufficient to permit Netsmart to exclude taxes from Charges.

8. WARRANTIES

- a) Netsmart warrants that the Netsmart Programs will substantially conform in all material respects with their Specifications. Netsmart will correct any Problems or Defects in accordance with the Support Services provisions set forth in Schedule 2(h). The foregoing will be Netsmart's sole liability with regard to Problems or Defects in the Netsmart Programs or Netsmart's perform-

ance or nonperformance of its obligations under this Agreement.

- b) Netsmart further represents and warrants that it has all rights required to provide the Software Service to Subscriber and that to the best of Netsmart's knowledge neither the Netsmart Programs nor the Software Services infringe upon or violate the United States patent rights of any third party or the copyright, or trade secret right of any third party.
- c) If any modifications, additions or alterations of any kind or nature are made to the Netsmart Programs by Subscriber or anyone acting with the consent of or under the direction of Subscriber, all warranties will immediately terminate.

9. LIMITATION OF WARRANTY.

THE FOREGOING WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES AND CONDITIONS EXPRESS OR IMPLIED, WHETHER IN RELATION TO THE NETSMART PROGRAMS, HARDWARE OR THE PROVISION OF ANY SERVICES INCLUDING, BUT NOT LIMITED TO, THOSE CONCERNING MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE OR ARISING BY TRADE USAGE OR COURSE OF DEALING. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(a) WARRANTY AND NETSMART'S SOLE OBLIGATION IS TO ATTEMPT TO MODIFY THE SOFTWARE TO ELIMINATE THE PROBLEM OR DEFECT. IN THE EVENT NETSMART CANNOT ELIMINATE THE PROBLEM, THIS AGREEMENT WILL BE TERMINATED. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(b) WARRANTY IS SET FORTH IN SECTION 11.

10. LIMITATION OF LIABILITY

- a) **LIMITATION ON SPECIFIED DAMAGES** IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR EXEMPLARY DAMAGES (INCLUDING DAMAGES RELATED TO LOSS OF BUSINESS OR PROFITS OR REVENUE), EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND REGARDLESS OF WHETHER ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE. EXCEPT AS SET FORTH IN SECTION 11, IN NO EVENT WILL EITHER PARTY BE LIABLE FOR ANY THIRD PARTY CLAIM.

- b) **LIMITATION ON CUMULATIVE LIABILITY.** EXCEPT AS SET FORTH IN SECTION 11, THE CUMULATIVE LIABILITY OF NETSMART TO SUBSCRIBER FOR ANY ACTUAL OR ALLEGED DAMAGES ARISING OUT OF, BASED ON OR RELATING TO THIS AGREEMENT, WHETHER

BASED UPON BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), WARRANTY OR ANY OTHER LEGAL THEORY, WILL NOT EXCEED THE AMOUNT OF THE SUBSCRIPTION FEES PAID TO NETSMART UNDER THIS AGREEMENT.

11. INDEMNIFICATION

- a) In the event of any claim by a third party against Subscriber (the "Claim"), alleging that the use of the Netsmart Programs or the Software Services infringes upon any intellectual property rights of such third party, Subscriber will promptly notify Netsmart and Netsmart will defend such Claim, in Subscriber's name but at Netsmart's expense, and will indemnify Subscriber against any liability paid by Subscriber, including but not limited to attorneys' fees and disbursements, arising out of such Claim. In the event such an infringement is found and Netsmart cannot either procure the right to continued use of the Software Services, or replace or modify the Netsmart Programs with a non-infringing program, then Netsmart may terminate this Agreement. Netsmart will not have any liability under Section 8(b), and Netsmart will be indemnified by Subscriber with respect to any Claim, to the extent that the Claim is based upon (i) the use of the Software Services or Netsmart Programs in combination with other products or services not made or furnished by Netsmart, provided that the Netsmart Programs alone are not the cause of such Claim; or (ii) the modification of the Netsmart Programs or any portion thereof by anyone other than Netsmart, provided that the Netsmart Programs in unmodified form are not the cause of such Claim. Subscriber will indemnify and hold harmless Netsmart from and against all claims, suits or actions by any third party against Netsmart relating to, arising out of or resulting from Subscriber's misuse of the Netsmart Programs or the Software Services, or any claim by any party receiving services from Subscriber.

12. TERMINATION

- a) If either party is in default of any of its material obligations hereunder, and has not commenced cure within ten (10) days and effected cure within thirty (30) days of receipt of written notice of default from the other party (the "non defaulting party"), then the non-defaulting party may terminate the Agreement on written notice to the defaulting party.
- b) Within thirty (30) days of the date of termination of this Agreement by either party Subscriber will certify in writing to Netsmart that all copies of Netsmart specifications and documentation and any other Netsmart materials have been destroyed
- c) Notwithstanding any termination of this Agreement for any reason, the terms and conditions set forth in the following Sections of this Agreement will survive and will be binding on the representatives, successors, heirs

and assignees of the parties:

- | | |
|-----------------|---------------------------|
| i) Section 9 | "Limitation of Warranty" |
| ii) Section 10 | "Limitation of Liability" |
| iii) Section 11 | "Indemnification" |
| iv) Section 13 | "Confidentiality" |
| v) Section 14 | "Non-Solicitation" |
| vi) Section 17 | "General Provisions" |

13. CONFIDENTIALITY

- a) Netsmart recognizes and acknowledges the sensitive and confidential nature of information it may obtain with regard to Subscriber's clients and their treatment, and agrees that information with respect to Subscriber's clients and their treatment will be kept in strict confidence in perpetuity by Netsmart. Netsmart agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated there under including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". Netsmart agrees not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. Netsmart will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

- b) Subscriber will take adequate steps and security precautions to prevent unauthorized disclosure of information which is proprietary to Netsmart and/or the owner of the Third Party Programs. Including but not limited to: (i) instructing its employees having access to such information not to copy or duplicate the same or any part thereof and to withhold disclosure or access or reference thereto from unauthorized third parties; (ii) effecting sufficient security measures including, at the request of Netsmart, requiring non-disclosure agreements with its employees, to safeguard such information from theft or from access by unauthorized parties; (iii) Maintaining proper control of passwords and security procedures to prevent unauthorized access to the Subscriber Database .

14. NON-SOLICITATION During the term of this Agreement and for a period of one (1) year following its termination, neither party will directly or indirectly solicit

for employment or as a consultant, an employee or consultant of the other party, or any person who was an employee or consultant of the other party at any time during the six (6) month period immediately prior to the date such employee or consultant is solicited, hired or retained

15. **FORCE MAJEURE** Neither party will be responsible for delays or failures in performance resulting from acts or events beyond its reasonable control, including but not limited to, acts of nature, governmental actions, fire, labor difficulties or shortages, civil disturbances, transportation problems, interruptions of power supply or communications or natural disasters, provided such party takes reasonable efforts to minimize the effect of such acts or events.

16. **USE OF NETSMART WEBSERVICES**

If purchased, Netsmart supports the use of web services in our SaaS environment. The only medium for transmission of webservice data into the Netsmart environment will be through VPN tunneling across the Internet. Netsmart offers two VPN offerings, depending upon the needs of the customer, which include VPN client software installed on each machine submitting webservices data or VPN appliances which establish a permanent VPN tunnel between the client environment and the Netsmart SaaS data center

17. **GENERAL PROVISIONS**

- (a) This Agreement will be construed in accordance with the laws of the State of New York, without giving effect to the conflict of law rules thereof.
- (b) This Agreement and the schedules and exhibits attached hereto contain the entire understanding of the parties with respect to the matter contained herein. There are no promises, covenants or undertakings contained in any other writing or oral communication. In the event of any conflict between or among the documents comprising this Agreement, the latest dated document will prevail
- (c) This Agreement may not be modified except in a writing signed by authorized representatives of the parties.
- (d) Any notices required or permitted to be sent hereunder will be in writing and will be sent, Certified Mail, Return Receipt Requested, or by a recognized international courier. Notices will be sent to the addresses first set forth above or to such other address as a party may designate by notice pursuant hereto. Notices to Netsmart will be sent "Attention: Chief Financial Officer". Notices will be effective upon the date when delivery is either completed or refused.
- (e) A waiver of a breach or default under this Agreement will not be a waiver of any subsequent breach or

default. Failure of either party to enforce compliance with any term or condition of this Agreement will not constitute a waiver of such term or condition.

- (f) In the event that either party will cease conducting business in the normal course, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets, or avails itself of, or become subject to, any proceeding under a Bankruptcy Act or any other statute of any state relating to insolvency or the protection of rights of creditors, then (at the option of the other party) this Agreement will terminate and be of no further force and effect and any property or rights of such other party, whether tangible or intangible, will forthwith be returned to it.
- (g) The rights granted hereunder to Subscriber may not be assigned, or shared, nor may Subscriber use the Netsmart Programs to provide the software features as a service (Software as a Service) to a third party without the written consent of Netsmart. Subscriber may, however, assign all of its rights under this Agreement to an assignee who acquires all or substantially all of the assets of Subscriber, is not a competitor of Netsmart and has financial resources at least equal to those of Subscriber. Any permitted assignee will assume in writing, all obligations of the assignor.
- (h) Subscriber authorizes Netsmart to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases.
- (i) It is specifically agreed that the breach of this Agreement, and in particular the provisions concerning non-disclosure of proprietary information will result in irreparable injury and the party who claims such a breach will be entitled to specific performance and injunctive relief to correct and enjoin such breach in addition to all other remedies which might be available.
- (j) The parties will use reasonable efforts, including, without limitation, face-to-face negotiations, to resolve any differences arising between them as a result of this Agreement prior to exercising their respective rights at law or equity. If a trial results from this Agreement, the parties waive their right to a jury trial. No action, regardless of form, arising out of this Agreement will be brought more than two (2) years after the cause of action accrues.
- (k) If any provision of this Agreement is found to be invalid, illegal or unenforceable under any applicable statute or law, it is to that extent deemed to be omitted, and the remaining provisions of this Agreement will not be affected in any way.

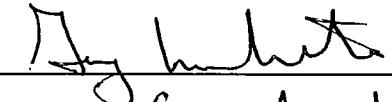
- (l) This Agreement may be executed in two or more counterparts, each of which will be deemed an original.
- (m) This Agreement may be executed by electronic signature as follows:
 - (i) a fax copy of this Agreement with a signature page that displays the image of a handwritten signature; or
 - (ii) a digital file that is transmitted by one party to the other which, when displayed on an electronic video display terminal, presents an image of this
- (n) The headings of the paragraphs and sections of this Agreement are for convenience only and will not control or affect the meaning or construction of any provision of this Agreement.
- (o) Subscriber agrees to comply with all laws and regulations, including all United States and multilateral export laws and regulations, to assure that the Netsmart Programs are not exported, directly or indirectly, in violation of law.

IN WITNESS THEREOF, the parties hereto have executed this Agreement as of the date below.

Netsmart New York Inc.

BY: 
Alan Tillinghast
 (PRINTED NAME)
 TITLE: EVP, Operations
 DATE: 3/16/2010

SOLUTIONS FOR ADMINISTRATIVE SERVICES

BY: 
Gary MacEachern
 (PRINTED NAME)
 TITLE: Admin. Manager
 DATE: 3/16/2010

Schedule 2(a)
Charges

DESCRIPTION

Monthly Recurring Fees	Quantit y	Initial Monthly Monthly Charge
Monthly price is based upon an initial rate of \$50 per concurrent user per month and a minimum of 214 concurrent users for a term of 60 months. Details on the payment terms are defined in Schedule 2(b) (100 users for the first three months, full 214 for each month after)	214	\$50
<u>Monthly Price includes the following modules</u>		
RADplus – Named Users: Includes Avatar System access and security management, modeling, table and dictionary maintenance and ad-hoc report integration		
Avatar Practice Management - Includes system management, client tracking, scheduling and reporting functions		
Clinician Workstation –Includes system management, assessment, progress notes, treatment planning and reporting functions		
Florida State Reporting Module		
Avatar Electronic Signature		
Avatar Order Entry		
Avatar eMAR (Electronic Medication Administration Record) 300 bed maximum		
One additional Avatar root system code		
Avatar GLI – Standard General Ledger Interface.		
Total – Monthly Recurring Charges		\$10,700* *except months 1-3 which will be \$5,000
One Time Charges		Charge
Third Party Products and Services		
Not Included		N/A
Total Third Party Products		N/A
Netsmart Development		
As defined in Schedule 2(c)		
Total Netsmart Development		N/A
Netsmart Services		
As defined in Schedule 2(e)		
Total Netsmart Services		\$272,697

Grand Total - One Time Charges		\$272,697
Other Annual Recurring Charges and Subscriptions		Price
Annually recurring escrow charge		\$1,200
Total Annual Recurring Charges		\$112,500 year one (includes NTST software as service fees & Escrow)

Schedule 2(b)
Payment Terms

Description	Amount Due
Netsmart Programs As described in Schedule 2(a).	
Monthly payments months 1 - 3 (100 users)	\$15,000
Monthly Payments months 4-12 (full 214 users)	\$96,300
Monthly payments months 13 - 24	\$128,400
Monthly payments months 25 - 36	\$128,400
Monthly payments months 37 - 48	\$128,400
Monthly payments months 49 - 60	\$128,400
First monthly payment is due on Agreement effective date. Subsequent monthly payments due on the first of each of the following 59 months.	
Total Payment - Netsmart Programs	\$624,900
Third Party Products As described in Schedule 2(a).	
Due on Agreement effective date	
Total Payment - Third Part Products	N/A
Development Payment As described in Schedule 2(c).	
Due on Agreement effective date	
Total Payment – Development Services	N/A
INSTALLATION SERVICES As described in Schedule 2(e).	
Due on Agreement effective date	\$50,000
\$20,245/month due the first of the month for the next ten months	\$202,450
\$20,247 due on implementation completion sign-off	\$20,247
Total Payment – Installation Services	\$272,697
Other Annual Recurring Charges and Subscriptions	
First year escrow charge	\$1,200
Total Annual Payment – Annual Recurring Charges and Subscriptions	\$1,200
TRAVEL AND LIVING AND TRAVEL TIME EXPENSES Billed monthly as incurred at the most economical rates. Travel Time will be billable at \$150 per hour. Travel and Living Expenses are as follows: Meals: Charged at Netsmart's then current daily per diem rate. The current rate is	Billed as incurred

Description	Amount Due
\$50.00 per day	
Airline: Coach Class on Major Airline including any additional fees applied by the airline	
Personal Vehicle: Personal vehicle usage will be reimbursed at the currently defined rate by the IRS	
Rental Car: Mid Size vehicle at local rates	
Ancillaries: Gas, Tolls, Parking	
Hotel: At local rates	

Schedule 2(c)
Netsmart Development Services

All Development Services provided by Netsmart on behalf of the Subscriber will be based on the prior preparation and approval of functional specifications. Approved specifications are incorporated by reference in Schedule 2(i). Prices indicated below include the costs associated with the creation of specification and quality assurance. Additional fees for maintenance of custom software will be included in Schedule 2(b)

Unless otherwise stated below, Development Services and its attendant costs are not included under this Agreement

In the event additional Development Services are required, Netsmart will make these services available as described in Schedule 2(j)

Description	Price
Not Included	\$0
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Fees for Development Services	\$0

**Schedule 2(d)
Implementation Plan**

Netsmart and Subscriber will formally develop and approve a detailed implementation plan within thirty (30) days of Agreement execution. Professional Services have been set based on the expectation of a nine month implementation plan. In the event extensions to this plan are required, additional Netsmart Implementation Services may be required. High-level project milestones are as follows:

Project Activity	Days from Agreement Execution
Hardware installation	30 Days
Software installation	45 Days
System table definition	60 Days
Training of trainers	150 Days
Go Live	270 Days

Schedule 2(e)
Netsmart Implementation Services

Description of Service	Quantity	Price
Project Management To consult and be the primary liaison with the Subscriber's project manager in developing and executing the Project Implementation Plan. Project Management time allocation is based on a high level month implementation plan as described in Schedule 2(d). Any extensions to the agreed upon implementation schedule will require additional Netsmart Installation Services	1156 Hours	\$162,731
File Build Assistance Assistance in the creation of and loading of various configuration tables.	60 Hours	\$8,447
Training Application training on the Netsmart Programs listed in Schedule 2(a).	372 Hours	\$52,367
Go Live Support Onsite technical and implementation assistance during the cutover from testing to production operations	0	\$0
Executive Project Management	72 Hours	\$10,136
Standard Data Conversion *Demographics and Movement History *Balance Forward	150 Hours	\$21,116
Eligibility Conversion for Operation PAR	64 Hours	\$10,400
SaaS Set Up Fee		\$7,500
Above Includes:		
Project Management RADplus Avatar PM Avatar CWS Order Entry eMAR General Ledger Interface Root System Code		
File Build Avatar PM and CWS		
Training RADplus (handled through free trial of Netsmart University) SQL Training with Crystal Reports (handled through free trial of Netsmart University) Avatar PM - QuickStart Training Avatar PM - Training of Trainers Avatar PM - Medical Necessity Rules and other billing set-up/Training Avatar PM - Initial setting of Registry settings and client training Avatar PM - End User Training Avatar CWS - Training of Trainers Order Entry General Ledger Interface Training		

The hours reflected above apply to the initial implementation of Operation PAR and Boley Centers. Subsequent professional services will be billed at \$1,300 per day.		
TOTAL		\$272,697
In the event additional Netsmart Installation Services are required, Netsmart will make these services available as described in Schedule 2(j)		

Schedule 2(f)
Desktop Hardware Requirements

CLIENT WORKSTATION:

RADplus™ Workstation Requirements:

Minimum Operating Requirements:

Processor: Intel Pentium 500 MHz or greater

Operating System: Windows 2000 or greater

RAM: 512 MB

Hard-disc space: 512 MB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Suggested Operating Requirements:

Processor: Intel Pentium 1.3Ghz or greater

Operating System: Windows XP or greater

RAM: 1 GB

Hard-disc space: 1 GB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Schedule 2(g)
Subscriber Resources

Subscriber will provide the resources described below for the implementation of the Netsmart Programs. Failure to provide these resources could compromise the project and may result in the need for additional Netsmart Implementation Services

For Avatar PM: Client Side Project Manager, Subject Matter Expert(s) as needed, Trainers for the End Users, Business Analyst, System Analyst, backups, configuration, Crystal Report writing, RADplus Development
Avatar CWS: Client Side Project Manager (can be the same as the PM Project Manager), Clinical Subject Matter Experts, System Analyst (backups, configuration, Crystal Report writing, RADplus Development, etc), End User Training
Avatar Order Entry: Client Side Project Manager (can be the same as the PM Project Manager), Orders Subject Matter Experts – for all order types that will be used, Pharmacy, Lab, Dietary, etc

Schedule 2(h)
Support Services

The Support Services described in this Schedule will be performed by Netsmart subject to the terms and conditions of this Subscription and Service Agreement.

- (a) Netsmart will maintain the then current version of the Netsmart Programs in substantial conformance with its Specifications as amended from time to time by Netsmart, and with applicable Federal regulatory requirements and laws. Netsmart will use commercially reasonable efforts to either:
 - (i) Correct any reproducible Problems or Defects in the then current or immediately prior release of Netsmart Programs by Netsmart which prevent it from operating in substantial conformance with the Specifications and applicable Federal regulatory requirements; or
 - (ii) Provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal regulatory requirements and laws.
- (b) Subscriber will make requests for Support Services by giving Netsmart written notice specifying a Problem or Defect in the Netsmart Programs. In making a verbal request for Support Services, Subscriber will provide Netsmart within twenty four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by Netsmart.
- (c) If analysis by Netsmart indicates that a reported problem is caused by a reproducible Problem or Defect, Netsmart will use commercially reasonable efforts to provide Support Services in accordance with the following prioritization of reported problems:

Priority 1 will be assigned when the Netsmart Program or a material Netsmart Program functional component is not operational, such as patient registration screen input/update/inquiry. Commercially reasonable efforts will be made to correct Priority 1 problems, or to provide a plan for such correction, within two (2) business days.

Priority 2 will be assigned for less critical functions, such as low impact screens and report printing errors. Commercially reasonable efforts will be made to correct Priority 2 problems, or to provide a plan for such correction, within five (5) business days.

Priority 3 will be assigned to problems not having a major impact on the Subscriber's ability to run the Netsmart Program but which obviously requires correction. Priority 3 problems will be responded to within ten (10) working days with a corrective plan and scheduled date for the implementation of the correction.
- (d) On a timely basis Netsmart will also provide Subscriber with:
 - (i) such updates as are distributed without charge to other similar Subscriber's which reflect modifications and incremental improvements made to the Netsmart Programs by Netsmart;
 - (ii) an opportunity to obtain enhancements to the Netsmart Programs for which charges are imposed on the same terms as such enhancements are generally made available to other Subscribers;
 - (iii) telephone support to answer Subscriber's questions about the Netsmart Programs and their use.
- (e) Netsmart will make technical support personnel available from 9:00 a.m. to 6:00 p.m., Netsmart local time Monday through Friday, exclusive of Netsmart holidays.
- (f) If reasonable analysis by Netsmart indicates that a reported Problem or Defect is caused by a problem related to Hardware used by Subscriber, the hardware's system software, or applicable software other than Netsmart Programs, or Subscriber's misuse or modification of the Netsmart Programs, Netsmart's responsibility will be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the Netsmart Programs. Subscriber will, at Netsmart's option, pay Netsmart for the cost of analyzing the reported problem at Netsmart's then prevailing time-and-materials rate.
- (g) Absent a bona fide dispute, if Subscriber fails to pay for Subscription Fees when due, Netsmart may refuse to provide Subscription Services until Subscriber makes payment of all Charges due.

Schedule 2(i)
Specifications

As set forth in the following documentation:

<input checked="" type="checkbox"/>	Avatar PM User Guide
<input checked="" type="checkbox"/>	Avatar PM Welcome Guide
<input checked="" type="checkbox"/>	Avatar PM Kickoff Manual
<input checked="" type="checkbox"/>	Avatar CWS User Guide
<input checked="" type="checkbox"/>	Avatar CWS Welcome Guide
<input checked="" type="checkbox"/>	Avatar CWS Kickoff Manual
<input type="checkbox"/>	Avatar MSO User Guide
<input type="checkbox"/>	Avatar MSO Welcome Guide
<input type="checkbox"/>	Avatar MSO Kickoff Manual
<input checked="" type="checkbox"/>	Avatar GLI User Guide
<input checked="" type="checkbox"/>	RADplus User Guide
<input checked="" type="checkbox"/>	Setup and Utilization of Third Party Reporting Software
<input checked="" type="checkbox"/>	System Administration Procedures for Netsmart Systems Utilizing Cache'
<input type="checkbox"/>	

Note: Electronic versions of all documentation will be delivered with the system. Subscriber may make additional copies for internal use only, and will not alter or eliminate any copyright notice on any copy of the documentation.

Schedule 2(j)
Optional Products and Services

Subscriber may exercise the option granted to it hereunder to add additional Named Users or to add Additional Netsmart Modules. Subscriber may also request Netsmart to provide it with the availability and pricing for other products and services not listed in this Schedule. The purchase of additional products and services will be effective when Subscriber returns an executed copy of the Additional Purchase Amendment.

The following pricing will hold firm for a period of 12 months from the Agreement Effective Date. (Prices for Third Party Programs are subject to change by the owner or distributor of the Third Party Programs).

Additional Purchases

Item	Price
PRICING FOR SUBSEQUENT CONCURRENT USER COUNT	
User 215-250	\$46/user
User 251-350	\$42/user
User 351+	\$40/user
This pricing structure will be valid throughout the course of the initial SaaS five year contract.	
MicroMedex handles drug/drug interaction checking and may be applicable to agencies using the Avatar Order Entry and eMAR applications. Each agency purchases Micromedex based on their bed count. MicroMedex is priced as follows:	
1 - 50 beds \$ 2,783	
51 - 100 beds \$ 3,896	
101 - 200 beds \$ 5,194	
201- 400 beds \$ 9,275	
Over 400 beds \$ 15,000	

Additional Professional Services

In the event additional Netsmart Installation Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

In the event additional Netsmart Development Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

Sample Additional Purchase Amendment

This is an Amendment ("Amendment") to a Subscription agreement dated _____, 2008, between Netsmart _____, Inc. ("Netsmart") and _____ ("Subscriber").

The parties hereby amend the Agreement as follows:

1. All terms used in this Amendment, which are defined in the Agreement, will have the same meaning as in the Agreement.
2. Subscriber agrees to Subscribe to or purchase the following additional products or services:

Product/Service	Purchase/Subscription	Charges

3. The terms and conditions of the Agreement will be applicable to the additional products or services purchased or Subscriber to hereunder.
4. Except as amended herein, the Subscription and Services Agreement is hereby ratified and confirmed.
5. Payment terms: _____

IN WITNESS WHEREOF, Netsmart and Subscriber have executed this Amendment as of the later of the dates below.

Netsmart New York Inc.

Subscriber

By: _____

By: _____

Date: _____

Date: _____

**Schedule 2(k)
Changes to Standard Agreement**

Section 4a.i) has been altered to allow SAS to process data in Hillsborough, Pinellas and Pasco Counties in Florida. Netsmart will work collaboratively with SAS in a sales effort to add additional agencies to the SAS consortium for use in their hosting environment. In any case where a prospective customer in this area desires a hosted solution, Netsmart will use its best efforts to help SAS be the preferred provider to the agency, however Netsmart reserves the right to propose an alternative option through Netsmart. Netsmart will support this in a variety of ways including limiting any discounts to a prospective customer in that area to an amount not greater than that already offered to SAS. When contacted by any prospective customer in the above identified counties, Netsmart will communicate this information to SAS and conversely should receive acknowledgement from SAS that it is also in discussions with this agency.

Section 4.a.ii) has been altered to indicate support for concurrent users of the Netsmart programs set forth in Schedule 2(a).

Section 4.c) has been altered to include "Subscriber will be permitted to offer hosting services using their Avatar license to agencies within Hillsboro, Pinellas and Pasco Counties in Florida.

Section 17g) has been modified to agree that the Subscriber may provide hosting services to identified agencies in the Hillsborough, Pinellas and Pasco County area of Florida.

Section 17h) has been modified to read: Netsmart shall be able to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases upon authorization by the Subscriber. The Subscriber shall not unreasonably withhold authorization to do so.

The parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by confidential mediation under the then current CPR Mediation Procedure [<http://www.cpradr.org/>] or JAMS Mediation procedures [<http://www.jamsadr.com>], before resorting to arbitration or litigation.

Netsmart will allow Operation PAR (and other ASO/CMHC/MIS customers) to maintain their CMHC/MIS license for historical purposes and will provide CMHC/MIS support to them for historical usage only at no additional charge for up to 3 years after migration to Avatar.

Netsmart will credit any balance of the annual CMHC/MIS maintenance paid by PAR on a pro-rated basis based on SAS's Avatar go-live date, if applicable.

"Meaningful use" is the responsibility of the agency, not Netsmart as the software vendor. Netsmart is currently pursuing the ARRA certification; assuming the release of finalized specifications from the certifying body, Avatar will have this certification by the end of 2011.

Netsmart is currently working in partnership with Chestnut, a private organization, to incorporate the GAIN assessment into Avatar . Netsmart agrees to provide this assessment to SAS within 90 days after successful execution of the Netsmart/Chestnut agreement or when we receive the required integration from Chestnut, whichever is later.

Netsmart will provide up to five (5) 2010 Connections registrations at no charge for use by SAS staff.

SAS's open outcome records located within the open admissions of the CMHC/MIS software, will be converted as an open admission within Avatar and included as part of the standard conversion quoted in this agreement at no additional charge.

SAS agrees that it will charge a minimum of \$60 per concurrent user per month to any other agency who may join SAS. This minimum will be reviewed and discussed on each anniversary of agreement effective date by Netsmart and SAS to determine if adjustments apply.

Netsmart will incorporate the ability to process eMAR reports based upon the date and time criteria needed to process their Missed Medication Report in an upcoming release to the eMAR module at no additional charge to SaS.

Netsmart agrees to meet applicable federal standards for the certification of behavioral health software with currently offered versions of the Avatar product suite.

**Schedule 2(l)
Service Level Agreement
For Software Services**

1. Coverage; Definitions

This Hosting availability Service Level Agreement (SLA) applies to you (“Customer”) if you have contracted for any of the following web-based services from NETSMART: Avatar or Cache hosting, e-mail hosting, or web hosting.

As used herein, the term “Hosting Availability” means the percentage of a particular month (based upon 24 hour days for the number of days in the subject month) that the NETSMART content is accessible on the Internet.

2. Service Level

- a. Goal: NETSMART'S goal is to achieve 100% Hosting Availability for all of our customers.
- b. Remedy: Subject to Sections 3 and 4 below, if the Hosting Availability is less than 99% in any month, NETSMART will issue a credit to Customer in accordance with the following schedule, with the credit being calculated on the basis of the monthly service charge for the affected service(s):

Hosting Availability	Credit Percentage
99.0 to 100%	0%
98.0 to 98.9%	5%
97.0 to 97.9%	10%
95.0 to 96.9%	15%
94.9 or below	25%

3. Exceptions

Customer shall not receive any credits under this SLA in connection with any failure or deficiency of Hosting Availability caused or associated with:

- a. Circumstances beyond NETSMART'S reasonable control, including, without limitation, acts of any governmental body, war, insurrection, sabotage, armed conflict, embargo, fire, flood, strike or other labor disturbance, interruption of or delay in transportation, unavailability of or interruption or delay in telecommunications or third party services, virus attacks or hackers, failure of third party software (including, without limitation, web server software, FTP Servers, or statistics) or inability to obtain supplies, or power used in or equipment needed for provision of services;
- b. Failure of access circuits to the NETSMART Network, unless such failure is caused solely by NETSMART;
- c. Scheduled maintenance, scheduled backups, scheduled restores and emergency maintenance and upgrades;
- d. Issues with FTP, POP, or SMTP customer access;

- e. Customer's acts or omissions (or acts or omissions of others engaged or authorized by Customer), including, without limitation, custom scripting or coding (e.g., CGI, Perl, Java, HTML, ASP, etc), any negligence, willful misconduct, or misuse of the Services;
- f. E-mail or webmail delivery and transmission;
- g. Outages elsewhere on the Internet that hinder access to your account. NETSMART is not responsible for browser or DNS caching that may make your site appear inaccessible when others can still access it. NETSMART will guarantee only those areas considered under the control of NETSMART: NETSMART server links to the Internet, NETSMART'S routers, and NETSMART'S servers.
- h. Use of a VPN or similar connection which is not exclusively within NETSMART'S control at both ends of such connection, and where the problem occurs in the part of the VPN which is not under NETSMART'S control.

4. Scheduled Maintenance

- a. Netsmart reserves the right to establish a monthly maintenance window for the purpose of upgrading, patching, modifying, and repairing portions or the entire ASP/Hosting environment. The monthly window is generally scheduled on the 3rd Sunday of the month, from 5:00am – 11:00Am EST.

5. Credit Request and Payment Procedures

In order to receive a credit, Customer must submit, within ten (10) business days after the incident supporting the request, a request by email to NetsmartSaaS@ntst.com. Each request must include Customer's account number (per NETSMART'S invoice) and the dates and times of the unavailability of the services. If the unavailability is confirmed by NETSMART as an incident eligible for credit, credits will be applied within two billing cycles after NETSMART'S receipt of Customer's request. Credits are not refundable and can be used only towards future billing charges.

Notwithstanding anything to the contrary herein, the total amount credited to Customer in a particular month under this SLA cannot exceed the total hosting fee paid by Customer for the month in which Services were impacted. Credits are exclusive of any applicable taxes charged to Customer or collected by NETSMART and are Customer's sole and exclusive remedy with respect to any failure or deficiency in level of services described in this SLA.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14

R. 04/05

03/25/09

85-8012590039C-4	04/30/2009	04/30/2014	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

OPERATION PAR INC
6655 66TH ST
PINELLAS PARK FL 33781-5033
59-1349234

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14

R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

03/13/2013

Date



Signature of Authorized Official

Dianne Clarke, Executive Director and COO

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

Operation PAR, Inc.

Name of Healthcare Facility Receiving/Requesting Funding

6655 66th St N

Street Address

Pinellas Park, FL 33781

City, State, Zip Code

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

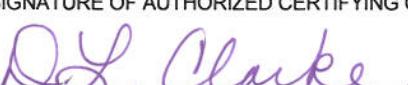
**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Executive Director and COO
APPLICANT ORGANIZATION	DATE SUBMITTED
Operation PAR, Inc	March 13, 2013

Section G: Budget Justification, Existing Resources, Other Support

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Jim Miller	\$100,000	5%	\$5,000
Project Coordinator	Jackie Griffin	\$77,626	5%	\$3,881
Program Director	Wendy Danicourt	\$62,150	10%	\$6,215
Evaluator	Dr. Mark Vargo	\$69,805	10%	\$6,980
Systems Analyst	TBD	\$45,011	75%	\$33,758
eServices Counselor	TBD	\$28,517	75%	\$21,388
Programmer	TBD	\$40,019	50%	\$20,010
UM Specialist	TBD	\$30,014	50%	\$15,007

JUSTIFICATION: Describe the role and responsibilities of each position.

Project Director/Chief Information Officer: Jim Miller (0.05 FTE, Rate = \$48.08/hr). The Project Director will ensure successful project implementation, referral services, benchmarking and performance throughout the grant period. Jim Miller has been dedicated to fostering technology solutions within professional environments for more than 15 years. Mr. Miller currently serves as Operation PAR's Chief Information Officer/Corporate Security Officer and leads the agency in innovative uses of technology that result in cost reductions, increased security, productivity, accountability and increased accuracy in data collection.

Project Coordinator: Jackie Griffin (0.05 FTE, Rate = \$37.32/hr). This position will assist the Project Director and Evaluator with monitoring grant compliance and performance, will monitor the effectiveness of the partners, and will facilitate the use of client input through focus groups into implementing the project. Ms. Griffin has 17 years experience in behavioral healthcare, including more than a decade of experience in assisting the agency's President & CEO with successful SAMHSA grant compliance. She will serve as the liaison between administrative, clinical, and research and evaluation project coordination and will assist in benchmarking and project sustainability.

Program Director: Wendy Danicourt (0.10 FTE, Rate = \$29.88/hr). This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. She will serve as the liaison between administrative, clinical, and research and evaluation project coordination and will assist in project sustainability. She will also provide clinical supervision to the clinical staff and will address organizational factors influencing expansion and/or enhancement of technology. Ms. Danicourt has over 10 years experience working in eTherapy and is a Certified Addiction Professional, Certified e-Therapist and Certified Mental Health Professional.

Evaluator/VP of Research and Evaluation: Mark A. Vargo, Ph.D. (0.10 FTE, Rate = \$33.56/hr). This position is responsible for oversight of the Systems Analyst position and overall project evaluation. The Evaluator will ensure all required GPRA compliance, will address

benchmarking and organizational factors influencing expansion and/or enhancement of technology, and will participate in all required SAMHSA meetings. Dr. Vargo holds more than 10 years experience as Evaluator for other SAMHSA funded projects. All projects are currently meeting and exceeding GPRA compliance rates at intake and follow-up.

Systems Analyst: TBD (0.75 FTE, Rate = \$21.64/hr). The Systems Analyst position will serve as a liaison between the Evaluator/VP of Research and Evaluation and clinical staff and will provide GPRA and other eServices components. The Systems Analyst is responsible for entering GPRA data from participants at baseline and follow-up and assisting with Evaluation activities, such as collecting, compiling and reporting data. The position is also responsible for providing support with the maintenance, data integrity, validity and dissemination of data; publishing articles and project findings; benchmarking; and reporting to CSAT and stakeholders. The Analyst will assist the evaluation by locating participants at follow-up to assure an 80% benchmark for GPRA compliance.

eServices Counselor: TBD (0.75 FTE, Rate = \$13.71/hr). Qualifications require a Certified Addiction Professional, a Bachelor's level degree in a related behavioral healthcare field, and experience in substance abuse and mental health counseling. The eServices Counselor will provide MET/CBT sessions and SBRIT in individual/group settings and eService formats (web-based and telephone). The eServices Counselor provides evaluation, screening and assessment, and referral services for participants and will provide clinical documentation in accordance with Clinical Care Committee standards.

Programmer: TBD (0.50 FTE, Rate = \$19.24/hr). The Programmer will implement the NetSmart Enlighten Benchmarking Program which measures, in real time, client's engagement, adherence and ability to meet personal goals, thus enhancing clinical decision support and improving the accuracy and efficacy of patient diagnosis and treatment. Qualifications include a Bachelor's degree in a related field of study and at least a year experience in data management functions.

UM Specialist: TBD (0.50 FTE, Rate = \$14.43/hr). This position will identify individuals who would clinically benefit from eServices, utilize the Level of Care Utilization System (LOCUS) standards for level of care criteria, and ensure that all other financial resources have been exhausted prior to the client utilizing grant services. The position will provide ongoing utilization management working with the clinical team to identify needs of the client, in addition to potential resources and funding for services for new or continued care needs. Services are not limited to substance abuse or mental health but will include referrals for health, environment, wellness, vocation, social support and other basic needs for the client to be successful in their treatment and ongoing goal to achieve wellness. This position will also address organizational factors influencing expansion and/or enhancement of technology.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$112,239**

B. Fringe Benefits: All components of the fringe benefits rate:

FEDERAL REQUEST

Component	Rate	Wages	Cost
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Component	Rate	Wages	Cost
FICA	7.65%	\$112,239	\$8,586
Workers Compensation	1.2%	\$112,239	\$1,347
Unemployment Insurance	1%	\$112,239	\$1,122
Health, Life & Disability Insurance	\$502/month & 1% of salaries	\$112,239	\$17,990
Retirement	3%	\$112,239	\$3,367
		TOTAL	\$32,412

JUSTIFICATION: Fringe reflects the current rate for the agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$32,412**

C. Travel: Need for all travel other than that required by this application (local travel policies prevail):

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington, DC	Airfare	\$450/flight x 2 staff	\$900
		Hotel	\$200/night x 2 staff x 3 nights	\$1,200
		Per Diem (meals)	\$55/day x 2 staff x 3 days	\$330
		Misc Transportation	Cab, Parking \$100 x 2 staff	\$200
Local travel		Mileage	100 miles/wk x 52 weeks @ .485/mile	\$2,522
			TOTAL	\$5,152

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Cost for two staff to attend a grantee meeting in Washington, DC, at \$1,315 per staff person.

Local travel is needed to attend local meetings, project activities, and training events. The local travel rate is based on the grantee organization's policies and procedures for the use of a privately owned vehicle (POV) at the agency reimbursement rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$5,152**

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	\$100/mo. x 12 mo.	\$1,200
Computer supplies	\$50/mo. X 12 mos. & 3 laptops at \$500 each	\$2,100
E-Therapy Tools	Estimated budget for all is \$10,000	\$10,000
	TOTAL	\$13,300

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

Office supplies are paper, files, folders, postage, etc. as needed for the general operation of the project.

Computer supplies include toner, keyboards, small printers, etc.

E-Therapy Tools include apps, workbooks, smartphones and tablets.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$13,300**

F. Contract: A consultant is an individual retained to provide professional advice for a fee. A contract provides services for a fee. The grantee must have procurement policies and procedures governing their use of consultants and contracts that are consistently applied among all the organization's projects.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Bay Care Behavioral Health, Inc.	Training, referrals			\$25,000
Net Smart	Web Services Software			\$31,200
In The Rooms	On-Line Recovery Support			\$5,000
		TOTAL		\$61,200

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

Bay Care Behavioral Health, Inc.: As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

Net Smart – One time licensing fee = \$20,000; one time implementation fee = \$7,000; yearly maintenance fee of \$350/month.

In The Rooms: As a part of the project, In the Rooms will build a specific platform for grant participants to host continuing care sessions. In the Rooms will also provide access to existing recovery support (online 12-Step meetings) that serve more than 245,000 members from around the world.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$ 61,200**
(combine the total of consultant and contact)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

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

FEDERAL REQUEST

Item	Rate	Cost

Item	Rate	Cost
Occupancy-Direct Staff	\$400/month x 3 staff x 9 months	\$10,800
Professional Liability Insurance	1% of salaries	\$1,122
Cell Phone & Wireless	3 staff x 9 months x \$88.78/month	\$2,397
Printing/Copier Lease	\$60/month x 12 months	\$720
Incentives	\$20/client x 40 per year	\$800
	TOTAL	\$15,839

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

Occupancy is the cost of office space, which includes water, electricity, insurance and maintenance. The budgeted amount equals 900 square feet or 12% of a 7500 square foot building (apx. \$1.33 per sq. ft).

Professional Liability Insurance is budgeted at 1% of salaries for Operation PAR staff liability.

Cell Phones and Wireless service will be required for the eServices Counselor, UM Specialist and Systems Analyst for 9 months in year one.

Printing/Copier Lease is the cost of copying and printing program materials.

Incentives are budgeted at \$20 per client follow-up x 40 clients per year.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$15,839**

Indirect cost rate:

Operation PAR has a federally negotiated indirect cost rate agreement (NICRA) of 18.7%.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
18.7% of direct costs (excluding Web Services Software amount of \$27,000) **\$39,858**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Salaries & Wages	\$112,239
Fringe Benefits	\$32,412
Travel	\$5,152
Equipment	0
Supplies	\$13,300
Contractual	\$61,200
Other	\$15,839
Total Direct Costs*	\$240,142
Indirect Costs	\$39,858
Total Project Costs	\$280,000

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$240,142**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$280,000**

FUTURE BUDGET PERIOD

Category	Year 1	Year 2	Year 3	Total Project
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				Costs
Personnel	112,239	130,621	130,621	373,481
Fringe	32,412	37,970	37,970	108,352
Travel	5,152	5,152	5,152	15,456
Equipment	0	0	0	0
Supplies	13,300	7,523	7,523	28,346
Contractual	61,200	34,200	34,200	129,600
Other	15,839	20,423	20,423	56,685
Total Direct Charges	240,142	235,889	235,889	711,920
Indirect Charges	39,858	44,111	44,111	128,080
Total Project Costs	280,000	280,000	280,000	840,000

Section G: Literature Citations.

American FactFinder, 2009-2011, American Community Survey 3-Year Estimates.

American FactFinder, 2010 Demographic Profile.

American FactFinder 2011 American Community Survey 1-Year Estimates

Attorney General Pam Bondi, Statewide Task Force on Prescription Drug Abuse & Newborns, February 2013 Final Report.

CDC/NCHS. (2008). National Health Interview Survey, family core questionnaire.

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

<http://www.drugabuse.gov/publications/topics-in-brief/substance-abuse-among-military-veterans-their-families>

<http://www.floridacharts.com/charts/brfss.aspx>

<http://www.healthytampabay.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=612925>

<http://www.myflfamilies.com/local-resources>, retrieved March 21, 2013.

<http://www.tampabay.com/news/publicsafety/rise-of-women-in-pasco-jail-blamed-on-drug-addiction/1251778>

Nation Council for Community Behavioral Health, November 2009,
<http://www.healthcarefinancenews.com/print/13284>

Sampl, S., & Kadden, R. (2001). *Motivational enhancement therapy and cognitive behavioral therapy for adolescent cannabis users: 5 sessions, Cannabis Youth Treatment (CYT) Series, Volume 1*. DHHS Pub. No. (SMA) 01-3486. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Unützer, J., Katon, W., Callahan, C. M., Williams, J. W., Jr., Hunkeler, E., Harpole, L., et al. (2002). Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. *JAMA*, 288(22), 2836–45.

Webb, C.; Scudder, M.; Kaminer, Y., and Kadden, R. *The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 2*. DHHS Pub. No. (SMA) 07-3954. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002, reprinted 2003, 2004, and 2007.

Section H: Biographical Sketches and Job Descriptions.

- *Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.*



Project Director: Jim Miller

Jim Miller has been dedicated to fostering technology solutions within professional environments for more than 15 years. Mr. Miller currently serves as Operation PAR's Chief Information Officer/Corporate Security Officer where he has lead the agency in innovative uses of technology, resulting in cost reductions, which also lead to increased security, productivity, accountability and increased accuracy in data collection. Mr. Miller also provides executive leadership as head of administrative services organization for two companies' IT and security departments. He is responsible for managing all aspects of strategic IT planning, design, and support, including evaluation of new services/products while remaining abreast of future technological advances; all while working with executive staff to align technology with current and future business requirements. Mr. Miller leads by example, remaining committed to professional growth and development, having received Security+ certification from CompTIA, is a Certified Microsoft Professional and is currently pursuing his Certified Information Systems Security Professional (CISSP). He leads a team of 12 technology professionals responsible for establishing, upgrading and maintaining technology systems utilized by nearly 750 users, while overseeing a multi-departmental budget exceeding \$1M. In addition to overseeing Operation PAR's I.T. Department, Mr. Miller supervises the agency's Health Information Management Department as well as Boley Center's IT Department. Mr. Miller's greatest strengths are his forward-vision, knowledge and experience, team leadership and accountability and keen understanding of possibilities working within the parameters of budget restrictions, timeliness, security and regulatory boundaries with measurable solutions.

EXECUTIVE PROFILE

Information Technology ~ Project Management ~ Corporate Security Officer

Customer service oriented, security focused IT professional with 20 years of progressive professional growth and development. Strong record of success in creating robust IT architectures and infrastructures while keeping aligned with company strategic initiatives. Proven ability to bring the benefits of IT to solve business problems while managing costs and risks. Established leadership skills with a focus on employee growth.

PROFESSIONAL EXPERIENCE

SOLUTIONS FOR ADMINISTRATIVE SERVICES (SAS)

OPERATION PAR/BOLEY CENTERS

2007 - Present

Chief Information Officer/Director of I.T./Corporate Security Officer

Provide executive leadership as head of administrative services organization for two companies' IT and security departments. Responsible for managing all aspects of strategic IT planning, design, and support, including evaluation of new services/products while remaining abreast of future technological advances. Work with executive staff to align technology with current and

future business requirements. Managed two departments with annual budgets of over \$1 million (IT and Health Information Management). Led team of 12 IT professionals in support of 750+ employees in twenty locations in five different counties. Well versed in the requirements of HIPAA (Security and Privacy Rule), HITECH, and other government regulations. Negotiated contract for electronic health record, resulting in significant savings for both companies. Directed team of 35 professionals from multiple departments to facilitate redesign of future workflows for agency electronic health record. Present monthly reports to Board of Directors and other executive level staff on status of key projects. Excellent communication skills with all levels of staff.

Significant Accomplishments:

- Worked with two companies to merge the IT departments in order to increase efficiencies and maximize capacity, resulting in reduced administrative overhead costs to both companies.
- Effectively introduce and integrate new technologies: Internet, Intranet, and Extranet sites for state-wide customer base consisting of funders, partners, vendors and employees allowing for secure communication and exchange of data.
- Implemented asset tracking system to better manage agency resources resulting in faster, more accurate inventory reports.
- Designed patient barcoding system to help track sleep habits resulting in decreased prescription medication costs for the agency.

OPERATION PAR, INC., PINELLAS PARK, FL

2001-2007

Network Manager/I.S. Manager

Strong background in technology. Coordinated multi-facility network conversion from frame relay to broadband, then to fiber. Built network infrastructure to be scalable allowing for fast growth while maintaining security and best practices. Managed four technical staff providing help desk services to entire organization. Interacted with all levels of management staff and provided input for executive level decisions.

Significant Accomplishments:

- Planned, directed, and coordinated wiring of voice/data drops for new construction of two 30,000sqft buildings.
- Designed and executed domain/Exchange migration (NT4 to Win2k to Win2k3/Exchange 5.5 to 2000 to 2003) for over 500 users in 15 locations
- Managed team of IT professionals to mitigate new virus in less than 24 hours resulting in reduced downtime to the organization.

EDUCATION

- **AMERICAN INTERCONTINENTAL UNIVERSITY , Buckhead, GA:** Bachelor of Science - Information Technology 2004
- **COMPTIA:** Security+ Certification 2009
- **MICROSOFT CORPORATION:** Microsoft Certified Professional, MCP 2002

PROFESSIONAL ASSOCIATIONS

- **CIO FORUM AND EXECUTIVE IT SUMMIT:** Member since 2011
- **WEBROOT CUSTOMER ADVISORY BOARD:** Member from 2007-2008

Other sources of support: Other salaries provided by Operation PAR, Inc.

Project Coordinator; Jackie Griffin, MS

PROFESSIONAL EXPERIENCE:

7/03-present Operation PAR, Inc., Pinellas Park, Florida: **Vice President of Development**

LiveFree! Executive Director

Responsible for supervising the Grants Department and LiveFree! sub-contractors and overseeing LiveFree! Compliance with Strategic Prevention Framework under the federal Drug Free Communities Grant Support Program and the Florida Department of Children and Families Substance Abuse Response Guide (SARG). As LiveFree! Executive Director, oversees performance and contractual compliance with LiveFree! grant compliance and liaison work with the LiveFree! Key Leader Council. Assists in sustainability and Strategic Prevention Framework training in Pinellas County and for the Florida Prevention System as requested. As Operation PAR's Vice President of Development, responsible for preparing large federal grants and special member projects; white papers; preparing all reports and board reports on behalf of President and Chief Executive Officer; developing advocacy marketing and coalition and community education materials with Grants Specialist and Multi-Media Manager; assisting with all LiveFree! and SunCoast Keep Kids Drug Free Prevention activities as LiveFree! Executive Director and SunCoast Keep Kids Drug Free Prevention Center Coordinator; assisting in development of agency's Annual Report, writing major federal grants with President and CEO and Vice President of Research and Evaluation and Executive Director and COO and CFO;

12/00-6/03 Operation PAR, Inc., Pinellas Park, Florida: **Vice President of Grants and Resource Development:**

Supervises the Grants and Resource Development Departments. Responsible for developing special member projects; white papers; preparing Board Reports on behalf of Chief Operating Officers; developing agency's \$8 million Annual Operating Plan.

6/99-12/00 Operation PAR, Inc., Pinellas Park, Florida: **Clinical Services Systems Developer**

Developing legislative concepts; preparing Board Reports on behalf of Chief Operating Officers; developing agency's \$7 million Annual Operating Plan; Writing grants and editing all grant submissions from the Grants Department.

1/99-6/99 Operation PAR, Inc., Pinellas Park, Florida: **Grants Development Manager**

Supervising three Grant Development Coordinators; establishing collaboration among local providers and improving resource development within this substance abuse/mental health care agency. Writing grants and editing all grant submissions from the department.

5/98-12/98 Operation PAR, Inc., St. Petersburg, Florida: **Director of Resource Development**

Supervising five Resource Development Specialists; managing the daily operations of the department; monitoring and providing contract management; writing grants and editing all documents produced by the department and developing the agency's Annual Operating Plan.

5/97-5/98 Operation PAR, Inc., St. Petersburg, Florida: **Grants Supervisor**

Supervising three Grant Development Coordinators; establishing collaboration among local providers and improving resource development within this substance abuse/mental health care agency. Writing grants and editing all grant submissions from the department.

1/96 - 5/97 Operation PAR, Inc., St. Petersburg, Florida: **Resource Development Specialist**

Responsible for all aspects of grant writing; generating program concepts and coordinating program development or expansion.

10/95-7/97 University of Tampa, Public Information Department, Tampa, Florida: **Free-Lance Writer:**

Responsible for press releases, alumni newsletter articles and contributed to all university

publications.

1/94 - 9/95 Governor's Commission on Reduction of Infant Mortality, Raleigh, NC

Community Development Specialist; Media and Editorial Consultant: Wrote and edited articles for the *Infant Mortality Monitor, Annual Report* and *Facilitator's Guide*. Coordinated *Coalition United to Reduce Infant Mortality* meetings and activities.

7/92 - 12/93 Onslow County Health Department, Jacksonville, NC: **Community Development Coordinator**. Coordinated community activities and information dealing with infant mortality.

11/90 - 7/92 The Daily News, Jacksonville, NC: **Staff Writer**: Responsible for interviewing, researching and writing county government news, including all human services; also wrote in-depth feature articles.

EDUCATION:

2001 Master of Science Degree in Organizational Management and Leadership, Springfield College, Tampa, FL. Maintained a 4.0 Grade Point Average

1988 Bachelor of Arts Degree in Writing and English, University of Tampa, Tampa, FL. (Dean's List)

COMMUNITY VOLUNTEERISM - BOARD MEMBERSHIP:

12/1/12-Present, Community Advisory Board, Springfield College School of Human Services, Tampa Campus

7/1/12-Present, Technical Advisor Global United Soccer, Inc.

11/11-Present, Floridians for Recovery, Board of Directors

1/11-Present, Grants Collaborative of Tampa Bay Events Chair

10/06-Present, Florida School of Addictions Studies, Board of Directors

10-10-Present, Narcotic Overdose Prevention Education (NOPE) Board of Directors, Pinellas County Chapter

8/09-10/12- Florida Coalition Alliance, Vice Chair and Chair of Legislative and Advocacy Workgroup

10/05-July, 2012, Florida Coalition for Homeless Board of Directors. Served as Vice President from 2005-2010.

10/27/09-10/27/10-Florida Supportive Housing Coalition Board of Directors

10/05- 8/07 Former President of the Pinellas County Coalition for the Homeless/Homeless Leadership Network PCCH designee

9/05 – 12/06, Former Vice Chair of the Circuit 6 Juvenile Justice Board and Chair of the PC Juvenile Justice Council

9/05 – 3/06, Former, Coordinator of the Keep Kids Drug Free Prevention Centers (seven sites statewide)

10/04-12/06, Former Chair of the Pinellas County Juvenile Justice Council (Elected two terms in 2004 and 2005) and member of the Circuit 6 Juvenile Justice Board

8/01-8/07, Springfield College Community Advisory Board, appointed Chair in 2003;

12/94-10/95 The Eastern North Carolina Poverty Committee. (Regional collaborative of non-profit organizations) Board member and Secretary.

HONORS AND AWARDS:

6/09 Suncoast Health Council Community Partners Award

3/08 Finalist in City of St. Petersburg Women of Distinction Awards

9/95 "Outstanding Volunteer" by the Governor's Commission to Reduce Infant Mortality.

9/95 "Special Award" from Sarah's Refuge, a domestic violence shelter in Warsaw, NC, for developing the grant, which funded the County's first shelter for battered women and children.

Other sources of support: Operation PAR supports the remainder of Ms. Griffin's salary.

Program Director: Wendy S. Danicourt

WD Consulting

January 2005 to Current

Consultant

- Provide training to providers under federal grants
- Provide supervision for providers under federal grants
- Provide overview for certification
- Contribute to manuals and articles

Operation PAR, Inc, Pinellas Park, FL

November 2004 to Current

Access, Managed Care, and e-Services Director

- Provide trainings on Managed care/utilization Management.
- Provide monthly Introduction to Substance Abuse training at new employee orientation.
- Provides trainings for Motivational Enhancement Therapy/ Cognitive Behavioral Therapy (MET/CBT) and Family Support Network (FSN) of the CYT Research Series
- Provide trainings on the GAIN-I and GAIN-Q.
- Development of systems for utilization management program.
- Development of Utilization Management software.
- Reviews cases that have been denied by third party payers
- Coordination of Operation PAR into a managed care for all clients'.
- Development of e-Services program, providing services via the telephone, internet and PDAs.

Operation PAR, Inc, Pinellas Park, FL

January 2002 to October 2004

Call Center Manager

- Oversee the management and operations systems of the Call Center: call system, software system, Policy and Procedures, Call Center Staff.
- Maintenance of referral sources for: substance abuse, mental health, behavioral health treatment and available services
- Ability to screen and intervene with clients over the phone and/or in person providing appropriate referrals and treatment recommendations
- Development and maintenance of training manuals, referral database, and other resources for the call center.

October 1999 to December 2001: *Utilization Reviewer*

- *Development, implementation and Reporting of Utilization Management*
- *Development of Utilization Management Plan*

Charter Behavioral Health Systems at Manatee Palms, Bradenton, FL

- March 1998 to May 1999: *Director of Utilization and Case Management*
- May 1997 to March 1998: *Director of Needs Assessment*

Charter Behavioral Health Systems at Peachford, Atlanta, GA

- October 1995 to April 1997: *Senior Assessment Counselor*

Charter Behavioral Health Systems at Medfield, Largo, FL

- November 1994 to October 1995: *Child Adolescent Program Manager*

Professional Psychological Services, Clearwater, FL

- May 1993 to December 1994: *Clinical Specialist*

Federal Correctional Institution, U.S. Department of Justice, Tallahassee, FL

- May 1991 to August 1991: *Case Manager Intern*
- August 1991 to December 1992: *Case Manager*

Certifications

- Certified Addiction Professional
- Certified e-Therapist
- Certified Mental Health Professional
- Global Assessment Individualized Needs – GAIN National Trainer
- Motivational Enhancement Therapy / Cognitive Behavioral Therapy – National MET/CBT National Trainer
- Family Support Network – National Trainer

Trainer Topics

- GAIN – National Trainer
- MET/CBT – Cannabis Youth Treatment Series – National Trainer
- CBT
- SAIS
- WISC-III
- Sexual Abuse and Trauma
- Introduction to Substance Abuse
- Suicide Gatekeeper
- Outreach
- Placement Criteria – Mental health
- Placement Criteria – ASAM
- Follow-ups
- Clinical Documentation
- Motivational Interviewing
- Verbal De-escalation
- Global Assessment of Functioning
- Implementing evidenced based treatment protocols

EDUCATION

- B.S. Criminology: Florida State University, Tallahassee
- Masters Public Administration (current student): Troy University, Alabama

Other sources of support: Operation PAR supports the remainder of Ms. Danicourt's salary.

NAME: Mark A. Vargo, Ph.D.	POSITION TITLE: Evaluator
	Vice President of Research and Evaluation, Operation PAR, Inc.,

EDUCATIONAL TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of Pittsburgh	B. S.	1977	Biology
University of Illinois at Urbana-Champaign	Ph.D.	1984	Biology

RESEARCH AND PROFESSIONAL EXPERIENCE:

2002 to Vice President of Research and Evaluation, Operation PAR, Inc.
present Evaluator or Co-Evaluator for the Following Projects:

- PEMHS Lifeline, SAMHSA, 2010-2012
- Community Care Chronic Minor Offender Program awarded by SAMHSA, 2010-2011.
- Dads at Demilly is a collaboration with the Florida Department of Corrections with funds awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, US Department of Justice. 2010-2012.
- PAR Adolescent Recovery and Integrated Services (PARIS) Program CSAT Grant TI-023247: Adolescent Program using ACRA-ACC. 2010-2013
- Bay Area Young Offender Reentry Program (YORP) CSAT Grant TI-021580: Operation PAR, Inc. will serve youth in the Bay Area Young Offender Reentry Program (Bay Area YORP) using Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC)—evidence-based approaches designed specifically for youth ages 14-18 with substance abuse issues reentering the community from a residential commitment program. 2009-2012
- Family Connect, Abandoned Infants Assistance, (90-CB-0163), 2008-2012.
- U-Turn, New Directions in Recovery and Independent Living (Homeless Treatment, TI 20566), SAMHSA, CSAT, 2008-2013.
- Project Recovery Enhancement Program (PREP, Criminal Justice Grant, TI 20373), SAMHSA, CSAT, 2008- 2011.
- Pinellas County Drug Court Collaborative (Treatment Drug Court TI 20117), Co-evaluator, SAMHSA, CSAT, 2008-2011.
- Women's Empowerment Initiative (TCE/HIV Grant TI 19787), SAMHSA, CSAT, 2008-2013.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW Grant TI 19605), SAMHSA, CSAT, 2008-2011.
- PAR Adolescent Recovery and Intervention Services for the Assertive Adolescent Family Treatment (AAFT, PARIS, Grant TI17761), SAMHSA, CSAT, 2006-2009.
- Bay Area Young Offender Reentry Program (YORP, Grant TI 16928), SAMHSA, CSAT, 2005-2009.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW/WCT Grant TI 16878), SAMHSA, CSAT, 2004-2008

- PAR Adolescent Recovery and Intervention Services (PARIS, Grant TI 15478), SAMHSA, CSAT, 2003-2006.
- African American Center of Excellence (AACE, Grant TI 14126), SAMHSA, CSAT, 2003-2006.
- Family Support Network Enhancement of Juvenile Outpatient Program (FSN JOP, Grant TI 13190), SAMHSA, CSAT, 2002-2006.

Duties also include Research Coordinator on behalf of Operation PAR for the NIDA Clinical Trials Network, of which Operation PAR is a Community Treatment Provider (CTP) for the Florida Node under the leadership of the University of Miami. Research Coordinator for two medication-based clinical trials conducted at Operation PAR, Inc.

02/2002 – 03/2003	Operation PAR, Inc. Administrator of Grants and Contracts
12/2000 – 07/2002	Operation PAR, Inc. Manager of Grants, Contracts and Resource Development
10/1993 - 10/2000	Manager of Small Business Division
11/1991 – 05/1993	Biotechnical Instrumentation Sales Representative
11/1990 – 11/1991	Beckman Instruments, Application Scientist for Molecular Biology Robotics Products.
10/1987 – 11/1990	EG&G Biomolecular, Application Scientist for Automated DNA Sequencing Instrumentation.
10/1984 – 10/1987	Brandeis University, Post Doctoral Research Fellow in Behavior Genetics.

Honors and Awards

2006 to Present	Member of the Florida Behavioral Health Epidemiology Outcomes Workgroup.
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Publications

Vargo, M., Griffin, J., Gamache, P. "Neonatal Abstinence Syndrome: One Community's Efforts to Reverse the Trend" The Journal of Global Drug Policy and Practice. 2012: Vol 6, Issue 4. <http://www.globaldrugpolicy.org>

Riggs PD, Winhusen T, Davies RD, Leimberger JD, Mikulich-Gilbertson S, Klein C, Macdonald M, Lohman M, Bailey GL, Haynes L, Jaffee WB, Hamilton N, Hodgkins C, Whitmore E, Trello-Rishel K, Tamm L, Acosta MC, Royer-Malvestuto C, Subramaniam G, Fishman M, Holmes BW, Kaye ME, Vargo MA, Woody GE, Nunes EV, Liu D. Randomized Controlled Trial of Osmotic-Release Methylphenidate With Cognitive-Behavioral Therapy in Adolescents With Attention-Deficit/Hyperactivity Disorder and Substance Use Disorders. Journal of the American Academy of Child & Adolescent Psychiatry, 2011; 50:903-914.

Other sources of support: Operation PAR supports the remainder of Dr. Vargo's salary.

- *Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.*

Job Descriptions
(1) Title of position: Project Director, Jim Miller, Chief Information Officer
(2) Description of duties and responsibilities: The Project Director will ensure successful project implementation and performance throughout the grant period.
(3) Qualifications for position: Bachelors Degree, in Information Technology, Five years experience working in the area of Information Technology. Proven experience in developing IT Systems at an agency level.
(4) Supervisory relationships: Supervises all staff in the project. Reports to Agency CEO and COO.
(5) Skills and knowledge required: Extensive knowledge of Information Technology to include security issues, implementation of smartphone, tablets, and internet technologies, ability to interact with vendors to address technology issues.
Knowledge of substance abuse, trauma, HIV/AIDS services, and co-occurring treatment.
(6) Personal qualities: Strong record of success in creating robust IT architectures and infrastructures while keeping aligned with company strategic initiatives. Proven ability to bring the benefits of IT to solve business problems while managing costs and risks.
(7) Amount of travel and any other special conditions or requirements: Travel to DC area for Grantee meetings.
(8) Salary range: \$48.08/hr
(9) Hours per day or week: 0.05 FTE (2.5 hrs/wk)

Job Descriptions
(1) Title of position: Project Coordinator, Jackie Griffin
(2) Description of duties and responsibilities: This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. She will serve as the liaison between administrative, clinical and research and evaluation project coordination and partnerships established within the project. She will assist in project sustainability and implementation.
(3) Qualifications for position: Minimum of a master's. Extensive experience with community development and project planning. Developed extensive contacts among community partners.
(4) Supervisory relationships: Reports to the President/CEO of the agency.
(5) Skills and knowledge required: Knowledge of substance abuse, trauma, HIV/AIDS services, women's treatment and co-occurring treatment and community resources.
(6) Personal qualities: Empathetic to client's needs who are experiencing substance abuse and trauma. Energetic and devoted to developing community partnerships.
(7) Amount of travel and any other special conditions or requirements: Travel to DC area for Grantee meetings.
(8) Salary range: \$37.32/hr
(9) Hours per day or week: 0.05 FTE (2 hrs/wk)

Job Descriptions

- (1) **Title of position:** Program Manager, Wendy Danicourt
- (2) **Description of duties and responsibilities:** This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. She will serve as the liaison between administrative, clinical and research and evaluation project coordination and will assist in project sustainability. She will also provide clinical supervision to the clinical staff.
- (3) **Qualifications for position:** Minimum of a bachelor's, certified addiction professional, certified eTherapist or Licensure. Extensive experience with community development and project planning. Developed extensive contacts among community partners and funders.
- (4) **Supervisory relationships:** Reports to the President/CEO of the agency.
- (5) **Skills and knowledge required:** Knowledge of substance abuse, trauma, HIV/AIDS services, women's treatment, senior citizen and co-occurring treatment motivational interviewing and community resources. Knowledge of available funding, access to funding for services in the area for clients and needed services. Knowledge base of eServices standards, technology ability and access to technology for ease of client use.
- (6) **Personal qualities:** Empathetic to women, senior citizen and clients needs who are experiencing substance abuse and trauma. Energetic and devoted to developing community partnerships.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$29.88/hr
- (9) **Hours per day or week:** 0.10 FTE (4 hrs/wk)

Job Descriptions

- (1) **Title of position:** Evaluator/Vice President of Research and Evaluation: (Mark Vargo, Ph.D.)
- (2) **Description of duties and responsibilities:** This position is responsible for overall project evaluation.
- (3) **Qualifications for position:** Ph.D. in scientific field and experience with experimental design and data analysis.
- (4) **Supervisory relationships:** Reports to the President/CEO of the agency. Supervises evaluation personnel (Research Assistants, Data Managers).
- (5) **Skills and knowledge required:** Knowledge of substance abuse, trauma, HIV/AIDS services, and co-occurring treatment and community resources.
- (6) **Personal qualities:** Monitors GPRA numbers and results on a timely schedule.
- (7) **Amount of travel and any other special conditions or requirements:** Travel to DC area for Grantee meetings.
- (8) **Salary range:** \$33.56/hr
- (9) **Hours per day or week:** 0.10 FTE (4 hrs/wk)

Job Descriptions

- (1) **Title of position:** Counselor eServices, TBD
- (2) **Description of duties and responsibilities:** Performs substance abuse and mental health counseling work on an individual client basis using electronic applications. Provides evaluation, screening and assessment services for the population. Responsible for servicing primary caseload along with other clients as assigned, and documenting in accordance with company standards. Skills include: sensitivity and awareness of women's issues, senior citizen's issues. Motivational interviewing, understanding of abuse issues and post-traumatic stress disorders; awareness of the impact of substance abuse on health of the client and family; understanding of the characteristics of family dynamics.
- (3) **Qualifications for position:** Bachelor's degree in counseling or related field. Certified Addiction Professional preferred
- (4) **Supervisory relationships:** This position reports to the Program Director and Clinical Supervisor. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Knowledge of medical assessment and treatment for HIV/AIDS, substance abuse and trauma, Motivational Interviewing, eServices Standards for the State of Florida.
- (6) **Personal qualities:** Excellent written and oral communication skills; familiarity with technology use of technology to communicate to include but not limited to web-based video and applications on personal devices such as smartphone or tablet; Ability to manage multiple projects.
- (7) **Amount of travel and any other special conditions or requirements:** Extensive local travel, little to no out of state travel.
- (8) **Salary range:** \$13.71/hr.
- (9) **Hours per day or week:** 0.75 FTE (30 hrs/wk)

Job Descriptions

- (1) **Title of position:** Systems Analyst, TBD
- (2) **Description of duties and responsibilities:** The Systems Analyst position will serve as a liaison between the VP of Research and Evaluation, clinical staff and providing GPRA and other eServices components. The Systems Analyst is responsible for entering GPRA data from participants at baseline, and follow-up and assisting with Evaluation activities, such as collection, compiling and reporting of data. The position is also responsible for providing support with the maintenance, data integrity & validity & dissemination of data, used in publishing articles & project findings & reports to CSAT and stakeholders. Assists the evaluation in locating participants at follow-ups to assure an 80% benchmark for GPRA compliance.
- (3) **Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in computer science.
- (4) **Supervisory relationships:** This position reports to the Evaluator. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Requires a working knowledge of Microsoft Word, Excel, PowerPoint and data systems. Also should have experience in operating web-based data systems.
- (6) **Personal qualities:** Excellent communication skills both verbal and written. An ability to

Job Descriptions

collaborate and work in a team environment with all members of the project.

- (7) Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) Salary range:** \$21.64/hr.
- (9) Hours per day or week:** 0.75 FTE (30 hrs/wk)

Job Descriptions

- (1) Title of position:** UM Specialist, TBD
- (2) Description of duties and responsibilities:** Position to identify those individuals who would clinically benefit from services provided by use of eServices. To utilize the LOCUS standards for level of care criteria. Ensure that all other financial resources have been exhausted prior to client utilizing of grant services. The position will provide ongoing utilization management working with the clinical team to identify needs of the client, potential resources and funding for services for new or continued care needs. Services are not limited to substance abuse or mental health but will include referrals for health, environment, wellness, vocation , social support and other basic needs for the client to be successful in their treatment and ongoing goal to wellness.
- (3) Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in a work related field preferred.
- (4) Supervisory relationships:** This position reports to the Program Director. No Supervisory responsibilities.
- (5) Skills and knowledge required:** Knowledge of Motivational Interviewing, Substance abuse, mental health, Utilization Management (LOCUS), community resources, funding resources in community and health insurance.
- (6) Personal qualities:** Excellent written and oral communication skills, timely, legible and concise documentation. Strong drive to investigate ways to meet needs of clients with available resources.
- (7) Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) Salary range:** \$14.43/hr
- (9) Hours per day or week:** 0.38 FTE (15.2 hrs/wk)

Job Descriptions

- (1) **Title of position:** Programmer, TBD
- (2) **Description of duties and responsibilities:** Responsible for the development and maintenance of the agency's electronic health record (Avatar) modeled screens. Assist in the design and maintenance of agency reports utilizing Crystal reports and SSRS., assist in the administration of the document imaging system. Working knowledge of Crystal Reports, SSRS, and programming such as scripting/VBA, .NET, C#. Familiar with data warehousing using SQL. Must have excellent communication and people skills.
- (3) **Qualifications for position:** Graduation from an accredited college or university with a Bachelor's degree in computer science.
- (4) **Supervisory relationships:** This position reports to the Project Director. No Supervisory responsibilities.
- (5) **Skills and knowledge required:** Computer Science degree required or commensurate experience. Associate degree with three years experience or Bachelor's degree with one year experience. Two years' experience in networking environments and a thorough knowledge of computer architecture and interconnectivity. Knowledge of computer hardware and software utilized by the agency. This knowledge must include a strong knowledge of current programming languages such as .NET, VB, C#, and Java, as well as current OS' and a workable knowledge of MS Office applications and database software. Ability to solve computer problems with available tools and skills. Ability to operate a keyboard, and mouse or other data entry device. Ability to communicate with highly technical support engineers. Knowledge of Avatar software is a plus
- (6) **Personal qualities:** Ability to communicate with end-users in a way that is meaningful and understandable to the user. Ability to define problems, collect data, establish facts, and make the best possible solution. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form. Ability to effectively communicate in English with speaking, hearing and writing skills.
- (7) **Amount of travel and any other special conditions or requirements:** Some local travel, little to no out of state travel.
- (8) **Salary range:** \$19.23/hr
- (9) **Hours per day or week:** 0.38 FTE (15.2 hrs/wk)

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

Confidentiality and Participant Protection:

1. Protect Clients and Staff from Potential Risks

- *Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.*

Psychological stress may occur among some clients when questioned about topics that relate to family issues such as sexual and other physical abuse and victimizations, or questions about rejection by other, access to guns and weapons and questions about parental criminal activity. However, these questions represent only a small part of the material to be covered in interview/sessions that involve the participants. In addition, for those participants who show any signs of distress or unwillingness to answer questions on these matters, their privacy will be respected and the counselor/interviewer will immediately move to another topic and obtain the assistance of a trained therapist if needed for follow-up.

Clients are also informed that there is a potential risk that personal information about them may be inadvertently released. Though this release of information is not intentional or done on purpose, the fact that personal information about them is being kept on file and in rare instances these events occur. To date, this has not occurred at Operation PAR and participants are assured that all efforts will be made to keep their information confidential.

While there are no foreseeable physical or medical risks or adverse effects due either to: a) participation in the project itself, or to b) the evaluation activities, there is the possibility of some legal risk in circumstances in which it is determined that a client poses a danger to herself or others, as well as in the case of suspected child abuse or neglect. In either or both cases, reports to the authorities would have to be made by program or evaluation staff and the potential for legal repercussions exist. In response to such a circumstance, every effort will be made to provide supportive and therapeutic services and other relevant assistance.

Operation PAR's Institutional Review Board oversees the protection of subjects and staff from potential risks. When submitted for review to the IRB, the following safeguards' will be addressed: a) have only voluntary participation, b) focus on elderly and rural clients, c) provide participants with incentives to cover the costs of their participation, d) have all staff sign a common confidentiality agreement, e) have a common standard for informed consent and f) have a safety net protocol for monitoring participants who are discharged earlier than the average length of stay in treatment.

- *Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.*

All client evaluation information will be coded for confidentiality. All research or evaluation records will be kept separate from regular treatment records. They will be kept in a locked cabinet in a locked office in the Operation PAR Research and Evaluation Department. Only specified Research staff will have access to the master list of names of participants that match coded numbers.

Clients are advised, by means of Informed Consent, that Operation PAR will follow all Federal and State laws regarding confidentiality, but are mandated to report cases of child abuse. Confidentiality may also be broken if there is threatening or harm to Operation PAR staff or its property or cases of medical necessity/emergency. Clients are also informed that because this project is sponsored by SAMHSA, staff from that or other DHHS agencies may review records that identify the client.

- *Identify plans to provide guidance and assistance in the event there are adverse effects to participants.*

Safety Net Procedures. Substance use is a serious condition and some participants may deteriorate during the study to the point where they need referral to inpatient care and/or re-intervention. If a participant continues to use or relapses at any stage of care, a referral may be made to a higher level of treatment. If a participant becomes suicidal or is a danger to others, a more aggressive referral is made. Explanation of these procedures are included as part of a client orientation session. Each client is given contact information so they can call the program should they relapse. Any member involved in the multidisciplinary team staff, including probation officers and law enforcement can initiate these calls. The treatments offered in this project are behavioral interventions and as such any medication based adverse event is not expected to result from the treatment itself.

- *Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.*

The intent of the program is to keep the participants in treatment so as to treat their substance abuse. This program is designed to increase client retention rates that were exhibited in previous studies. As a result, any alternative treatments or procedures that may be developed during the course of the project that result in increased retention and increased success rates will be employed. Furthermore, if it is determined that an alternative treatment will be more beneficial to the participant than the treatment being received in the study, every effort will be made to transfer the client to the more appropriate level of treatment.

2. Fair Selection of Participants

- *Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.*

The target population is adults ages 18 and over who reside in rural eastern Pasco County, Florida and meet the substance abuse dependency criteria required for Outpatient Treatment Services. The population of focus experiences challenges accessing substance abuse and mental health treatment services in a timely manner due to limited provider access and geographic constraints attributable to the rural geography and lack of public transportation services and would benefit from enhanced /expanded treatment services facilitated through the use of eService technologies. The sub-population of focus is elderly in this geographic area. All genders, races and ethnic groups are eligible for the project. The population will not include homeless youth, foster children, or children of substances abusers. It will include pregnant women, but not as a population of focus.

- *Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.*

Pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS are not the population of focus in this project. The population of focus are adults ages 18 and over who reside in rural eastern Pasco County and the elderly. The rationale for using this population is based on the following facts:

- The proposal is based on previous research programs, which targeted substance abuse and trauma and provides an efficient, cost-effective treatment for this population, and
- This population meets the targeted groups of the RFA.

- *Explain the reasons for including or excluding participants.*

The program specifically targets adults, age 18 and over and the elderly who have:

- A need for substance abuse treatment;
- Sufficiently high levels of problem severity - including recent history or histories of victimization, that would require treatment;
- Mental or behavioral disorders such as non-psychotic mental illness.
- Need for e-therapy.

The project is not proposing to exclude any populations described. However, the following exclusionary criteria will apply. For safety and logistical reasons, participants are excluded if they meet any of the following criteria: a) have an acute medical condition that requires immediate treatment or is likely to prohibit full participation in treatment and cannot be managed in this level of care or would present an endangerment to self or others, such as acute suicidal ideations, homicidal ideations and/or history of extreme violence or aggression towards others, b) have an acute psychological condition that requires immediate treatment and/or is likely to prohibit full participation in treatment and cannot be managed in this level of care, c) appear to have insufficient mental capacity to understand the consent and/or participate in treatment, d) currently live outside of the program's catchment area or expect to move out within the next 90 days, e) have a history of violent behavior, severe psychoses, predatory crime or criminal justice system involvement that is likely to prohibit full participation in treatment (e.g., pending incarceration), f) lack sufficient ability to use English to participate in treatment, and g) cannot understand the informed consent.

Participants with all of the above inclusion criteria and none of the above exclusion criteria will be considered "Eligible" and invited to participate in the project. Participation is voluntary, so those who meet all criteria except willingness to participate will be considered to have "refused" and be part of pre-inclusion attrition. Only those who are eligible, agree to participate and who complete all intake assessments will be admitted to the program. There are several situations that are not grounds for exclusion but that are monitored closely and will be considered in the analysis: a) prior treatment for substance abuse (including transfers), b) co-occurring mental conditions (e.g., depression, generalized anxiety, PTSD), c) criminal justice system involvement, and d) non-traditional family structures.

All clients - regardless of race - who meet the above criteria are eligible for admission.

- *Explain how you will recruit and select participants. Identify who will select participants.*

Clients will be referred by the Florida Department of Children and Families, the Pasco County Sheriff's Office, the Pasco County Department of Health, the Sixth Judicial Circuit Court, referrals from family members, self-referred individuals contacting Operation PAR through its Access Center, other community substance abuse, mental health and homeless providers in Pasco County and other Operation PAR programs. Additionally, The Outreach Worker will conduct outreach from these referrals to convince identified clients to enter treatment. Following recruitment, potential participants will receive a physical health screening and psychosocial assessment. Identified clients are placed into treatment as determined by utilizing the ASAM Patient Placement Criteria for Substance-Related Disorders, Second Edition (PPC-2). The ASAM tool is used for placement, continuing stay and discharge. Once in the program, individualized treatment plans will be developed by the multi-disciplinary treatment team.

3. Absence of Coercion

- *Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.*

Participation in the program is voluntary, however, some participants may be referred from the criminal justice system or court ordered. For those clients, if they decide not to participate in the program, they will be referred to existing internal or external continuum of care services. All clients in Operation PAR treatment programs are receiving treatment on a voluntary basis unless court ordered mandates are in effect. Participants will be informed that their participation is voluntary and they have the right to withdraw at any time without prejudice to them by the project or evaluation staff.

- *If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.*

At present, plans are to provide participants with incentives when they complete the intake and 6-month follow-up assessment. The amounts for these incentives are \$10 for intake and \$10 for the 6-month follow-up. The incentives will be awarded in the form of gift certificates to local merchants and department stores.

The incentives offered in the program are \$20 or less and as a result, not considered coercive. Additionally, incentives are provided in the form of gift cards to local stores and as such considered appropriate and conservative.

- *State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.*

It is explained to participants during the Informed Consent process that their participation is voluntary and if they chose not to participate, they may still apply for other services provided by Operation PAR or other agencies. Participants are not offered remuneration to enter the program, however, participants are provided with incentives to comply with the intake assessment and 6-month post intake interviews.

4. Data Collection

- *Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.*

Data will be collected from the participants and will include self-reports by the participants, drug screens (unobserved), therapist ratings, service log data, and results from assessments. No physically invasive procedures or pharmacological treatments are involved in the project, although a participant may be referred to or receive through internal professional staff, mental health services that include pharmacotherapy and medication management under a licensed practitioner (consistent with state laws, rules and regulations). Copies of the assessment/data instruments are in Appendix 2.

- *Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.*

Specimens collected from the participants will include bodily fluids (urine or oral fluid) for the purpose of evaluation drug screens. No other uses will be made of these drug screens. The results from these body fluids will be maintained in the Operation PAR Research and Evaluation Department and will only be reported in aggregate form. No individual drug screen results will be reported. Once the report of the drug screen is obtained, it will be placed in the participant's research chart which is kept in a double locked room that is accessible only by designated research staff and administration.

- *Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.*

The requested instruments and protocols can be found in Appendix 2.

5. Privacy and Confidentiality:

- *Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.*

All assessment instruments will be administered in a private and confidential session. Operation PAR has strict policy and procedures concerning Confidentiality procedures and all staff are required to sign confidentiality agreements. Additionally, Operation PAR has a Compliance Director, an Ethics Committee, including an anonymous phone message service, and client grievance policies and procedures. Privacy and confidentiality procedures have been established and include: a) requiring staff to sign confidentiality agreements, b) transmitting files directly or via secured links, c) password protected access to all electronic files, d) removal of all personal identifiers (except study ID) from any analytic files, e) use of IDs (vs. names) in e-mail correspondences or reports back to the sites, and f) obtaining specific releases from the participant before talking about the individual with others, even for the purpose of follow-up. Operation PAR's site is operating under a single project assurance. We will also obtain a certificate of confidentiality from SAMHSA.

Data will be collected by the project staff as well as the evaluation staff. It will be collected in the form of written assessments, self-reports by the participants, drug screens (unobserved), therapist ratings and service log data.

▪ ***Describe:***

- ***How you will use data collection instruments.***

All assessment instruments will be administered in a private and confidential session. All client evaluation information will be coded for confidentiality. After collection, the data is entered into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure double-locked room in the Research and Evaluation Department at Operation PAR. Data collection instruments will be used primarily in an interview setting with the participant understanding that their participation is voluntary. Data from the data collection instruments will be aggregated for the project to determine project effectiveness and fidelity. No client's individual data will be reported.

- ***Where data will be stored.***

All research or evaluation records will be kept separate from regular treatment records. After collection, the data is coded into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure double-locked room in the Research and Evaluation Department at Operation PAR.

- ***Who will or will not have access to information.***

Only specified Operation PAR Research staff (need to know basis) will have access to the information.

- ***How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.***

A master list of names of participants will be kept in a separate location from the coded name list and only specified Research staff (need to know basis) will have access to the master list of names of participants that match coded numbers.

Operation PAR agrees to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures:

▪ ***List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.***

All participants in the project receive extensive explanations and directions regarding participation in the project, the nature and purpose of their participation and their voluntary nature and right to withdraw. All participants receive Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the project, the role of the participant, potential risks, potential benefits and participant's rights, what data will be collected and how the data will be used. The Consent form is written on a 7th grade literacy level, read aloud by the staff and it is covered paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. A sample Informed Consent is included in Appendix 3.

Periodically during the project, results of the project compiled in aggregate form will be presented to the participants to inform them of the progress of the project and its effect.

- ***State:***

- ***Whether or not their participation is voluntary.***

Their participation is voluntary and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Their right to leave the project at any time without problems.***

The participant has the right to leave the project at any time without problems and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Possible risks from participation in the project.***

Possible risks from participation in the project are presented to the participants and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Plans to protect clients from these risks.***

Plans to protect clients from these risks are presented to the participants and this is presented to the participants during the time Operation PAR obtains the consent form.

- ***Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.***

All participants receive a written Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the study, the role of the participant, potential risks, potential benefits and participant's rights. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Participating youth would require the consent of their parent or legal guardian. Those not able to understand the English language would be excluded from this program as explained in the exclusionary section above. These individuals may be referred to other programs within Operation PAR. A sample Informed Consent is included in Appendix 3.

- ***Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?***

Since all participants in the program are over 18, Informed consent need only be obtained by the participant and not their parents or legal guardians. All participants receive a Consent form to read and the Operation PAR staff member administering the Informed Consent process will read the consent form to the participant. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Each participant will be provided a copy of the signed Consent form. A sample Informed Consent is included in Appendix 3.

- ***Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.***

The sample forms must be included in Appendix 3, “Sample Consent Forms”, of your application. If needed, give English translations.

The Sample Consent Forms are included in Appendix 3.

- *Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?*

Separate consent forms for different stages or parts of the project will not be obtained. The Consent form used in the project will encompass all stages and aspects of the project and this will be explained to each participant.

- *Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?*

For the purposes of the project, no other consent to release information to others or gather information from other sources than those identified in the informed consent will be used. Participants are informed of their rights under HIPAA and 42CFR. Should there come a time when additional information would be needed from an outside source, another informed consent would be drafted, presented to Operation PAR’s IRB and the CSAT Project Officer for approval before this data collection would begin. In such an instance, if the participant refused to consent to this additional data collection process, they would still be allowed to participate in the project. As always, their participation in the project and the data collection process is voluntary.

7. Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

The project provides little, if any, risk to the participant, due to the fact that it consists primarily of counseling sessions. Unless otherwise prescribed by the participant’s doctor or signed consent from the participant, no medications are prescribed for the program. The benefits received by the participant receiving evidence-based substance abuse treatment far outweigh the risks of not receiving treatment or the potential risk of their confidentiality being breached. Additionally, the knowledge obtained from the project provides a contribution of knowledge to the substance abuse field that would further the effect of treatment for other individuals in the target population.

Protection of Human Subjects Regulations

Operation PAR complies with the Protection of Human Subjects Regulations (45 CFR 46) and with the Protection of Human Subject Regulations. The specific evaluation design proposed is in compliance with the Protection of Human Subjects Regulations. The grant application, informed consent, assessment tools and evaluation plan will be presented to Operation PAR’s Institutional Review Board (IRB) for approval. Operation PAR’s IRB meets 3-4 times a year and at the next scheduled meeting this application will be presented for review, even though a funding decision may not be available at that time. Even though IRB approval is not required at the time of grant award, Operation PAR will provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

Attachment 1

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

The experienced, licensed service provider organization in this application is Operation PAR, Inc.

(2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization;

BayCare Behavioral Health

In the Rooms

(3) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time;

This document is found on the following page.

(4) letters of commitment.

The letters of commitment and support are attached after the Statement of Assurance.

Appendix D - Statement of Assurance

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

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist. (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



Date

April 8, 2013

Ms. Nancy Hamilton, MPA, CAP, CCJAP
President and Chief Executive Officer
Operation PAR, Inc.
6655 66th Street N
Pinellas Park, Fl 33781

Dear Ms. Hamilton,

On behalf of BayCare Behavioral Health, I am writing to express our full support and collaboration for Operation PAR's application for the Substance Abuse and Mental Health Services Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. BayCare and Operation PAR have enjoyed more than a decade of successful collaboration, and we are looking forward to helping you successfully implement the ***Technology-Assisted Care in Pasco County*** project.

As a part of the grant project, BayCare will provide training to program staff in the areas of evidence-based programs and practices involving primary care and will assist in integrating the SBIRT service delivery model. BayCare Behavioral Health works in Pasco County with the identified target populations for this grant and will also serve as a referral source for participants.

We are pleased to support Operation PAR in its efforts to seek, expand and enhance e-services outpatient substance abuse treatment to Pasco County, particularly eastern communities serving those populations that are considered high-risk.

We look forward to a favorable response.

Sincerely,



Doug Leonardo
Executive Director



Ron Tannebaum
President, CEO

In The Rooms, Inc
9520 NW 13 St.
Plantation, FL 33322

April 8, 2013

Ms. Nancy Hamilton, MPA, CAP, CCJAP
President and Chief Executive Officer
Operation PAR, Inc.
6655 66th Street N
Pinellas Park, FL 33781

Dear Ms. Hamilton,

On behalf of InTheRooms, Inc. I am writing to express our full support and collaboration for Operation PAR's application for the Substance Abuse and Mental Health Services Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need. We look forward to collaborating with your agency on the ***Technology-Assisted Care in Pasco County*** project. Our organization will develop specialized recovery support services for grant participants and will provide web-based 12 Step recovery rooms.

As a part of the project, InTheRooms will build a specific platform for grant participants to host continuing care sessions and we will provide access to its existing recovery support online 12 Step meetings serving more than 247,000 members from around the world.

We are pleased to support the efforts of Operation PAR in their efforts to seek expand and enhance e-services outpatient substance abuse treatment to Pasco County, Florida. This rural community is in critical need of these services, particularly elderly and veteran populations. We look forward to working with you on this project.

Sincerely,

Attachment 2

Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

Data will be collected using web-based Screening, Brief Intervention, and Referral to Treatment (SBIRT), Global Appraisal of Individual Needs (GAIN), and the SAIS GPRA Client Outcome Instrument to enhance efficiency and integration with the EHR. All are standardized data collection instruments. The links for the instruments are listed below.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)
<http://www.samhsa.gov/prevention/sbirt/>

Global Appraisal of Individual Needs (GAIN)
<http://www.gaincc.org/>

SAIS GPRA Client Outcome Instrument
<https://www.samhsa-gpra.samhsa.gov/>

Attachment 3

Sample Consent Forms

OPERATION PAR, INC. TECHNOLOGY-ASSISTED CARE IN PASCO COUNTY PARTICIPANT INFORMED CONSENT FORM

You have been invited to take part in a research project. The way you learn about the project and make your decision is called informed consent. If you decide to take part in this project, you will be asked to sign this form. A copy will be given to you and the original will be placed in your records. We will explain the research project to you and you will have the chance to ask any questions you might have about it before you make your decision. To make sure each section of this consent form has been fully covered, you will be asked to sign your initials at the end of each section. By doing so, you are saying that you understand the information in that section.

What is the project about and how long will it last?

This study is federally funded by the Center for Substance Abuse Treatment (CSAT). It is focused on providing substance abuse treatment to those people needing those services and want to participate by using web-based or electronic applications of treatment. The goal is to test the effectiveness of these methods. To evaluate the treatment, we will interview you now and again in six months.

Initials: _____

Your Participation is Voluntary.

You are completely free to decline to participate in this study. A refusal to participate does not affect your eligibility for regular services. If you agree now, **you can withdraw at any time.** Even if you agree now, you are also free to refuse to answer any individual question that we ask you. We prefer that you not answer any objectionable questions rather than giving a false answer.

Initials: _____

Admission and Exclusion Criteria

The program specifically men and women over the ages of 18 years old and specifically individuals over the age of 60. Individuals would be excluded from the program if you

- have a medical condition that requires immediate treatment or
- have a psychological condition that requires immediate or more focused treatment or
- are unwilling to participate in treatment or
- currently live outside of the program's geographic area or expect to move out within the next 90 days or
- have a history of violent behavior or
- lack sufficient ability to use English to participate in treatment or
- have previously participated in this study or
- cannot understand the informed consent, or

- have a suicide plan.

Initials: _____

Treatment at Operation PAR, Inc.

If you agree to participate, you will be assigned to the treatment programs in the study. The treatment is 12 weeks of outpatient treatment using electronic applications. You will receive HIV/AIDS screening and services, screening for mental health issues, 12 sessions of Motivational Enhancement Therapy- Cognitive Behavioral Therapy (MET CBT-12).

Alternative Non-Research Services

If you do not want to participate in the research study, there are alternative programs available in which you can receive treatment. However, there would be a fee charged for these services.

Initials: _____

Your Responsibility

You will be asked to tell us about any times that you use any alcohol or other drugs while in the study. We know that stopping substance use can be quite hard. In order to be helpful to you and other treatment clients in the future, we need to know about your alcohol and drug use. **Your commitment to the study is that:**

- You do your best to stop using alcohol and other drugs
- That you be honest about your problems and how well you are doing in treatment
- That you show up on-time for the treatment sessions
- That you give open and honest information as it is asked for by the program
- That you be able to do the follow-up interviews.

Initials: _____

Assessments and Follow-up Interviews

You will be interviewed and asked questions about yourself, your background, how you are feeling and your progress in treatment. We will need to get the address and phone number of several people close to you in case we can't locate you directly for interviews following your discharge from the program. All of this information will remain confidential and protected.

During the interview, we will need to ask you about your alcohol and drug use. This information will also be confidential and protected. **We will need to collect information from you at three different points during the next twelve months.** The first assessment will occur before treatment begins and will take about 2 1/2 hours for you. This assessment will be used to determine final eligibility and to make a referral if necessary. We will interview you again when you are discharged from the program and again six months from your first assessment date. The discharge and the six-month follow-up interviews will last approximately 60 minutes. When we contact you, we will identify ourselves as the **Florida Health Survey Institute**, in order to protect your privacy.

At the intake, discharge and six-month interviews, **we will also ask you to provide a fluid sample for drug screening.** The results of these drug screens will be maintained within the evaluation record and will only be used in the evaluation of the project. **The results of these drug screens done for the research intake and follow-up will NOT be given to Criminal**

Justice, the Courts, Probation Officers, the Department of Corrections, Treatment Staff or your parents or relatives, unless you consent to such release.

Also, because some people who use drugs are also doing illegal things, you will be asked about any time you deal with police and the courts, as well as illegal activities. The information gathered at 6 months will only be used in the evaluation and not shared with others.

Please understand that any other Drug Screen done during treatment by the clinical staff that needs to be performed as a requirement of the Department of Justice, the Courts, Probation Officers or the Department of Corrections, while you are in treatment, WILL be reported to those agencies. ONLY THOSE SAMPLES AND DRUG SCREEN RESULTS COLLECTED BY THE RESEARCH COMPONENT OF YOUR TREATMENT WILL BE KEPT CONFIDENTIAL. AT TIMES IT MAY BE NECESSARY FOR YOU TO PROVIDE TWO SAMPLES AT THE SAME TIME FOR DRUG SCREENING, ONE FOR THE RESEARCH EVALUATION AND ONE FOR THE PROGRAM/CRIMINAL JUSTICE COMPLIANCE.

Initials: _____

Cost of Participation

We recognize that your time is valuable. At the intake assessment we will give you \$10. At the six-month assessment we will give you \$10 to cover the cost of your time, effort and travel related expenses. **The total possible compensation for your participation in the study is \$20.** This incentive will be paid to you in the form of a gift certificate.

Initials: _____

Use of the Information Collected

Your counselor will be allowed to review your initial response and use this in your treatment plan. If you choose to participate, the information you give us may be shared with other researchers in the country who are also working on this federally-funded project. **However, you will never be personally identified in the information shared with these researchers.** Furthermore, any written reports will focus on how well women in the program respond to the treatment on "average" and will not report on specific individuals.

If your spouse/significant other/parent/guardian provides us with information about you, it will also be protected under both the certificate of confidentiality and federal privacy act. **We will not share your specific answers with the participating adult or the adult's answers with you - they are only for the purpose of the research study.**

Initials: _____

Consent to be Audio Taped

To monitor and evaluate the counselor providing treatment, we are also asking that they audio and/or video tape counseling sessions. This helps us to learn more about how to best provide each type of treatment and reduces the amount of paperwork the staffs have to do. **If you agree to participate, you must also agree to be audio and/or videotaped.** However, if you have

something very personal to say to your counselor you *may at anytime request that the tape be temporarily turned off.*

Initials: _____

Confidentiality

Your individual responses to the survey and drug screen results will be kept in a research record and are protected. To help us protect your privacy, we have obtained a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). With this certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

The Certificate of Confidentiality cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing, quality assurance, and evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold information.

A Certificate of Confidentiality does not apply to disclosure of medical information in cases of medical necessity or circumstances in which the client may be a risk to themselves or others. The Certificate does not protect us from reporting the abuse, neglect, or exploitation of a child, elder or other vulnerable person.

Initials: _____

Benefits and Risks of Your Participation

All participants in the study may benefit directly from the counseling they receive as well as increased self-esteem knowing that they are taking part in a study to improve counseling techniques.

The risk to you in participating in this study is that you will be providing the evaluation and treatment staff with personal information about your life, including any substance use that may have occurred. There is a small risk that we may give out the information you give to our staff. Federal laws protect the confidentiality of information you give in this study. Yet, the laws do not protect us from having to report the abuse, neglect, or exploitation of child, elder or other vulnerable person. We are required by law to report medical information in cases of medical necessity, or events in which a client may be a risk to themselves or others. Finally, staff from DHHS agencies may review records that identify you.

Initials: _____

Questions or Concerns

You will receive a copy of this consent form for your records. If you have any other questions, you can ask them. If you have questions in the future, or are worried about how this study is being conducted, or if you feel the program has been culturally insensitive please contact:

- The Project Director, Jim Miller (727-499-9110, Ext 368)
- The Principal Evaluator of the study, Dr. Mark Vargo (727-499-7240 ext. 204)
- The Chairman of the Institutional Review Board, Ken Winter at (727-545-7564 ext. 261).
- Or the confidential toll-free research line (888-545-9799)

Initials: _____

Project Assurance of Consent

This study has been explained to me. I have had the chance to ask questions that deal with any and all aspects of the study and procedures involved. I am aware of my responsibilities while taking part in this study and agree to be asked to do the follow-up interviews. I am aware that I may leave this study at any time without penalty.

I agree that no promise has been given by anyone as to the results to be gained. Evaluation records of the study which contain only coded non-personally identifiable information may be reviewed by federal agencies who audit our research records for the purpose of checking our research procedures. My consent will last for 18 months and Operation PAR's evaluation staff will have to repeat my consent if I am called upon past that time.

Right now, we only have funds to contact participants for up to 12 months. If additional funds are provided, we may want to contact you again in the coming years to see how you are doing. If we do so, each time we will identify ourselves, explain what we are doing and ask for your permission to be contacted for research purposes. If you agree to participate, you also agree to future contact. However, when recontacted, you have the right to decline future participation. In making the contact, we will always protect your confidentiality as a previous client.

Initials: _____

Participant: By signing below, I hereby agree _____ / do not agree _____ (check one) to participate in the above-described evaluation project.

Participant Signature

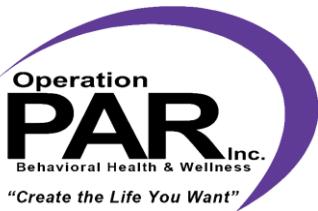
Date

Witness: I attest that I witnessed the above signatures.

Relationship: Staff Relative Other: _____

Witness Signature

Date



Attachment 4

April 11, 2013

Ms. Kathy Goltry, M.S.W.
Director
Substance Abuse and Mental Health Program Office
Florida Department of Children and Families
1317 Winewood Boulevard, Building 6, Room 300
Tallahassee, Florida 32399-0700

RE: Single State Agency (SSA) review

Dear Ms. Goltry:

In accordance with Executive Order #12372, this letter is to inform you that Operation PAR is submitting a new competitive application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment under the heading Grants to Expand Care Coordination through the use of Technology-Assisted Care in Targeted Areas of Need (Short Title: TCE-TAC, Request for Applications (RFA), No. TI-13-008), CFDA No. 93.243. The application proposes to expand and enhance substance abuse treatment and related recovery services to adults and elderly in rural Pasco County through the development of electronic applications for treatment.

A copy of the application face page (Standard Form 424) and a copy of the project abstract are enclosed for your review. As Florida's Single State Agency, should you wish to comment on the proposal, please send any comments and/or State review process recommendations to the following address within 60 days of the April 11, 2013 application deadline.

For United States Postal Service:
Diane Abbate, 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**.

ATTN: SSA – Funding Announcement No. TI-13-008.
Change the zip code to 20850 if you are using another delivery service.

If your agency does submit comments to SAMHSA regarding the proposal, please forward our office a copy of the comments. Thank you for your prompt attention to this matter.

Sincerely,

Nancy Hamilton, MPA, CAP, CCJAP
President & Chief Executive Officer
Operation PAR, Inc.

Encls: Standard Form 424, Abstract

Netsmart Subscription and Services Agreement

Agreement made this 10th day of March, 2010, (the "Effective Date") by and between Netsmart New York, Inc., a Delaware corporation with offices at 3500 Sunrise Highway, Suite D122, Great River, New York 11739, (hereinafter referred to as "Netsmart") and Solutions for Administrative Services (SAS) a Florida corporation with offices at 445 31st Street North, St. Petersburg, FL 33713 (hereinafter referred to as "Subscriber").

1. SCOPE OF AGREEMENT

This Agreement states the terms and conditions under which Netsmart will:

- (a) Grant Subscriber the rights to use and operate certain proprietary computer programs and related documentation on a non-exclusive basis; and
- (b) Provide services such as project management, installation, training and Support Services to Subscriber.

2. Term

The Initial Term of this agreement is for a period five years from the Effective Date. This Agreement may be terminated by either party as provided in Section 12 Termination. At the expiration of the Initial Term this Agreement will automatically renew for additional one year Renewal Terms. Either party may terminate this agreement as of the last day of the Initial Term or any Renewal Term, by giving the other party not less than one-hundred and eighty (180) days written notice of termination prior to the last day of the Initial Term, or the last day of any Renewal Term as the case may be.

3. Definitions

As used in this Agreement, the following definitions apply to capitalized terms:

- (a) "Charges" means the amounts to be paid by Subscriber for the right to use the Programs, for services provided to Subscriber and for hardware or other Third Party Products acquired by Subscriber under the terms of this Agreement. The Charges are described in Schedule 2(a) and the payment schedule for these Charges is defined in Schedule 2(b).
- (b) "Development Services" means changes to be made to the Netsmart Programs (if any) required by Subscriber and generally described in Schedule 2(c) attached hereto.
- (c) "Implementation Plan" means the detailed work plan attached hereto as Schedule 2(d). In order to facilitate the development of the final Implementation Plan, the current version of Schedule 2(d) contains a template outlining parameters for preparation of a detailed Implementation Plan by the parties.
- (d) "Subscriber Database" means a collection of data records that are maintained as a single logical area that is used, accessed, or acted upon by Subscriber.
- (e) "Subscriber Resources" means the staff and other resources to be provided by Subscriber for the

implementation of the Netsmart Programs in accordance with the Implementation Plan. Schedule 2(g) attached hereto sets forth the required and available Subscriber Resources.

- (f) "Netsmart Programs" means the Netsmart computer programs in object code form and their associated documentation. Schedule 2(a) lists separately the various modules of the Netsmart Programs made available to Subscriber.
- (g) "Optional Products and Services" means the additional products and services which Netsmart will make available to Subscriber at prices shown in Schedule 2(j) for a period of 12 months after contract execution. Subscriber is under no obligation, however, to purchase items listed in Schedule 2(j).
- (h) "Problem or Defect" means any failure of the Programs to operate in substantial conformance with the Specifications.
- (i) "Services" means the installation, training and other services to be provided by Netsmart as described in Schedule 2(e).
- (j) "Specifications" means the description and features of the Netsmart Programs as set forth in the documentation for the Netsmart Programs supplied to Subscriber by Netsmart hereunder and more particularly identified in Schedule 2(i) of this Agreement.
- (k) "Support Services" means the maintenance and support services to be provided by Netsmart in accordance with Schedule 2(h).
- (l) "Third Party Products" means any product acquired by Netsmart from an outside vendor on behalf of Subscriber under the terms of this agreement. Third Party Products consisting of software are called Third Party Programs. Third Party Products are described in Schedule 2(a)
- (m) "Changes" All Changes to the terms of this agreement will be contained in Schedule 2(k)
- (n) "Service Level Agreement" or "SLA" defines the terms under which Netsmart will offer the Subscription Services as defined in Schedule 2(l)

4. Netsmart Programs

- a) Software Services may be used by Subscriber:
 - i) for Subscriber's internal business purposes and not to process the data of any other entity;
 - ii) to support the number of named users of the Netsmart Programs set forth in Schedule 2(a);
 - iii) for the Initial Term and any subsequent Renewal Terms.
- b) Except as expressly stated in this Agreement, no other rights, express, implied or otherwise are granted to Subscriber.
- c) Nothing in this Agreement will be deemed to convey any title or ownership interest in the Netsmart Programs or the Third Party Programs to Subscriber. Subscriber will not sell, disclose, lease, sublease, lend or otherwise make the Software Services available to others.

- d) Subscriber will not disassemble or reverse engineer any of the Netsmart Programs nor attempt to access or modify the source code version of the Netsmart Programs and will not make any derivations, adaptations, or translations of the Netsmart Programs in whole or in part, nor use the Netsmart Programs to develop functionally similar computer software or to otherwise compete with Netsmart.
- e) If suggestions made by Subscriber are incorporated into subsequent versions of the Netsmart Programs, Subscriber hereby assigns to Netsmart all rights Subscriber may have in and to any suggestions, concepts, or improvements concerning the Netsmart Programs, or other products and services that may result from Subscriber communications to Netsmart.

5. IMPLEMENTATION

Promptly after execution of this Agreement, the respective project managers appointed by each party will jointly develop the Implementation Plan. The Implementation Plan will set forth the tasks to be performed by each party, the time frames in which such tasks will be performed, and will identify the roles and responsibilities of the persons who will be provided by Subscriber to support the implementation pursuant to Schedule 2(g), Subscriber Resources.

6. CHARGES AND PAYMENT TERMS

- a) In consideration of the Services to be performed Subscriber agrees to pay Netsmart the Charges at the times and in the amounts set forth in Schedule 2(b)
- b) Invoices are payable net thirty (30) days after invoice date. Thereafter, any outstanding balance will bear simple interest at the lower of 18% per annum or the highest interest rate permitted by law.

7. TAXES

The Charges set forth in this Agreement do not include any taxes. Where applicable, these will be added to such Charges, and Subscriber will pay amounts equal to any taxes (however designated, levied, or based) on such Charges including, but not limited to, state and local sales, privilege, property, use or excise taxes, but not including taxes based on the net income of Netsmart. If Subscriber claims a tax exemption, Subscriber will provide to Netsmart a certificate of exemption from taxes, or other evidence sufficient to permit Netsmart to exclude taxes from Charges.

8. WARRANTIES

- a) Netsmart warrants that the Netsmart Programs will substantially conform in all material respects with their Specifications. Netsmart will correct any Problems or Defects in accordance with the Support Services provisions set forth in Schedule 2(h). The foregoing will be Netsmart's sole liability with regard to Problems or Defects in the Netsmart Programs or Netsmart's perform-

ance or nonperformance of its obligations under this Agreement.

- b) Netsmart further represents and warrants that it has all rights required to provide the Software Service to Subscriber and that to the best of Netsmart's knowledge neither the Netsmart Programs nor the Software Services infringe upon or violate the United States patent rights of any third party or the copyright, or trade secret right of any third party.
- c) If any modifications, additions or alterations of any kind or nature are made to the Netsmart Programs by Subscriber or anyone acting with the consent of or under the direction of Subscriber, all warranties will immediately terminate.

9. LIMITATION OF WARRANTY.

THE FOREGOING WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES AND CONDITIONS EXPRESS OR IMPLIED, WHETHER IN RELATION TO THE NETSMART PROGRAMS, HARDWARE OR THE PROVISION OF ANY SERVICES INCLUDING, BUT NOT LIMITED TO, THOSE CONCERNING MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE OR ARISING BY TRADE USAGE OR COURSE OF DEALING. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(a) WARRANTY AND NETSMART'S SOLE OBLIGATION IS TO ATTEMPT TO MODIFY THE SOFTWARE TO ELIMINATE THE PROBLEM OR DEFECT. IN THE EVENT NETSMART CANNOT ELIMINATE THE PROBLEM, THIS AGREEMENT WILL BE TERMINATED. SUBSCRIBER'S EXCLUSIVE REMEDY IN THE EVENT OF A BREACH OF THE SECTION 8(b) WARRANTY IS SET FORTH IN SECTION 11.

10. LIMITATION OF LIABILITY

- a) **LIMITATION ON SPECIFIED DAMAGES** IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR EXEMPLARY DAMAGES (INCLUDING DAMAGES RELATED TO LOSS OF BUSINESS OR PROFITS OR REVENUE), EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND REGARDLESS OF WHETHER ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE. EXCEPT AS SET FORTH IN SECTION 11, IN NO EVENT WILL EITHER PARTY BE LIABLE FOR ANY THIRD PARTY CLAIM.

- b) **LIMITATION ON CUMULATIVE LIABILITY.** EXCEPT AS SET FORTH IN SECTION 11, THE CUMULATIVE LIABILITY OF NETSMART TO SUBSCRIBER FOR ANY ACTUAL OR ALLEGED DAMAGES ARISING OUT OF, BASED ON OR RELATING TO THIS AGREEMENT, WHETHER

BASED UPON BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), WARRANTY OR ANY OTHER LEGAL THEORY, WILL NOT EXCEED THE AMOUNT OF THE SUBSCRIPTION FEES PAID TO NETSMART UNDER THIS AGREEMENT.

11. INDEMNIFICATION

- a) In the event of any claim by a third party against Subscriber (the "Claim"), alleging that the use of the Netsmart Programs or the Software Services infringes upon any intellectual property rights of such third party, Subscriber will promptly notify Netsmart and Netsmart will defend such Claim, in Subscriber's name but at Netsmart's expense, and will indemnify Subscriber against any liability paid by Subscriber, including but not limited to attorneys' fees and disbursements, arising out of such Claim. In the event such an infringement is found and Netsmart cannot either procure the right to continued use of the Software Services, or replace or modify the Netsmart Programs with a non-infringing program, then Netsmart may terminate this Agreement. Netsmart will not have any liability under Section 8(b), and Netsmart will be indemnified by Subscriber with respect to any Claim, to the extent that the Claim is based upon (i) the use of the Software Services or Netsmart Programs in combination with other products or services not made or furnished by Netsmart, provided that the Netsmart Programs alone are not the cause of such Claim; or (ii) the modification of the Netsmart Programs or any portion thereof by anyone other than Netsmart, provided that the Netsmart Programs in unmodified form are not the cause of such Claim. Subscriber will indemnify and hold harmless Netsmart from and against all claims, suits or actions by any third party against Netsmart relating to, arising out of or resulting from Subscriber's misuse of the Netsmart Programs or the Software Services, or any claim by any party receiving services from Subscriber.

12. TERMINATION

- a) If either party is in default of any of its material obligations hereunder, and has not commenced cure within ten (10) days and effected cure within thirty (30) days of receipt of written notice of default from the other party (the "non defaulting party"), then the non-defaulting party may terminate the Agreement on written notice to the defaulting party.
- b) Within thirty (30) days of the date of termination of this Agreement by either party Subscriber will certify in writing to Netsmart that all copies of Netsmart specifications and documentation and any other Netsmart materials have been destroyed
- c) Notwithstanding any termination of this Agreement for any reason, the terms and conditions set forth in the following Sections of this Agreement will survive and will be binding on the representatives, successors, heirs

and assignees of the parties:

- | | |
|-----------------|---------------------------|
| i) Section 9 | "Limitation of Warranty" |
| ii) Section 10 | "Limitation of Liability" |
| iii) Section 11 | "Indemnification" |
| iv) Section 13 | "Confidentiality" |
| v) Section 14 | "Non-Solicitation" |
| vi) Section 17 | "General Provisions" |

13. CONFIDENTIALITY

- a) Netsmart recognizes and acknowledges the sensitive and confidential nature of information it may obtain with regard to Subscriber's clients and their treatment, and agrees that information with respect to Subscriber's clients and their treatment will be kept in strict confidence in perpetuity by Netsmart. Netsmart agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated there under including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". Netsmart agrees not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. Netsmart will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

- b) Subscriber will take adequate steps and security precautions to prevent unauthorized disclosure of information which is proprietary to Netsmart and/or the owner of the Third Party Programs. Including but not limited to: (i) instructing its employees having access to such information not to copy or duplicate the same or any part thereof and to withhold disclosure or access or reference thereto from unauthorized third parties; (ii) effecting sufficient security measures including, at the request of Netsmart, requiring non-disclosure agreements with its employees, to safeguard such information from theft or from access by unauthorized parties; (iii) Maintaining proper control of passwords and security procedures to prevent unauthorized access to the Subscriber Database .

14. NON-SOLICITATION During the term of this Agreement and for a period of one (1) year following its termination, neither party will directly or indirectly solicit

for employment or as a consultant, an employee or consultant of the other party, or any person who was an employee or consultant of the other party at any time during the six (6) month period immediately prior to the date such employee or consultant is solicited, hired or retained

15. **FORCE MAJEURE** Neither party will be responsible for delays or failures in performance resulting from acts or events beyond its reasonable control, including but not limited to, acts of nature, governmental actions, fire, labor difficulties or shortages, civil disturbances, transportation problems, interruptions of power supply or communications or natural disasters, provided such party takes reasonable efforts to minimize the effect of such acts or events.

16. **USE OF NETSMART WEBSERVICES**

If purchased, Netsmart supports the use of web services in our SaaS environment. The only medium for transmission of webservice data into the Netsmart environment will be through VPN tunneling across the Internet. Netsmart offers two VPN offerings, depending upon the needs of the customer, which include VPN client software installed on each machine submitting webservices data or VPN appliances which establish a permanent VPN tunnel between the client environment and the Netsmart SaaS data center

17. **GENERAL PROVISIONS**

- (a) This Agreement will be construed in accordance with the laws of the State of New York, without giving effect to the conflict of law rules thereof.
- (b) This Agreement and the schedules and exhibits attached hereto contain the entire understanding of the parties with respect to the matter contained herein. There are no promises, covenants or undertakings contained in any other writing or oral communication. In the event of any conflict between or among the documents comprising this Agreement, the latest dated document will prevail
- (c) This Agreement may not be modified except in a writing signed by authorized representatives of the parties.
- (d) Any notices required or permitted to be sent hereunder will be in writing and will be sent, Certified Mail, Return Receipt Requested, or by a recognized international courier. Notices will be sent to the addresses first set forth above or to such other address as a party may designate by notice pursuant hereto. Notices to Netsmart will be sent "Attention: Chief Financial Officer". Notices will be effective upon the date when delivery is either completed or refused.
- (e) A waiver of a breach or default under this Agreement will not be a waiver of any subsequent breach or

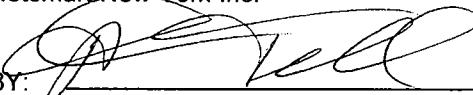
default. Failure of either party to enforce compliance with any term or condition of this Agreement will not constitute a waiver of such term or condition.

- (f) In the event that either party will cease conducting business in the normal course, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets, or avails itself of, or become subject to, any proceeding under a Bankruptcy Act or any other statute of any state relating to insolvency or the protection of rights of creditors, then (at the option of the other party) this Agreement will terminate and be of no further force and effect and any property or rights of such other party, whether tangible or intangible, will forthwith be returned to it.
- (g) The rights granted hereunder to Subscriber may not be assigned, or shared, nor may Subscriber use the Netsmart Programs to provide the software features as a service (Software as a Service) to a third party without the written consent of Netsmart. Subscriber may, however, assign all of its rights under this Agreement to an assignee who acquires all or substantially all of the assets of Subscriber, is not a competitor of Netsmart and has financial resources at least equal to those of Subscriber. Any permitted assignee will assume in writing, all obligations of the assignor.
- (h) Subscriber authorizes Netsmart to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases.
- (i) It is specifically agreed that the breach of this Agreement, and in particular the provisions concerning non-disclosure of proprietary information will result in irreparable injury and the party who claims such a breach will be entitled to specific performance and injunctive relief to correct and enjoin such breach in addition to all other remedies which might be available.
- (j) The parties will use reasonable efforts, including, without limitation, face-to-face negotiations, to resolve any differences arising between them as a result of this Agreement prior to exercising their respective rights at law or equity. If a trial results from this Agreement, the parties waive their right to a jury trial. No action, regardless of form, arising out of this Agreement will be brought more than two (2) years after the cause of action accrues.
- (k) If any provision of this Agreement is found to be invalid, illegal or unenforceable under any applicable statute or law, it is to that extent deemed to be omitted, and the remaining provisions of this Agreement will not be affected in any way.

- (l) This Agreement may be executed in two or more counterparts, each of which will be deemed an original.
- (m) This Agreement may be executed by electronic signature as follows:
 - (i) a fax copy of this Agreement with a signature page that displays the image of a handwritten signature; or
 - (ii) a digital file that is transmitted by one party to the other which, when displayed on an electronic video display terminal, presents an image of this
- (n) The headings of the paragraphs and sections of this Agreement are for convenience only and will not control or affect the meaning or construction of any provision of this Agreement.
- (o) Subscriber agrees to comply with all laws and regulations, including all United States and multilateral export laws and regulations, to assure that the Netsmart Programs are not exported, directly or indirectly, in violation of law.

IN WITNESS THEREOF, the parties hereto have executed this Agreement as of the date below.

Netsmart New York Inc.

BY: 
Alan Tillinghast
 (PRINTED NAME)
 TITLE: EVP, Operations
 DATE: 3/16/2010

SOLUTIONS FOR ADMINISTRATIVE SERVICES

BY: 
Gary MacEachan
 (PRINTED NAME)
 TITLE: Admin. Manager
 DATE: 3/16/2010

Schedule 2(a)
Charges

DESCRIPTION

Monthly Recurring Fees	Quantit y	Initial Monthly Monthly Charge
Monthly price is based upon an initial rate of \$50 per concurrent user per month and a minimum of 214 concurrent users for a term of 60 months. Details on the payment terms are defined in Schedule 2(b) (100 users for the first three months, full 214 for each month after)	214	\$50
<u>Monthly Price includes the following modules</u>		
RADplus – Named Users: Includes Avatar System access and security management, modeling, table and dictionary maintenance and ad-hoc report integration		
Avatar Practice Management - Includes system management, client tracking, scheduling and reporting functions		
Clinician Workstation –Includes system management, assessment, progress notes, treatment planning and reporting functions		
Florida State Reporting Module		
Avatar Electronic Signature		
Avatar Order Entry		
Avatar eMAR (Electronic Medication Administration Record) 300 bed maximum		
One additional Avatar root system code		
Avatar GLI – Standard General Ledger Interface.		
Total – Monthly Recurring Charges		\$10,700* *except months 1-3 which will be \$5,000
One Time Charges		Charge
Third Party Products and Services		
Not Included		N/A
Total Third Party Products		N/A
Netsmart Development		
As defined in Schedule 2(c)		
Total Netsmart Development		N/A
Netsmart Services		
As defined in Schedule 2(e)		
Total Netsmart Services		\$272,697

Grand Total - One Time Charges		\$272,697
Other Annual Recurring Charges and Subscriptions		Price
Annually recurring escrow charge		\$1,200
Total Annual Recurring Charges		\$112,500 year one (includes NTST software as service fees & Escrow)

Schedule 2(b)
Payment Terms

Description	Amount Due
Netsmart Programs As described in Schedule 2(a).	
Monthly payments months 1 - 3 (100 users)	\$15,000
Monthly Payments months 4-12 (full 214 users)	\$96,300
Monthly payments months 13 - 24	\$128,400
Monthly payments months 25 - 36	\$128,400
Monthly payments months 37 - 48	\$128,400
Monthly payments months 49 - 60	\$128,400
First monthly payment is due on Agreement effective date. Subsequent monthly payments due on the first of each of the following 59 months.	
Total Payment - Netsmart Programs	\$624,900
Third Party Products As described in Schedule 2(a).	
Due on Agreement effective date	
Total Payment - Third Part Products	N/A
Development Payment As described in Schedule 2(c).	
Due on Agreement effective date	
Total Payment – Development Services	N/A
INSTALLATION SERVICES As described in Schedule 2(e).	
Due on Agreement effective date	\$50,000
\$20,245/month due the first of the month for the next ten months	\$202,450
\$20,247 due on implementation completion sign-off	\$20,247
Total Payment – Installation Services	\$272,697
Other Annual Recurring Charges and Subscriptions	
First year escrow charge	\$1,200
Total Annual Payment – Annual Recurring Charges and Subscriptions	\$1,200
TRAVEL AND LIVING AND TRAVEL TIME EXPENSES	
Billed monthly as incurred at the most economical rates.	
Travel Time will be billable at \$150 per hour.	
Travel and Living Expenses are as follows:	
Meals: Charged at Netsmart's then current daily per diem rate. The current rate is	
	Billed as incurred

Description	Amount Due
\$50.00 per day	
Airline: Coach Class on Major Airline including any additional fees applied by the airline	
Personal Vehicle: Personal vehicle usage will be reimbursed at the currently defined rate by the IRS	
Rental Car: Mid Size vehicle at local rates	
Ancillaries: Gas, Tolls, Parking	
Hotel: At local rates	

Schedule 2(c)
Netsmart Development Services

All Development Services provided by Netsmart on behalf of the Subscriber will be based on the prior preparation and approval of functional specifications. Approved specifications are incorporated by reference in Schedule 2(i). Prices indicated below include the costs associated with the creation of specification and quality assurance. Additional fees for maintenance of custom software will be included in Schedule 2(b)

Unless otherwise stated below, Development Services and its attendant costs are not included under this Agreement

In the event additional Development Services are required, Netsmart will make these services available as described in Schedule 2(j)

Description	Price
Not Included	\$0
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Fees for Development Services	\$0

**Schedule 2(d)
Implementation Plan**

Netsmart and Subscriber will formally develop and approve a detailed implementation plan within thirty (30) days of Agreement execution. Professional Services have been set based on the expectation of a nine month implementation plan. In the event extensions to this plan are required, additional Netsmart Implementation Services may be required. High-level project milestones are as follows:

Project Activity	Days from Agreement Execution
Hardware installation	30 Days
Software installation	45 Days
System table definition	60 Days
Training of trainers	150 Days
Go Live	270 Days

Schedule 2(e)
Netsmart Implementation Services

Description of Service	Quantity	Price
Project Management To consult and be the primary liaison with the Subscriber's project manager in developing and executing the Project Implementation Plan. Project Management time allocation is based on a high level month implementation plan as described in Schedule 2(d). Any extensions to the agreed upon implementation schedule will require additional Netsmart Installation Services	1156 Hours	\$162,731
File Build Assistance Assistance in the creation of and loading of various configuration tables.	60 Hours	\$8,447
Training Application training on the Netsmart Programs listed in Schedule 2(a).	372 Hours	\$52,367
Go Live Support Onsite technical and implementation assistance during the cutover from testing to production operations	0	\$0
Executive Project Management	72 Hours	\$10,136
Standard Data Conversion *Demographics and Movement History *Balance Forward	150 Hours	\$21,116
Eligibility Conversion for Operation PAR	64 Hours	\$10,400
SaaS Set Up Fee		\$7,500
Above Includes:		
Project Management RADplus Avatar PM Avatar CWS Order Entry eMAR General Ledger Interface Root System Code		
File Build Avatar PM and CWS		
Training RADplus (handled through free trial of Netsmart University) SQL Training with Crystal Reports (handled through free trial of Netsmart University) Avatar PM - QuickStart Training Avatar PM - Training of Trainers Avatar PM - Medical Necessity Rules and other billing set-up/Training Avatar PM - Initial setting of Registry settings and client training Avatar PM - End User Training Avatar CWS - Training of Trainers Order Entry General Ledger Interface Training		

The hours reflected above apply to the initial implementation of Operation PAR and Boley Centers. Subsequent professional services will be billed at \$1,300 per day.		
TOTAL		\$272,697
In the event additional Netsmart Installation Services are required, Netsmart will make these services available as described in Schedule 2(j)		

Schedule 2(f)
Desktop Hardware Requirements

CLIENT WORKSTATION:

RADplus™ Workstation Requirements:

Minimum Operating Requirements:

Processor: Intel Pentium 500 MHz or greater

Operating System: Windows 2000 or greater

RAM: 512 MB

Hard-disc space: 512 MB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Suggested Operating Requirements:

Processor: Intel Pentium 1.3Ghz or greater

Operating System: Windows XP or greater

RAM: 1 GB

Hard-disc space: 1 GB

Monitor: VGA or higher (1024 x 768 pixels)

Mouse: Microsoft Mouse or compatible pointing device

Browser: Internet Explorer 6.0 or better

Schedule 2(g)
Subscriber Resources

Subscriber will provide the resources described below for the implementation of the Netsmart Programs. Failure to provide these resources could compromise the project and may result in the need for additional Netsmart Implementation Services

For Avatar PM: Client Side Project Manager, Subject Matter Expert(s) as needed, Trainers for the End Users, Business Analyst, System Analyst, backups, configuration, Crystal Report writing, RADplus Development
Avatar CWS: Client Side Project Manager (can be the same as the PM Project Manager), Clinical Subject Matter Experts, System Analyst (backups, configuration, Crystal Report writing, RADplus Development, etc), End User Training
Avatar Order Entry: Client Side Project Manager (can be the same as the PM Project Manager), Orders Subject Matter Experts – for all order types that will be used, Pharmacy, Lab, Dietary, etc

Schedule 2(h)
Support Services

The Support Services described in this Schedule will be performed by Netsmart subject to the terms and conditions of this Subscription and Service Agreement.

- (a) Netsmart will maintain the then current version of the Netsmart Programs in substantial conformance with its Specifications as amended from time to time by Netsmart, and with applicable Federal regulatory requirements and laws. Netsmart will use commercially reasonable efforts to either:
 - (i) Correct any reproducible Problems or Defects in the then current or immediately prior release of Netsmart Programs by Netsmart which prevent it from operating in substantial conformance with the Specifications and applicable Federal regulatory requirements; or
 - (ii) Provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal regulatory requirements and laws.
- (b) Subscriber will make requests for Support Services by giving Netsmart written notice specifying a Problem or Defect in the Netsmart Programs. In making a verbal request for Support Services, Subscriber will provide Netsmart within twenty four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by Netsmart.
- (c) If analysis by Netsmart indicates that a reported problem is caused by a reproducible Problem or Defect, Netsmart will use commercially reasonable efforts to provide Support Services in accordance with the following prioritization of reported problems:

Priority 1 will be assigned when the Netsmart Program or a material Netsmart Program functional component is not operational, such as patient registration screen input/update/inquiry. Commercially reasonable efforts will be made to correct Priority 1 problems, or to provide a plan for such correction, within two (2) business days.

Priority 2 will be assigned for less critical functions, such as low impact screens and report printing errors. Commercially reasonable efforts will be made to correct Priority 2 problems, or to provide a plan for such correction, within five (5) business days.

Priority 3 will be assigned to problems not having a major impact on the Subscriber's ability to run the Netsmart Program but which obviously requires correction. Priority 3 problems will be responded to within ten (10) working days with a corrective plan and scheduled date for the implementation of the correction.
- (d) On a timely basis Netsmart will also provide Subscriber with:
 - (i) such updates as are distributed without charge to other similar Subscriber's which reflect modifications and incremental improvements made to the Netsmart Programs by Netsmart;
 - (ii) an opportunity to obtain enhancements to the Netsmart Programs for which charges are imposed on the same terms as such enhancements are generally made available to other Subscribers;
 - (iii) telephone support to answer Subscriber's questions about the Netsmart Programs and their use.
- (e) Netsmart will make technical support personnel available from 9:00 a.m. to 6:00 p.m., Netsmart local time Monday through Friday, exclusive of Netsmart holidays.
- (f) If reasonable analysis by Netsmart indicates that a reported Problem or Defect is caused by a problem related to Hardware used by Subscriber, the hardware's system software, or applicable software other than Netsmart Programs, or Subscriber's misuse or modification of the Netsmart Programs, Netsmart's responsibility will be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the Netsmart Programs. Subscriber will, at Netsmart's option, pay Netsmart for the cost of analyzing the reported problem at Netsmart's then prevailing time-and-materials rate.
- (g) Absent a bona fide dispute, if Subscriber fails to pay for Subscription Fees when due, Netsmart may refuse to provide Subscription Services until Subscriber makes payment of all Charges due.

Schedule 2(i)
Specifications

As set forth in the following documentation:

<input checked="" type="checkbox"/>	Avatar PM User Guide
<input checked="" type="checkbox"/>	Avatar PM Welcome Guide
<input checked="" type="checkbox"/>	Avatar PM Kickoff Manual
<input checked="" type="checkbox"/>	Avatar CWS User Guide
<input checked="" type="checkbox"/>	Avatar CWS Welcome Guide
<input checked="" type="checkbox"/>	Avatar CWS Kickoff Manual
<input type="checkbox"/>	Avatar MSO User Guide
<input type="checkbox"/>	Avatar MSO Welcome Guide
<input type="checkbox"/>	Avatar MSO Kickoff Manual
<input checked="" type="checkbox"/>	Avatar GLI User Guide
<input checked="" type="checkbox"/>	RADplus User Guide
<input checked="" type="checkbox"/>	Setup and Utilization of Third Party Reporting Software
<input checked="" type="checkbox"/>	System Administration Procedures for Netsmart Systems Utilizing Cache'
<input type="checkbox"/>	

Note: Electronic versions of all documentation will be delivered with the system. Subscriber may make additional copies for internal use only, and will not alter or eliminate any copyright notice on any copy of the documentation.

Schedule 2(j)
Optional Products and Services

Subscriber may exercise the option granted to it hereunder to add additional Named Users or to add Additional Netsmart Modules. Subscriber may also request Netsmart to provide it with the availability and pricing for other products and services not listed in this Schedule. The purchase of additional products and services will be effective when Subscriber returns an executed copy of the Additional Purchase Amendment.

The following pricing will hold firm for a period of 12 months from the Agreement Effective Date. (Prices for Third Party Programs are subject to change by the owner or distributor of the Third Party Programs).

Additional Purchases

Item	Price
PRICING FOR SUBSEQUENT CONCURRENT USER COUNT	
User 215-250	\$46/user
User 251-350	\$42/user
User 351+	\$40/user
This pricing structure will be valid throughout the course of the initial SaaS five year contract.	
MicroMedex handles drug/drug interaction checking and may be applicable to agencies using the Avatar Order Entry and eMAR applications. Each agency purchases Micromedex based on their bed count. MicroMedex is priced as follows:	
1 - 50 beds \$ 2,783	
51 - 100 beds \$ 3,896	
101 - 200 beds \$ 5,194	
201- 400 beds \$ 9,275	
Over 400 beds \$ 15,000	

Additional Professional Services

In the event additional Netsmart Installation Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

In the event additional Netsmart Development Services are required, Netsmart will make these services available at a cost of \$1,300 per day as authorized by the Subscriber. This rate will remain in effect for 180 days from contract execution and then will be available at Netsmart's then current daily rate

Sample Additional Purchase Amendment

This is an Amendment ("Amendment") to a Subscription agreement dated _____, 2008, between Netsmart _____, Inc. ("Netsmart") and _____ ("Subscriber").

The parties hereby amend the Agreement as follows:

1. All terms used in this Amendment, which are defined in the Agreement, will have the same meaning as in the Agreement.
2. Subscriber agrees to Subscribe to or purchase the following additional products or services:

Product/Service	Purchase/Subscription	Charges

3. The terms and conditions of the Agreement will be applicable to the additional products or services purchased or Subscriber to hereunder.
4. Except as amended herein, the Subscription and Services Agreement is hereby ratified and confirmed.
5. Payment terms: _____

IN WITNESS WHEREOF, Netsmart and Subscriber have executed this Amendment as of the later of the dates below.

Netsmart New York Inc.

Subscriber

By: _____

By: _____

Date: _____

Date: _____

**Schedule 2(k)
Changes to Standard Agreement**

Section 4a.i) has been altered to allow SAS to process data in Hillsborough, Pinellas and Pasco Counties in Florida. Netsmart will work collaboratively with SAS in a sales effort to add additional agencies to the SAS consortium for use in their hosting environment. In any case where a prospective customer in this area desires a hosted solution, Netsmart will use its best efforts to help SAS be the preferred provider to the agency, however Netsmart reserves the right to propose an alternative option through Netsmart. Netsmart will support this in a variety of ways including limiting any discounts to a prospective customer in that area to an amount not greater than that already offered to SAS. When contacted by any prospective customer in the above identified counties, Netsmart will communicate this information to SAS and conversely should receive acknowledgement from SAS that it is also in discussions with this agency.

Section 4.a.ii) has been altered to indicate support for concurrent users of the Netsmart programs set forth in Schedule 2(a).

Section 4.c) has been altered to include "Subscriber will be permitted to offer hosting services using their Avatar license to agencies within Hillsboro, Pinellas and Pasco Counties in Florida.

Section 17g) has been modified to agree that the Subscriber may provide hosting services to identified agencies in the Hillsborough, Pinellas and Pasco County area of Florida.

Section 17h) has been modified to read: Netsmart shall be able to identify Subscriber as a client, and to use Subscriber's name and logo in any of Netsmart's advertising copy, promotional material or press releases upon authorization by the Subscriber. The Subscriber shall not unreasonably withhold authorization to do so.

The parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by confidential mediation under the then current CPR Mediation Procedure [<http://www.cpradr.org/>] or JAMS Mediation procedures [<http://www.jamsadr.com>], before resorting to arbitration or litigation.

Netsmart will allow Operation PAR (and other ASO/CMHC/MIS customers) to maintain their CMHC/MIS license for historical purposes and will provide CMHC/MIS support to them for historical usage only at no additional charge for up to 3 years after migration to Avatar.

Netsmart will credit any balance of the annual CMHC/MIS maintenance paid by PAR on a pro-rated basis based on SAS's Avatar go-live date, if applicable.

"Meaningful use" is the responsibility of the agency, not Netsmart as the software vendor. Netsmart is currently pursuing the ARRA certification; assuming the release of finalized specifications from the certifying body, Avatar will have this certification by the end of 2011.

Netsmart is currently working in partnership with Chestnut, a private organization, to incorporate the GAIN assessment into Avatar . Netsmart agrees to provide this assessment to SAS within 90 days after successful execution of the Netsmart/Chestnut agreement or when we receive the required integration from Chestnut, whichever is later.

Netsmart will provide up to five (5) 2010 Connections registrations at no charge for use by SAS staff.

SAS's open outcome records located within the open admissions of the CMHC/MIS software, will be converted as an open admission within Avatar and included as part of the standard conversion quoted in this agreement at no additional charge.

SAS agrees that it will charge a minimum of \$60 per concurrent user per month to any other agency who may join SAS. This minimum will be reviewed and discussed on each anniversary of agreement effective date by Netsmart and SAS to determine if adjustments apply.

Netsmart will incorporate the ability to process eMAR reports based upon the date and time criteria needed to process their Missed Medication Report in an upcoming release to the eMAR module at no additional charge to SaS.

Netsmart agrees to meet applicable federal standards for the certification of behavioral health software with currently offered versions of the Avatar product suite.

**Schedule 2(l)
Service Level Agreement
For Software Services**

1. Coverage; Definitions

This Hosting availability Service Level Agreement (SLA) applies to you (“Customer”) if you have contracted for any of the following web-based services from NETSMART: Avatar or Cache hosting, e-mail hosting, or web hosting.

As used herein, the term “Hosting Availability” means the percentage of a particular month (based upon 24 hour days for the number of days in the subject month) that the NETSMART content is accessible on the Internet.

2. Service Level

- a. Goal: NETSMART'S goal is to achieve 100% Hosting Availability for all of our customers.
- b. Remedy: Subject to Sections 3 and 4 below, if the Hosting Availability is less than 99% in any month, NETSMART will issue a credit to Customer in accordance with the following schedule, with the credit being calculated on the basis of the monthly service charge for the affected service(s):

Hosting Availability	Credit Percentage
99.0 to 100%	0%
98.0 to 98.9%	5%
97.0 to 97.9%	10%
95.0 to 96.9%	15%
94.9 or below	25%

3. Exceptions

Customer shall not receive any credits under this SLA in connection with any failure or deficiency of Hosting Availability caused or associated with:

- a. Circumstances beyond NETSMART'S reasonable control, including, without limitation, acts of any governmental body, war, insurrection, sabotage, armed conflict, embargo, fire, flood, strike or other labor disturbance, interruption of or delay in transportation, unavailability of or interruption or delay in telecommunications or third party services, virus attacks or hackers, failure of third party software (including, without limitation, web server software, FTP Servers, or statistics) or inability to obtain supplies, or power used in or equipment needed for provision of services;
- b. Failure of access circuits to the NETSMART Network, unless such failure is caused solely by NETSMART;
- c. Scheduled maintenance, scheduled backups, scheduled restores and emergency maintenance and upgrades;
- d. Issues with FTP, POP, or SMTP customer access;

- e. Customer's acts or omissions (or acts or omissions of others engaged or authorized by Customer), including, without limitation, custom scripting or coding (e.g., CGI, Perl, Java, HTML, ASP, etc), any negligence, willful misconduct, or misuse of the Services;
- f. E-mail or webmail delivery and transmission;
- g. Outages elsewhere on the Internet that hinder access to your account. NETSMART is not responsible for browser or DNS caching that may make your site appear inaccessible when others can still access it. NETSMART will guarantee only those areas considered under the control of NETSMART: NETSMART server links to the Internet, NETSMART'S routers, and NETSMART'S servers.
- h. Use of a VPN or similar connection which is not exclusively within NETSMART'S control at both ends of such connection, and where the problem occurs in the part of the VPN which is not under NETSMART'S control.

4. Scheduled Maintenance

- a. Netsmart reserves the right to establish a monthly maintenance window for the purpose of upgrading, patching, modifying, and repairing portions or the entire ASP/Hosting environment. The monthly window is generally scheduled on the 3rd Sunday of the month, from 5:00am – 11:00Am EST.

5. Credit Request and Payment Procedures

In order to receive a credit, Customer must submit, within ten (10) business days after the incident supporting the request, a request by email to NetsmartSaaS@ntst.com. Each request must include Customer's account number (per NETSMART'S invoice) and the dates and times of the unavailability of the services. If the unavailability is confirmed by NETSMART as an incident eligible for credit, credits will be applied within two billing cycles after NETSMART'S receipt of Customer's request. Credits are not refundable and can be used only towards future billing charges.

Notwithstanding anything to the contrary herein, the total amount credited to Customer in a particular month under this SLA cannot exceed the total hosting fee paid by Customer for the month in which Services were impacted. Credits are exclusive of any applicable taxes charged to Customer or collected by NETSMART and are Customer's sole and exclusive remedy with respect to any failure or deficiency in level of services described in this SLA.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14

R. 04/05

03/25/09

85-8012590039C-4	04/30/2009	04/30/2014	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

OPERATION PAR INC
6655 66TH ST
PINELLAS PARK FL 33781-5033
59-1349234

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14

R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

03/13/2013

Date



Signature of Authorized Official

Dianne Clarke, Executive Director and COO

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

Operation PAR, Inc.

Name of Healthcare Facility Receiving/Requesting Funding

6655 66th St N

Street Address

Pinellas Park, FL 33781

City, State, Zip Code

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

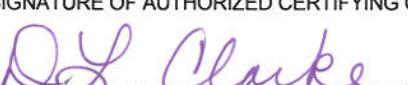
**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Executive Director and COO
APPLICANT ORGANIZATION	DATE SUBMITTED
Operation PAR, Inc	March 13, 2013

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Project/Performance Site Location 1**

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

Organization Name: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Additional Location(s)**

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Operation PAR, Inc."/> * Street 1: <input type="text" value="6655 66th Street North"/> Street 2: <input type="text"/> * City: <input type="text" value="Pinellas Park"/> State: <input type="text" value="FL: Florida"/> Zip: <input type="text"/> Congressional District, if known: <input type="text" value="FL-013"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="SAMHSA/CSAT"/>	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="No Lobbying is done by Operation PA"/> Middle Name <input type="text"/> * Last Name <input type="text" value="No Lobbying is done by Operation PAR"/> 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="No lobbying is done by Operation PA"/> Middle Name <input type="text"/> * Last Name <input type="text" value="No lobbying is done by Operation PAR"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Jackie Griffin"/> * Name: Prefix <input type="text"/> * First Name <input type="text" value="Dianne"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Clarke"/> Suffix <input type="text"/> Title: <input type="text" value="Executive Director/Chief Operating Officer"/> Telephone No.: <input type="text" value="727-545-7564"/> Date: <input type="text" value="04/09/2013"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

CHECKLIST

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

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

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

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

<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	Included	NOT Applicable
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	<input checked="" type="checkbox"/>	

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

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

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

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

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

Prefix: Ms. First Name: Dianne Middle Name:
 Last Name: Clarke Suffix:
 Title: Executive Director/Chief Operating Officer
 Organization: Operation PAR, Inc.
 Street1: 6655 66th Street North
 Street2:
 City: Pinellas Park
 State: FL Florida ZIP / Postal Code: 33781 ZIP / Postal Code4:
 E-mail Address: jclarke@operpar.org 
 Telephone Number: 727-545-7564 Fax Number: 727-545-7584

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

Prefix: Mr. First Name: Jim Middle Name:
 Last Name: Miller Suffix:
 Title: Chief Information Officer
 Organization: Operation PAR, Inc.
 Street1: 13800 66th Street North
 Street2:
 City: Largo
 State: FL Florida ZIP / Postal Code: 33771 ZIP / Postal Code4:
 E-mail Address: jmiller@operpar.org
 Telephone Number: 727-499-9110, Ext 368 Fax Number: 727-545-7584

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)