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
Abigail Moore	Executive Director
APPLICANT ORGANIZATION	DATE SUBMITTED
San Antonio Council on Alcohol & Drug Abuse	7/16/2013

Foster, Alania (SAMHSA)

From: Lisa Juarez [ljuarez@sacada.org]
Sent: Wednesday, June 19, 2013 5:51 PM
To: Foster, Alania (SAMHSA)
Cc: Abigail Moore
Subject: RE: TI024770 - TCE-TAC - Application Review - Response Requested
Attachments: ApplicationReview_061913.pdf

Ms. Foster,

Thank you for the opportunity to respond to your inquiries. I attached a PDF document containing backup to your questions, in addition to responding below in blue. Please let me know if you have further questions, I appreciate your time and assistance.

V/r,
Lisa M. Juarez

From: Foster, Alania (SAMHSA) [mailto:Alania.Foster@samhsa.hhs.gov]
Sent: Tuesday, June 18, 2013 9:59 AM
To: Abigail Moore
Cc: Lisa Juarez
Subject: RE: TI024770 - TCE-TAC - Application Review - Response Requested

Here is the link to the checklist.

http://www.samhsa.gov/Grants/continuation.aspx

From: Foster, Alania (SAMHSA)
Sent: Monday, June 17, 2013 9:45 AM
To: 'amoore@sacaca.org'
Cc: 'ljuarez@sacada.org'
Subject: TI024770 - TCE-TAC - Application Review - Response Requested

Dear Melanie,

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. Attachment #1

Existing resources and support that we anticipate to receive for the Web Oriented Recovery Care (WORC) project include:
1. San Antonio Council on Alcohol and Drug Abuse (SACADA) existing Prevention Resource Center will provide a link for public access to over 500 DVD's, brochures, literature and motivational incentives for individuals

seeking information on prevention, intervention, treatment or other types of Recovery Capitol through the web-portal. The Prevention Resource Center also provides free professional education and training to WORC program staff.
2. SACADA will provide already trained Peer Recovery Coaches to assist with the mentoring/supervising of newly trained WORC Peer Recovery Coaches. These individuals will also donate volunteer time to WORC web-portal Recovery Coach live chat-room.
3. SACADA will provide access to Driving While Impaired (DWI) education class opportunities for individuals accessing the community resources calendar through the web-portal.
4. SACADA will provide access of the agency van for use by staff or Peer Recovery Coaches to connect in person to web-portal users.
5. The WORC will have links to many other in-kind services that are provided free to individuals seeking help through the web-portal community resource tab. Some of those include:
San Antonio Food Bank – free food pantries around region;
United Way 411 hotline – direct link to 4,000 local charities;
San Antonio Aids Foundation – free HIV, Hepatitis, STD testing and treatment;
Oxford Houses – free or low cost recovery housing;
Alamo Area Recovery Initiative (AARI) – the local Recovery Orientated System of Care (ROSC;
Bexar County Detention Ministries-provides ID recovery, job training and placement;
Goodwill Industry-provides job training and placement, free clothing for those in need;
Center for Health Care Services (MHMR) – free and sliding scale mental health services;
Bluebonnet MHMR - free and sliding scale mental health services Alpha;
Lifetime Recovery, - free and sliding scale residential addiction treatment;
Kerrville Council on Alcohol and Drug Abuse – free and sliding scale outpatient treatment;
Alpha Home, Inc. – free and sliding scale residential and outpatient addiction treatment.;

2. It was noted that your organization did not provide an adequate calculations for the wages used in the fringe calculations. Provide the calculation(s) used for each wage (44,400, 19,814, and 109,870).

Attachment #2

Wages	*Retirement	WorkComp	*Insurance	Taxes	*Wages	SUTA	Total
5,500	55	8	732	421	5,500	177	1,393
35,000	350	53	4,655	2,678	9,000	290	8,025
52,000	0	78	0	3,978	9,000	290	4,346
5,775	58	9	768	442	5,775	185	1,461
98,275	**463**	**147**	**6,155**	**7,518**	**29,275**	**942**	**15,225**

*Retirement and Insurance Wage Base includes wages for full time employees only
*SUTA wages are capped at $9,000

3. Under the Evaluator position you have $2,085 budgeted for 'other' costs. Provide additional details regarding what is included in the those 'other' costs?

Item	Unit Cost	Units	Total
Statistical Software Package	$225.00	1	$225.00
Computer	$1,500.00	1	$1,500.00

Phones	$30.00	12	$360.00

4. Provide a calculation on how you are arriving at the $42,000 for the e-Rosc Provider (rate, hours, etc.).

Services			
QUANTITY	**ITEM NO.**	**DESCRIPTION**	**EXTENDED**
1	SER-SOW-1	Analysis and solution design / scope of work service -SOW	$ 7,00
1	Integration & Training	Standard integration & training service	$ 5,00
1	SPINN Master License	One-time ***perpetual*** license for SPINN Patient Access Platform (Patient Portal/PHR)	$ 6,00
1	SPINN Substance Abuse Care Unit	One-time ***perpetual*** license for SPINN Substance Abuse Care Unit bundle	$ 6,00
1	SPINN Secure Mssg Center	One-time ***perpetual*** license for SPINN Secure Message Center	$ 2,00
1	SPINN Social Media	One-time ***perpetual*** license for the SPINN Social Media Module.	$ 7,00
400	Per Member Subscription	Per member per year	$ 4,00
1	Centerstone Content	Annual license for Centerstone Substance Abuse Content.	$ 5,00
			$ 42,20

5. Provide a copy of your current Indirect Cost Rate Agreement showing the requested IDC rate of 33.2%. Attachment #5

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

The requested items should be submitted to me via e-mail as one PDF attachment by **COB on June 19, 2013**. If you have questions regarding this request, do not hesitate to contact me.

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

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

Thank you,

Alania Foster

Alania Foster, M.S.
Grants Management Specialist
U.S. Department of Health and Human Resources (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Financial Resources (OFR), Division of Grants Management (DGM)
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857
(240) 276-1409 (phone)

(240) 276-1430 (fax)
alania.foster@samhsa.hhs.gov
www.samhsa.gov

①

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

Existing resources and support that we anticipate to receive for the Web Oriented Recovery Care (WORC) project include:

1. San Antonio Council on Alcohol and Drug Abuse (SACADA) existing Prevention Resource Center will provide a link for public access to over 500 DVD's, brochures, literature and motivational incentives for individuals seeking information on prevention, intervention, treatment or other types of Recovery Capitol through the web-portal. The Prevention Resource Center also provides free professional education and training to WORC program staff.

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San Antonio Aids Foundation – free HIV, Hepatitis, STD testing and treatment;
Oxford Houses – free or low cost recovery housing;
Alamo Area Recovery Initiative (AARI) – the local Recovery Orientated System of Care (ROSC;
Bexar County Detention Ministries-provides ID recovery, job training and placement;
Goodwill Industry-provides job training and placement, free clothing for those in need;
Center for Health Care Services (MHMR) – free and sliding scale mental health services;
Bluebonnet MHMR - free and sliding scale mental health services Alpha;
Lifetime Recovery, - free and sliding scale residential addiction treatment;
Kerrville Council on Alcohol and Drug Abuse – free and sliding scale outpatient treatment;
Alpha Home, Inc. – free and sliding scale residential and outpatient addiction treatment.;

(7)

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$98,275	$7,518
Retirement	1%	$46,275	$463
SUTA	3.22%	$29,275	$942
Workers Compensation	.15%	$98,275	$147
Insurance	13.3%	$46,275	$6,155
		TOTAL	**$15,225**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST $15,225

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
04/10/2013	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
74-1340188	9401211890000

d. Address:

* Street1:	7500 Hwy 90 West ATT Building Ste. 100,
Street2:	
* City:	SAN ANTONIO
County/Parish:	
* State:	TX: Texas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	78227-4030

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	ABIGAIL
Middle Name:			
* Last Name:	MOORE		
Suffix:			

Title:	EXECUTIVE DIRECTOR
Organizational Affiliation:	
* Telephone Number:	210-225-4741
Fax Number:	
* Email:	amoore@sacada.org

Application for Federal Assistance SF-424

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

N: Nonprofit without 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:**

WEB ORIENTED RECOVERY CARE (WORC)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: TX-020 | b. Program/Project: TX-020

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013 | * b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	280,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. | * First Name: ABIGAIL

Middle Name:

* Last Name: MOORE

Suffix:

* Title: EXECUTIVE DIRECTOR

* Telephone Number: 210-225-4741 | Fax Number: 210-225-4768

* Email: amoore@sacada.org

* Signature of Authorized Representative: Abigail Moore | * Date Signed: 04/10/2013

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. TCE-TAC	93.243	$	$	$ 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 (1) TCE-TAC	(2)	(3)	(4)	Total (5)
a. Personnel	$ 98,275.00	$	$	$	$ 98,275.00
b. Fringe Benefits	15,225.00				15,225.00
c. Travel	13,490.00				13,490.00
d. Equipment	0.00				
e. Supplies	11,276.00				11,276.00
f. Contractual	87,180.00				87,180.00
g. Construction	0.00				
h. Other	21,927.00				21,927.00
i. Total Direct Charges (sum of 6a-6h)	247,373.00				$ 247,373.00
j. Indirect Charges	32,627.00				$ 32,627.00
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. Grants to Expand Care Coordination through the Use of Technology Assisted Care in Targeted Areas of Need (TCE-TAC)	$ 280,000.00	$ 280,000.00	$ 280,000.00	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 280,000.00	$ 280,000.00	$ 280,000.00	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges: Predetermined 33.2% of $98,275 = $32,627

23. Remarks:

Abstract

Web Oriented Recovery Care (WORC) will expand and enhance substance abuse recovery capital through the provision of peer to peer services for those individuals with substance use disorders by using Technology-Assisted Care in Targeted Areas of Need (TCE-TAC). A primary goal is to help individuals achieve and maintain recovery and to improve the overall quality of life. WORC will use technology to support recovery and resiliency effort and promote wellness.

The San Antonio Council on Alcohol and Drug Abuse (SACADA) will be the lead organization for this project. Limited resources for the uninsured substance abusers in Bexar County are apparent as indicated by only 149 indigent treatment beds for adults with an adult population of over 1.2 million. That means many people in our community do not receive services including underserved populations such as veterans and Hispanics. That is why the peer recovery coaching through WORC is the perfect fit to address health, home, purpose and community in Bexar County. Peer recovery coaches can convey resiliency skills across different economic and age categories, and understand the role of culture, religion, ethnic identity, and family at their own community level. The population to be served will include individuals seeking treatment services, rural communities with limited resources, uninsured veterans, Hispanic, and individuals in recovery needing additional resources to sustain their sobriety.

Funding of this project will enable SACADA to embed within Bexar County and the surrounding rural counties a resource that directly expands on existing services. By developing a system to train peer recovery coaches, connect them with individuals in need of help, and providing a web portal (eROSC) that all citizens can access, we are creating **Recovery Capital**. What do we mean by Recovery Capital (RC)? "The long-term goal of RC programs is to help people develop an indigenous (i.e., community-based) recovery support system that facilitates their transition from the professional or formal treatment realm and into a life of self-autonomy and, of course, sustained recovery.

By the end of the program WORC will have trained 20 recovery coaches, provided services to 450 peers, hosted 6 presentations per year to educate the community on use of WORC, and developed a Web-Portal of peer recovery resources. Staff and peer recovery coaches will use Motivational Interviewing (MI), the Manual for Recovery Coaching and Personal Recovery Plan Development (Loveland, 2005) and the Texas Peer Recovery Coach Institute Curriculum to provide comprehensive services. These strategies will create long term sustainability and enhance the Recovery Capital of Bexar and surrounding counties for its residents.

TABLE OF CONTENTS

Section A: Population of Focus and Statement of Need

Comprehensive demographic profile of population:

Bexar County, Texas is home to 1,721,781 persons. It is the fourth most populous county in Texas (out of 254 counties) with the city of San Antonio estimated to be the 7th largest urban area in the country. Compared with the state of Texas, the median household income for Bexar County is lower ($48,053 versus $50,266) and the poverty rate is higher (26.3% versus 24.1%). Split mostly evenly, between males and females, the county has almost 20% of its population under age 5 and another 20% 55 years of age or older (US Census, 2010).

Bexar County is a "minority-majority" community, with 63.2% of the population identifying themselves as Hispanic/Latino, the majority of them (85%) Mexican-Americans. In 2010, 26.0% of the Latino population in Bexar County was uninsured, compared to 20.4% of the Anglo population (U.S. Census Bureau). In addition, Latinos living in Bexar County account for 82% of the population that resides within 10 zip codes which the San Antonio Metropolitan Health District has identified as high-risk areas (SAMHD, 2010). Due to the high concentration of poverty in these zip codes and health problems resulting from high numbers of births to both single and school-age mothers, children in these areas are more likely to experience problems which may serve as barriers to success (US Census Bureau, 2010). Levels of acculturation and assimilation among Mexican Americans are contrasted by a generational divide. While first and many second generation Latinos linguistically adhere to their native tongue and traditional value systems, more and more young people from this group are adopting many of the values and culture of mainstream America (e.g., Citrin et al., 2007). For example, older generations tend to hold traditional views on gender roles and have been forced, based upon poor economic upbringing, to choose work before education. In contrast, younger generations, both male and female, tend to value a more progressive cultural identity where the opportunity for success and education supersede more traditional role distinctions (e.g., Pew Research Hispanic Center, 2004). It should be highlighted, even so, that regardless of generational differences there are still strong cultural ties to traditional Mexican mores and customs. For instance, values placed on strong family bonds and deep-seated religious ties, traditions and practices are vitally important to understand when developing social programs and prevention messages.

However, contrary to a common stereotype, overall rates of drug abuse and addiction among racial and ethnic minorities, particularly African Americans and Hispanics, are similar to rates in the general population (SAMHSA, 2011)**.** Nonetheless some minority groups incur greater medical and social consequences of their drug use than members of the minority population in general. Included in these minority groups within minority populations are both Hispanics and veterans (US Census, 2010).

Bexar County, on average performs less that 1% better than the state for high school diploma attainment. With only 24.5% of individuals, 25 years and older holding a high school diploma,

and 25.9% with a Baccalaureate or higher, the population is primed for substance abuse problems (Center for Behavioral Health Statistics and Quality, 2011; U.S. Census, 2010). Bexar County is home to thirteen college/university campuses. This count does not include the specialty technical school campuses and for profit education entities. The 2010 National Survey on Drug Use and Health reports that 22% of all full-time college students aged 18-22 use illicit drugs. For that same group it is reported that 63.3% were current drinkers, 42.2% were binge drinkers, and 15.6% were heavy drinkers.

Rural areas of South Texas served by the Quad County Council on Alcohol and Drug have a population of 108,737, encompass four counties and works with 300 adult and 100 youth per year (Menchaca & Stevens personal communication, April 2, 2013). None of these rural counties has residential substance abuse treatment programs. The population served by the Quad County Council on Alcohol and Drug Abuse is primarily Hispanic and lacks health insurance. Individuals needing substance abuse prevention, treatment and intervention services often travel hundreds of miles to get care in larger metropolitan areas. The San Antonio Council on Alcohol and Drug Abuse like surrounding Councils on Alcohol and Drug Abuse struggle's with meeting the needs of our substance abusing and recovering populations. While rural and urban areas experience drug use problems, the consequences are not the same due to the limited ability of rural areas to offer effective substance abuse treatment. In rural areas, the hospital, rather than a treatment center, is responsible for delivery of substance abuse treatment. Only 10.7 percent of hospitals in rural areas offer substance abuse treatment services compared to 26.5 percent of metropolitan hospitals (Dempsey, et al., 1999). Furthermore, only 79.5 percent of rural counties offer mental health services compared to metro area counties wherein 95.7 percent offer these services (Dempsey, et al., 1999). Adding to the burden is that 6.6% of rural substance abuse treatment providers hold a specialization in drug and alcohol abuse as opposed to 17.8% of providers in urban areas (CASA, 2000).

To further compound the limited resources in the rural counties, The Center for Health Statistics located at the Texas Department of State Health Services (DSHS) noted in 2010, that 66 counties had no licensed chemical dependency counselors. Almost all of these counties were west of I-35 and included counties covered by this proposal (DSHS, 2011, p. 9). Additionally, the entire state reported only 7,242 licensed chemical dependency counselors with a population of over 26,059,203 citizens (US Census). Moreover, the substance abuse professional workforce in Texas is aging (Rainer, 2010) and the number of such professionals has been declining over the past few years (Hogg Foundation, 2010).

Despite all these barriers faced by individuals living at or below poverty levels in our community, a recent Pew Internet Project found that 83% of Americans have a cell phone of some kind and for those under 45, 58% have access to a smart phone. Of African-Americans and Latinos – 44% are smart phone users. Smartphone users under age 30, non-white, and with

relatively low income and education levels were particularly likely to say they mostly go online using their phone. (Smith, 2011, p. 3).

The Nature of the Problem:

The nature of the problem in Bexar and the surrounding counties of Edwards, Kinney, Maverick, Val Verde is three fold. **First**, the **lack of substance abuse treatment programs** for indigent populations in both rural and urban areas combined with some of the lowest indigent and Medicaid treatment reimbursement rates (Haley, 2012) nationally make access to help difficult for the average substance abuser. Long wait lists for residential care have been the norm in Bexar County for the past 20 years. To put this into perspective, nationally, 12% of the population could be diagnosed with substance abuse or dependence addictions (Bray, 2009). Bexar County has only 149 residential beds for adults in need substance abuse treatment. Applying the national average to Bexar County population means approximately 147,000 individuals are affected by substance abuse in the county, which means 757 individuals are competing for every one indigent treatment bed available. When you combine these limited treatment resources with the drug statistics below you can see the extent of the problems in this area.

In a profile of those without health insurance in Bexar County, Texas, University of Texas at San Antonio Research and Policy Institute identified of individuals who reported having no health insurance in Bexar County as sixty-nine percent (69%) are Hispanics, one-fourth (25%) are White, non-Hispanics, about three percent (3.4%) are African Americans, two percent (2.4%) are Asians and, less than one percent (0.2%) are Native Americans. Results of this study indicate that the "typical" uninsured person in San Antonio is most likely to be Hispanic, male, between the ages of 40 and 64, and have not completed high school (Firestone & Harris, 2002).

For Calendar Year 2007, there were 9,520 separate drug-related felony arrests in Bexar County. Of these, 1,172 were for third time DWI offenses (a felony in Texas); and 427 were for marijuana-related offenses in which the amount in possession of the individual constituted a felony – not misdemeanor – offense. Another 7,728 were for offenses related to cocaine, methamphetamine, heroin, and other less common drugs and controlled substances (i.e. PCP, morphine, etc.).

For Calendar Year 2008, 9,872 narcotics arrests took place per the SAPD. This number is exclusive of property crimes which are widely understood to be related to drug and/or alcohol addiction (i.e. stealing with the intent to pawn merchandise for drug money). Also for Calendar Year 2008, the Bexar County Sheriff's Office recorded nearly 1,000 intoxication-related arrests (DWI Felony, DWI Misdemeanor, DUI, and/or Intoxication Assault).

Binge drinking continues to be an issue in Bexar County. The rate of DUI related crashes (>.08 BAC) in 2011 was 170 incidents with 38 of those involving adults between the ages of 18-22 (NHTSA/FARS, 2012). In 2010, the San Antonio Police Department reported 5,769 drunk driving arrests. Many of the intoxication arrests are from repeat offenders (The Paisano, 2011).

Bexar County's location in South Texas within a major drug trafficking corridor makes many drugs inexpensive and plentiful. Most officials, for example, believe that methamphetamine is coming from super labs in Mexico versus being manufactured at home. A related problem is that Mexican pharmacies sell many controlled substances to U.S. citizens who bring them into the state for use or resale (Maxwell, 2005). Our community has suffered from a plague of opioid dependency due to proximity to the border region and drug cartel trafficking of heroin through San Antonio. It is not unusual to see multi-generational heroin addiction. The Texas Department of State Health Services licenses four large methadone treatment providers (e.g., Tejos Recovery, Center for Health Care Services, River City Treatment Center, San Antonio Treatment Center) in San Antonio that provide medication assisted treatment to approximately 2,000 individuals daily (DSHS, 2013). Recovery from opioid dependence is a long and difficult process requiring a multitude of perspectives from detoxification to medication assisted treatment.

The **second** major problem in Bexar and surrounding counties is due to the **low reimbursement rates** that limit the ability for substance abuse treatment providers to give clients in their programs the extensive case management they need. That means barriers to many clients receiving help seeking sober housing, obtaining mental health care, finding work resources and assistance with legal issues such as identification recovery. These individuals who do not obtain these resources enter recovery with a disadvantage and higher potential for relapse. If you consider that a state funded residential treatment provider is reimbursed at $80 per bed day (Texas Medicaid Bulletin, 2011) and this amount must cover room, board and all clinical counseling services you can see how treatment providers cannot provide extensive in-house auxiliary services other than substance abuse treatment. Outpatient treatment doesn't fare much better with group rates averaging $15 per hour for group counseling and $54 for individual counseling (Texas Medicaid Bulletin, 2011). If you compare these low reimbursement rates with one for-profit substance abuse treatment program (La Hacienda, Hunt, TX) that receives reimbursement from health insurance at $28,985 for a 35 day residential program (e.g., $823 per day) you can see why there are so few non- profit agencies able to compete (La Hacienda, April, 2013). This disparity also results in their being only 149 indigent treatment beds in Bexar County and the Quad County Council on Alcohol and Drug Abuse has zero residential substance abuse treatment beds in their four county area (DSHS, March, 2013).

The final major area of concern is a significant population of returning veterans to Bexar and surrounding counties**.** San Antonio is oftentimes referred to as "Military City, USA.

Bexar County is the home to various military installations including Fort Sam Houston, Lackland Air Force Base, Randolph Air Force Base, and Brooks Army Medical Center with 25,000 active duty personnel and over 150,000 veterans (US Census, 2010). Almost one of every 8 persons (12.7%) in Bexar County is a veteran, compared to 9.6% nationwide (US Census, 2010). San Antonio Military Medical Centers are the second largest medical military complex in the nation and the largest in Texas. This veterans' health care system has about 1.3 million visits a year. Unfortunately, veterans have much higher rates of psychiatric disorders, drug abuse and homelessness. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services (see www.nami.org/). However, the VA Medical Center in San Antonio has become the regional hub for care of returning veterans from South Texas and these veterans have access to only 50 inpatient substance abuse inpatient treatment beds.

Individuals returning from Iraq and Afghanistan are at an increased risk for suffering post-traumatic stress disorder and related substance abuse disorders. Most individuals automatically assume that all returning veterans come with an honorable discharge and access to Veterans Administration (VA) health care benefits. That is not always the case as noted in a recent article on the uninsured veterans returning home were, "While veterans are less likely than the rest of the nonelderly population to be uninsured, there are an estimated 1.3 million uninsured veterans nationwide" (Haley, 2012). In fact, Texas has the highest rate of uninsured veterans returning home at 10%.

Bexar County is the home to over 153,000 veterans with service in the military dating as far back as World War II (U.S. Census Bureau). This subset of the Bexar County population is primarily male, 86.4%. Almost 35% or 53,550 are between the ages of 18 and 34 years old. In a report from the RAND Center for Military Health Policy Research, approximately 18.5% of US service members who have returned from Afghanistan and Iraq have post-traumatic stress disorder or depression; and 19.5% report experiencing a traumatic brain injury during deployment. Due to these known, documented issues, the VA is not equipped to treat the population in need in Bexar County. (RAND, 2008).

According to the Armed Forces Health Surveillance Center report, mental and substance abuse disorders caused more hospitalizations among US troops in 2009 than any other cause (Armed Forces Health Surveillance Center, 2010). Also they report the following were signs associated with substance abuse amongst this subgroup: failure to fulfill major personal and professional obligations; recurrent use of substances in situations in which they are physically hazardous; recurrent alcohol or substance-related legal problems; persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or substance use, while this use often continues without stopping; mood and behavior problems; financial difficulties; and hurt social relationships.

SECTION B Proposed Evidence-Based Approach

The overall purpose of WORC e-ROSC is to use technology-assisted care to expand and enhance the capacity of substance abuse treatment providers in Bexar county and four surrounding rural counties to serve primarily minority, low income adults and veterans in need of recovery support services and who have been previously underserved due to various geographical, personal, and structural barriers.

GOAL 1. To use Technology Assisted Care in Bexar County and the surrounding nine-county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.

Objective 1.1. Use Technology-Assisted Care, namely an electronic-Recovery Oriented Systems of Care (WORC e-ROSC) available in English and Spanish, to serve approximately 450 clients in need of recovery services more effectively and efficiently by *supplementing face-to-face recovery services with e-ROSC services*, both facilitated by peer-recovery coaches.

Objective 1.2. Allow enrolled clients to actively monitor, via technology that can be accessed from computers, iPads, or smart phones, in real time their own treatment and progress in recovery as well as ancillary health information related to the treatment of substance abuse.

Objective 1.3. Improve outcomes for clients by facilitating earlier and more persistent participation in services including the assessment of "recovery capital" and development of a personal recovery plan, resulting in decreased rates of relapse and improved physical and behavioral health.

GOAL 2. To increase the recovery capital of the San Antonio/Bexar County and surrounding rural county areas by training a cadre of peer coaches to deliver recovery services to traditionally underserved individuals including the uninsured, minorities, and those living in rural areas.

Objective 2.1. To identify up to 20 peers in recovery from substance disorders (recruited the existing pool of Texas Department of Health (DSHS)-trained recovery coaches and other local recovery resources) over three years and develop and enhance their skills to serve as peer coaches using the 46-hour Texas Peer Recovery Coach Institute mentor training program promoted by DSHS.

Objective 2.2. To supplement the core peer recovery training of the 20 peers with training in evidence-based practices to be used in the project (i.e., Motivational Interviewing, brief strength-based case management) as well as the delivery of technology-assisted recovery support care to be delivered in face-to-face encounters and through the WORC eROSC.

GOAL 3. To identify and recruit 450 underserved clients with substance use disorders over three years through linkage with community agencies and through public WORC e-Recovery Oriented System of Care (e-ROSC) portal.

Objective 3.1. Conduct five focus groups (two with individuals with substance use disorders, one with peer recovery coaches, one with program staff from service agencies, and one with members from community at-large) by Month 02 in order to plan for the overall implementation of the WORC e-ROSC.
Objective 3.2.Provide at least six trainings per year throughout the targeted geographical area for peer recovery coaches as well as staff from referring community agencies on how to make referrals to the WORC e-ROSC project as well as how to use the e-ROSC system.
Objective 3.3. Develop formal MOUs between WORC and community agencies needing peer mentors and/or who have individuals they can refer to be a peer mentor.
Objective 3.4. Link individuals requesting services through direct agency referrals or through the WORC e-ROSC portal to a peer-recovery coach who will utilize face-to-face and/or e-ROSC services.
Objective 3.5. Provide each enrolled client the opportunity to attend a two-hour digital literacy class as well as to facilitate effective use of WORC e-ROSC resources.

GOAL 4. To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.

Objective 4.1. Assess digital literacy, abstinence, relapse, unmet needs, general health, wellness and recovery capital of enrolled clients at baseline and six-months post-baseline.
Objective 4.2. Assess satisfaction with and acceptability of WORC services including peer recovery services delivered face-to-face and through the e-ROSC portal at 6-month follow-up.

Evidence-based practices (EBP) and justification

Project WORC involves the implementation of face-to-face peer recovery support services for traditionally underserved adults with substance abuse problems that will be enhanced by the use of an electronic-Recovery Oriented System of Care. The proposed project includes several evidence-based practices or conceptual frameworks including: 1) Recovery Oriented Systems of Care (ROSC) expanded to e-ROSC; 2) motivational interviewing.

Recovery Oriented Systems of Care (ROSC) is described by SAMHSA at http://partnersforrecovery.samhsa.gov/rosc.html. ROSCs are networks of agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, treat and support individuals seeking recovery from substance disorders across the life span. ROSC was chosen as conceptual foundation for the WORC project because of the research support for its guiding principles and key elements (see Sheedy & Whitter, 2009) and because its key outcomes are commensurate with that of the present RFA, namely enhanced wellness and recovery. ROSC embodies many principles and elements supported by research (Sheedy & Whitter, 2009). One such principle is that the pathway to recovery may involve informal community resources such as *peers that provide support for recovery and wellness*. Another tenet is that recovery is fundamentally a self-directed, *consumer-driven process*. ROSC espouses building upon the client's assets, desires, abilities, and resources to assist the client in the recovery process. The present study will use peer coaches who will help the individual develop his or her own roadmap for recovery. **ROSC ascertains that an individual's culture, including**

linguistic preferences, ethnicity, sexual orientation, religion and heritage should be acknowledged, addressed, and utilized in recovery (Sheedy & Whitter, 2009). Our peer coaches will receive ongoing training and supervision in the delivery of culturally competent recovery support services. The adaption is that ROSC will be enhanced by electronic delivery.

Electronic ROSC. Evidence is mounting that electronic media is just as effective as face-to-face contact in delivering substance abuse treatment, ***hence the reason e-ROSC was proposed for use in the proposed project as well as the fact that it consistent with the RFA in that it is a means of expanding treatment opportunities and means of communication*** with traditionally underserved populations (e.g. those in rural areas, those with limited financial means etc). For example, Carrol and colleagues (2008,2009) demonstrated that patients attending a community substance abuse clinic that received interactive computer-enhanced cognitive behavior therapy had more drug-free urine samples and greater continuous abstinence than patients who received only standard face-to-face twice weekly counseling. In a randomized controlled trial, Bickel et al. (2008) demonstrated that an interactive computer-assisted intervention grounded in the community reinforcement (CRA) plus contingency management approach produced comparable weeks of continuous opioid and cocaine abstinence as a therapist-delivered CRA plus contingency management intervention. It is noteworthy that participants in the computer-assisted condition had over 80% of the intervention delivered via the interactive computer program and yet patients in both conditions reported comparably strong bonds with their therapists. Similarly, Riper and colleagues (2008) demonstrated that a web-based, multi-component interactive intervention for problem drinkers led to a greater reduction in alcohol consumption at 6 month follow-up than a control condition involving an online psycho-education brochure.

The proposed project will follow the work done by Centerstone of Indiana to *extend* ROSC to a technology-enabled **Electronic Recovery Oriented System of Care (e-ROSC).** It will adapt from Centerstone's implementation configuration, content and work flow that has been successfully demonstrated by Centerstone of Indiana using the SPINN Patient Relationship Management Platform. Specific evidence-based content includes: The Recovery Capital Scale, copyright Centerstone, 2012/2013, adapted for use from Recovery Capital Scale by W. L. White, Emeritus Senior Research Consultant, Chestnut Health Systems. http://www.williamwhitepapers.com/pr/Recovery%20Capital%20Scale.pdf. The Periodic Support Questionnaire, copyright Centerstone, 2012/2013, adapted for use from Telephone Continuing Care Therapy for Adults, J. R. McKay, D. H.A. Van Horn, and R. Morrison. http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=14604&sitex=10020:22372:US.E-ROSC has also been supported by the Great Lakes Addiction Technology Transfer Center. See presentation February 6, 2013 at https://www2.gotomeeting.com/register/623313994. Delivering ROSC electronically will enhance fidelity to the intervention because a record will be available of whether certain elements such as the Recovery Plan, the Recovery Capital Scale and the Period Support Questionnaire have been implemented.

Fidelity to the ROSC model using the electronic enhancement is likely to increase due to the ability to digitally track fidelity indicators including whether a recovery plan has been developed and/or updated, and how often the recovery capital scale is completed, whether written interaction between the coaches and participant are strength-based.

Motivational Interviewing (MI) is an EBP (SAMHSA, NREPP, 2007). MI research indicates that it is effective for individuals in substance abuse treatment and can be used as a specific intervention for initiating a reduction in substance use, enhance motivation to change, and reduce criminal activity (McMurran, 2009). Components include establishing rapport with the client, listening reflectively, asking open-ended questions to explore the client's motivations and affirming the client's statements of change-related efforts and developing an action plan for the individual's short and long-term goals (SAMHSA, NREPP, 2007). MI will be delivered *via face-to-face individual encounters with the participant and or real-time interactions with the client via the e-ROSC portal*. WORC e-ROSC has selected MI because of it flexibility for use with Hispanics and African-Americans as well as whites, substance abusers, and veterans. In addition it was selected because of its widespread applicability to different age groups, both genders, diverse implementation settings (community, outpatient, etc.) and outcomes which are commensurate with those of the present study and the RFA (e.g., improvement in recovery rates, treatment engagement/retention). No adaptations will be necessary. Ongoing training and fidelity checks using publicly available fidelity tools (see NREPP, 2007) will ensure fidelity to the intervention.

Manual for Recovery Coaching and Personal Recovery Plan Development (Loveland, 2005). This EBP manual was funded by the Illinois Department of Human Services, Department of Alcoholism and Substance Abuse in conjunction with Fayette Companies of Peoria, IL. The manual will be used as the guide for training peers as recovery coaches, development of individualized recovery plans, and for structured supervision of peer coaches in the field and on-line. The manual is a guidebook on how to help individuals in addiction treatment gain access to needed resources, services, or supports that will help them achieve recovery. The recovery coach model of case management is strengths-based and holistic in that it is designed help individuals address multiple domains in their life that have been impacted by their substance use. No adaptations are needed.

Texas Peer Recovery Coach Institute. The Texas Peer Recovery Coach Institute is a five (5) day, 40 hour training curriculum developed by Texas Association of Integrated Recovery Community Organizations & Services through funding from Texas Department of State Health Services (DSHS). This training curriculum has been approved by DSHS for the purpose of credentialing as a Peer Recovery Coach. The Peer Recovery Credential is currently being developed by the Texas Certification Board of Addiction Professionals. This is the training program that will be utilized with Peer Mentors. The program covers extensive training on ethics, co-occurring disorders, stages of change, motivational interviewing, skill building,

listening, development of wellness and recovery plans, cultural competency, recovery resources, and recovery capitol. The lay-out of the training is such that it can be given over 5 weeks with 11 one day per week. We realize that most people who have been in recovery for a year or less need to work and cannot take off an entire week for training and by offering training in this fashion will attract candidates. Additionally, there are several trainers that participate as part of the Alamo Area Recovery Initiative (AARI) who are available in the area on a weekly basis.

How the practices address issues in the population of focus while retaining fidelity: In general, each of the practices selected, i.e., motivational interviewing, recovery coaching and personal recovery plan development, and electronic-ROSC are sufficiently flexible to accommodate special characteristics of the target population such as race, ethnicity, religion, gender, age, geography, socioeconomic status, language and literacy, sexual identity and disability. For instance, MI has been used not only in the U.S. and with minorities but in many other countries, using languages other than English and Spanish. As a second example, ROSC principles assert that an individual's culture, including linguistic preferences, ethnicity, sexual orientation, religion and heritage should be acknowledged, addressed, and utilized in recovery (Sheedy & Whitter, 2009). Language will be addressed in various ways including having bilingual recovery coaches and Spanish and English language print and electronic materials. Literacy will be addressed by ensuring materials are written at no higher than a 6th grade level. Computer literacy will be addressed by assessing an individual's computer literacy and providing computer literacy classes for those in need. Individuals will not be excluded from participation in any of the components due to disability. In fact, the e-ROSC provides a means of expanding access to recovery support services to individuals who may not be able to seek formal traditional services because of a physical disability or who may be limited from seeking traditional services because of perceived stigma associated with substance abuse, sexual orientation, or gender identity issues. As noted above, peer recovery coaches and other program staff will receive ongoing training and consultation regarding the delivery of culturally competent services. Further, our focus groups held at the start of the program will help us review what adaptations and accommodations may need to be made to the various intervention practices whilst maintaining fidelity to the interventions.

Reducing disparities in subpopulations. The greatest disparity that will be attenuated for various subpopulations (e.g. Hispanics, rural participants, the uninsured, and veterans) is access to treatment. Implementation of the project, which incorporates MI, personal recovery plan development, ROSC and e-ROSC will allow individuals who might not want to go to a substance abuse clinic or have difficulty doing so on a regular basis due to barriers such as stigma, travel distance, costs, or being disabled, greater access to treatment and recovery services as long as they have access to a computer, iPad, or a smart phone with internet capabilities. As noted elsewhere, although access to electronic media will be essential, most adults in the U.S. are able to access a computer or smart phone. Moreover, this intervention will further try to reduce

disparities by enhancing computer literacy as a part of the service that is offered to enrolled clients.

Section C: Proposed Implementation Approach

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

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.

The San Antonio Council on Alcohol and Drug Abuse (SACADA) is proposing the development and implementation of an e-Recovery Orientated System of Care (ROSC) called "Web Orientated Recovery Care or WORC" that will provide substance abuse prevention, intervention and treatment services for the underserved and minority treatment populations listed above, specifically: rural residents in south central Texas counties, Hispanics, uninsured individuals needing treatment and veterans. All of the above listed populations have limited access to substance abuse care and/or they live in remote areas and lack transportation to available services. Recovery coaches and individuals with substance abuse disorders will be actively included in the development of the WORC Project from the beginning. A participatory planning committee formed of community members, recovery coaches, individuals with substance abuse disorders, program staff, treatment providers, evaluators and web developers will be formed to adjust the initial plan. The WORC Project will serve to empower individuals with substance abuse disorders, make the work of recovery coaches more efficient, tailor interventions to specific needs of participants, provide social support, leverage the experience of other participants in recovery and recovery coaches, facilitate positive social interaction and role modeling, and make data collection more efficient and user friendly.

In addition, Texas Department of State Health Services is ending its funding of the regional Prevention Resource Centers as of August 31, 2013. These centers have been a repository of addiction information in their communities providing not only literature but often are sought out as the experts on addiction in their communities.

Providing an alternative resource for citizens of these communities to seek out information on addiction trends in their area, find Spanish language help and literature, have e-chat with peer recovery coach or volunteer for recovery mentoring, find addiction services, or seek recovery activities resources in their area is in director support of SAMHSA's Strategic Goal #6.2 by providing health information technology to provide healthcare.

Describe your experience using technology for treating substance abuse 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.

SACADA has been the hub of addiction treatment resources in the San Antonio and surrounding region for the past five decades. Our experience with use of technology in prevention and treatment of addiction is at the forefront of reaching young people in our community through use of the most current trends that can be viewed at our web site sacada.org. Here you can see our youth prevention group HYPE, or blog a current topic. We utilize the state electronic health record system, Clinical Management of Behavioral Health Systems (CMBHS) for recording of substance abuse prevention and treatment services. SACADA uses web based training, video conferencing, Facebook, and Twitter to link to our citizens and keep them informed of the most current trends in drug use, treatment and recovery. All staff is fluent in use of the web technology. CMBHS allows referral to community substance abuse treatment facilities within the system and increases communication with providers to eliminate duplication of services to clients.

The missing piece in our current scenario is resources for individuals needing treatment or seeking recovery support resources such as Recovery Coaches. SACADA has been an active participant in the local Recovery Oriented System of Care (ROSC), called Alamo Area Recovery Initiative (AARI). SACADA and the local ROSC – AARI lack resources for technology as a way of connecting recovery resources with recovery needs in the community.

Funding of this project will enable SACADA to embed within the region a resource that directly expands on and enhances existing services. By developing the "WORC Project" that all citizens can access, we are creating **Recovery Capital**. What do we mean by Recovery Capital (RC)? "The long-term goal of RC programs is to help people develop an indigenous (i.e., community-based) recovery support system that facilitates their transition from the professional or formal treatment realm and into a life of self-autonomy and, of course, sustained recovery (Loveland, 2007)."

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):

- SACADA currently has played a major part in the area ROSC and is providing a location for training of Recovery Coaches (RC). Once trained, regional treatment providers, individuals in the community, and mutual help groups will be able to access these RC through WORC. SACADA has always been the place within the community that people naturally seek addiction services.
- SACADA will provide training to the region on use of the Web-Portal to access recovery resources by providing both Webinar and onsite training to ensure that the regional behavioral health agencies are familiar and comfortable with using the technology. We will also train the e-ROSC staff and recovery coaches with the use of the WORC. SPIN, White Pines has

committed to a webinar to train program director and staff, allowing staff to train the coaches. SACADA is known in the area as a provider of competent and professional training through its *First Fridays* Workshops.

- To ensure the proposed treatment population can use the WORC e-ROSC a focus group of 10 clients currently enrolled in an Offender Re-Entry Program was polled the first week of April 2013 regarding their ability to access technology (e.g., internet, smart phones). They were queried regarding knowledge of technology, access to computers/smartphone/iPads. The results overwhelming supported that this population of indigent substance abusers with similar demographics to the population in this grant has access to computers, smart phones, and use web based applications at least daily. Out of ten surveys, only one client did not have access to a computer. SACADA will provide on-going WORC training to treatment providers, the recovery community, and the community at large on use of the technology.
- SACADA will consult with White Pine Systems, LLC, the vendor for the WORC e-ROSC project who will provide their expertise to adapting their existing software for use in the South Central Texas area. The project has included a 15% position for a Web Master who will be responsible for maintenance, upgrades and operation of the system.
- SACADA will continue to support the ongoing hardware upgrades and maintenance, software maintenance, IT staff and consultants, and ongoing training that will be required for WORC Project. After the completion of the grant we will charge a small annual fee to access WORC (e.g., $10.00 per person per year, $100 per year for treatment provider to have full access for all clients that year). We see this technology as being a way of enhancing our fiscal position for the long term future.

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

As an overview, the system we expect to acquire is carefully designed to support HIPAA, 42 CFR, Part 2 as well as regulation that may be specific to Texas. At the time of first web contact with a potential participant in the WORC Project, and on-line Consent to participate in the evaluation piece of the program will be built into the program software. Also built into the system is Terms of Service agreement that meets the various legal and practical requirements. The first time an individual log-in to the system they will be required to electronically accept the Terms of Service before they will be able to move forward in the system.

It should also be noted that the proposed system is organized into three information domains: 1) Public or social domain, 2) Clinical domain, 3) Personal health domain (A Personal Health Record). By organizing information in this fashion, with different rules and regulations applying to each, we expect to simplify the process of managing the exchange of confidential information while adhering to the appropriate regulations.

The CMBHS electronic health record has been designed and implemented by the state of Texas specifically for use by all substance abuse treatment providers. It has built in consent forms that meet the requirements of HIPAA and 42 CFR, part 2. These forms are saved in an electronic format that can be tracked and/or revoked while noting date and times that consent is given. The system has an electronic signature that does not allow any unauthorized user to access the system.

Describe how achievement of the goals will produce meaningful and relevant results for your community.

The WORC Project will serve to empower individuals with substance abuse disorders, tailor interventions to specific needs of participants, provide social support, leverage the experience of other participants in recovery and recovery coaches, facilitate positive social interaction and role modeling, and make data collection more efficient and user friendly.

And central in our goals is to **"Enhance connection of recovery resources to individuals, families and the community agencies through development of a "WORC**". As part of SAMHSA's 2011-2014 Strategic Initiative #4: Recovery, Objective 4.1.2, Action Step #6 - Promote Recovery-Orientated Service Systems (SAMHSA, 2011), use of online tools such as curricula, Webinars, training tools, and other resources to assist communities and organizations to adopt a recovery orientation, is recommended. The WORC Project will be accessible on-line for individuals in recovery to register for peer coach/mentor training, for individuals and agencies to request peer coaches to work with people, to provide on-line resources and information on community recovery activities, and to track our "Recovery Capital" in our community. Our WORC project will be developed with broad community input, and will be operated by individuals from within our own community, assuring cultural appropriateness.

Providing an alternative resource for citizens of these communities to seek out information on addiction trends in their area, find or volunteer for recovery mentoring, find addiction services, or seek recovery activities resources in their area is in director support of SAMHSA's Strategic Goal #6.2 by providing health information technology to provide healthcare.

Describe your plan to screen and assess clients for the presence of co-occurring mental and substance use disorders

SACADA will be using the Clinical Management of Behavioral Health Services (CMBHS) electronic health record (EHR) for documentation of any clinical information. Included in this EHR is a mental health screening to identify any suicidal or homicidal ideations, and/or co-occurring psychiatric disorder that may be present. If an individual appears to need referral to mental health treatment, the CMBHS system is already set up to produce HIPAA/42 CFR part 2 consent and then make the referral through the EHR system to the local Mental Health Authority.

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 not later than 4 months after grant award.

SACADA will be ready to implement no later than 4 months after grant award. SACADA already has key program and evaluation staff on board. SACADA, UTHSCSA, and White Pines, LLC are familiar with the requirements of implementing a CSAT grant including the

performance assessment. SACADA has experience with ROSC and peer-to-peer service delivery, both critical components of this project.

Timeline: Key Activities	Milestones	Responsibility	Timeline
EHR on-line Operational	Being used now.	Project Coordinator	Day 1
Hold 5 focus groups and do community interviews on web portal design.	Sign-in Sheets and minutes. Focus Group Questionnaire	Project Director, Project Counselor, peer mentors	Week 1-6
1ST meeting of WORC Planning Committee, then weekly until complete.	Documentation of meeting	Peer Mentors, program staff, web designers, individuals with SUD	Week 2 and ongoing.
Prepare, submit, and acceptance of Scope of Work	Scope of Work document	Web Portal Design Team and SACADA Executive Director	Week 2
Develop formalized MOA's with agencies collaborating with SACADA	Agreements on file and provided to SAMHSA.	Project Director	Month 2
IRB Approval Obtained	IRB notification letter on file.	Evaluator	Month 1
Hire Project Coordinator & 5 Peer Recovery Coaches	Project Coordinator & Recovery Coaches orientation documented.	Project Director	Month 1 and then additional 5 coaches hired by month 6
Train both Peer Recovery Coaches and program staff	40 hours peer recovery coach training & an additional 8 hours in MI.	Project Coordinator, Peer Coach Trainers, MI & BSBCM trainers	Month 2 and ongoing
Webinar Training Developed		Web Portal Design Team	Month 3
Staff and Peer Recovery Coaches trained on WORC applications	Staff able to show how to use of WORC	All SACADA staff and peer mentors.	Month 2-4
Begin Services with target populations	Documentation of Services	Project Coordinator and Peer Recovery Coaches	Month 4
Ongoing Supervision of Peer Recovery	Documentation of Supervision	Project Coordinator	Ongoing

Coaches			
Develop written policies and procedures for all facets of project	In place at agency	Project Coordinator	Month 3-4
Provide 6 training groups in community, and places where substance abusers or people in recovery congregate.	Documentation of trainings.	Project Director, Project Counselor, Peer Mentors	Month 4 and ongoing

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

As part of the first steps of this project, it is critical to have a thorough understanding of the needs of individuals with substance abuse disorders, recovery coaches and program staff, level of access and mastery of the Internet, as well as preferences for service delivery, communication, social interaction, and appearance of web material. Five focus groups will be conducted to gather this information **(two with individuals with substance abuse disorders, one with recovery coaches, one with program staff from service agencies, and one with the community at large)**. In addition, in depth interviews will be conducted with leaders of recovery groups, veterans, military and mental health community groups, service agencies personnel, trainers, and addiction experts.

Reports from these focus groups and interviews will be analyzed by the WORC planning committee to determine template for portal developers to follow. Portal developers will then be asked to produce an initial diagram of the portal functioning. Because we intend to adhere closely to the existing Centerstone model, we expect to have a fairly quick implementation. Our target for going live is 90 days after contract, certainly within the 4 month requirement of this grant.

Simultaneously, program staff will produce key words and content. Once the committee approves the key words, content and portal structure, designers will begin developing the portal. Designers will produce updated version of the scope of work every week to be reviewed by the WORC planning committee. This participatory committee will review the progress weekly and ensure cultural content is appropriate for this region of the country.

Before the WORC goes live, SACADA staff and Peer Recovery Coaches will be trained to enter data, use resources and information, and manage participatory communications channels through the portal. Once WORC is fully operational, staff will trained to go out into the recovery

community, veteran's services, human services agencies and community centers to train individuals, families and agencies on how to use the WORC. Peer Recovery Coaches will engage participants in services, by recruiting from both treatment and general community. Webinars will also be developed to conduct training on use of WORC project. Peer recovery coaches will be able to monitor participants more effectively through WORC/e-ROSC because they will be able to track their level of engagement. There will be 24 hour coverage of the peer-recovery chat room that will allow clients to be better retained and engaged.

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

Two of the five focus groups will be conducted with individuals with substance use disorders. These individuals can be found in community treatment programs through-out the region. Mutual Help Groups will be queried throughout the project. Recovering individuals and Peer Recovery Coaches will be included in the planning and implementation phases of this project. Peer Recovery Coaches will have participants complete a WORC satisfaction survey at the 6 month time frame to evaluate their experience with the WORC services. Their finding will be evaluated and used to make adaptation and improvements to the service.

Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.

SPINN – White Pine Systems, LLC – has committed to support project by participating in a competitive bidding process for a rapid-cycle development and implementation of an electronic ROSC.

Quad Counties Council on Alcohol and Drug Abuse (Maverick, Val Verde, Edwards, and Kenney Counties) – has committed to collaborate with SADADA to train and supervise recovery coaches, and teach them to use WORC e-ROSC to provide much needed services in their rural communities.

Alamo Area Recovery Initiative (Bexar County ROSC) – has committed to operate training of Recovery Coaches who will be utilized on WORC e-ROSC.

Lifetime Recovery – Region 8 Substance Abuse treatment provider has committed to allow SACADA access to clients, alumni, and staff for the purpose of training on utilization of WORC e-ROSC.

Alpha Home, Inc. – Region 8 Substance Abuse treatment provider has committed to allow SACADA access to clients, alumni, and staff for the purpose of training on utilization of WORC e-ROSC.

UTHSCA-CP has committed to providing evaluation services (e.g., GPRA, local outcomes and process data collection). It will work closely with White Pines LLC to extract analyzable data from the e-ROSC.

Unduplicated number of individuals to be served:

Based on Bexar County's current demographics, we anticipate that our participant population will be comprised of 60% Hispanic, 30% White, and 10% African-American with a 50/50 split amongst gender. Rural area population would be expected to be represented by 10% and the veteran population would make up approximately 5%.

Type of Service	Numbers Served/Services Delivered	Expected Outcome
Training Peer Recovery Coaches	10 mentors per year x 40 hour peer mentor training plus 8 additional hours in MI, WORC e-ROSC x 3 years	*20-30 trained peer mentors available in South Texas region.
Peer Recovery Coach monitoring of WORC e-ROSC	10 Coaches working with 15 clients each the 1st year = 150 clients; 10 Coaches working with 20 clients each the 2nd year = 200 clients; 10 Coaches working with 10 clients each the 3rd year = 100 clients. Total = 450 (3 yr)	Linkage to WORC Peer Recovery Coach and e-ROSC resources for 450 clients.
Personal Recovery Service Plan Developed	450 individuals receiving mentoring. 450 Personal Recovery Service Plans Developed	Treatment continuity or treatment engagement or reduced relapse. Increased peer support, sub stained sobriety, improved ratings on Recovery Capitol Scale
MI Peer Recovery Coaching	450 individuals x average 3 MI sessions each = 1350 MI sessions.	Treatment continuity or treatment engagement or reduced relapse, increased motivation to continue in program.
Recovery Capitol Scale	450 Recovery Capitol Scales completed at baseline, discharge and 6 months post discharge.	Increased peer support, sub stained sobriety, improved ratings on GPRA, risk/protective factors,
TMAC Risk & Protective Factor Scale	450 Risk & Protective Factors Scale completed at baseline, discharge and 6 months post discharge.	Increased protective factors, reduced risk factors.
WORC e-ROSC access	Unlimited	Increased Recovery Capitol in Community, more people enter treatment, decreased relapse rates, greater intensity of treatment, and enmeshment into recovery culture.

*Some peer recovery coaches may choose mentoring with WORC an additional year.

Provide a per-unit cost for this program. Calculated 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 people served.

Total cost of project over 3 years - $840,000 - $144,540 (evaluation) = 695,460 ÷ 450 individuals receiving services = $1,545 unit cost per client.

If you take into consideration treatment costs for a 90 day residential substance abuse program ($80 x 90 days = $7,200) and add outpatient treatment services for 3 additional months (2 Groups @ $22 = $44 and 1 Individual Counseling @ $54 per week = $98 for one week of outpatient care. $98 x 12 weeks = $1,176 for Outpatient) total treatment cost is $8376. The WORC e-ROSC saves $6,831 per individual per treatment episode. Additionally, if you consider each person incarcerated for substance abuse in Bexar County costs taxpayers $200 per day compared to the non-substance abusing offender which cost the county $50 per day (Lozito, M, April, 2012), that means it cost $36,000 to keep a substance abuser in jail for 6 month. The WORC e-ROSC has the potential to save $34,455 for each 6 months of a substance abusers' incarceration.

The VERA Institute of Justice, Center on Sentencing and Corrections said "In Fiscal year 2010, the Texas Department of Criminal Justice (TDCJ) had $2.5 billion in prison expenditures. However, the state also had $782.9 million in prison related costs outside the department's budget. The total cost of Texas's prisons—to incarcerate an average daily population of 154,576—was therefore $3.3 billion…" (January, 2012).

Section D: Staff and Organizational Experience

Capability and Experience of Applicant and Collaborators

SACADA has extensive experience with various multi-agency collaborations, which include existing efforts to address substance abuse issues among high-risk subgroups. SACADA is collaborating with Texas Department of State Health Services (DSHS) in strengthening recovery support services in Bexar County.

SACADA is a nonprofit organization with over 50 years' experience in providing education, information resources, treatment referrals, and wraparound services for individuals affected by substance abuse and/or co-occurring mental disorders. SACADA is also a member of the Texas Recovery Initiative (TRI), a multi-phase group aimed at implementing recovery-oriented models of care, and is the lead organization for the Recovery Oriented Systems of Care (ROSC) (Texas-Region 8), a collaboration of key stakeholders and individuals in recovery who work to ensure the availability of community recovery services. SACADA hosts the monthly ROSC meetings which have over 40 members with half of those members with lived experience in recovery of substance abuse. The goal of the ROSC is to create a community that improves the overall quality of life for individuals who struggle with substance abuse disorders.

SACADA currently serves nearly 160,000 people in Bexar County and 28 surrounding counties in South Central Texas impacted by substance abuse. Services include: evidence based life-skills programs, coalition leadership, DWI state certified courses, screening and assessments, treatment referrals, Drug Free Workplace Training, and community education on substance abuse trends. Currently SACADA is on year one of a three year SAMHSA grant to provide re-entry services for men ages 18-27 who meet criteria for substance abuse disorders. The goal of this grant is to provide intensive case-management and recovery support services to prevent re-incarceration. SACADA successfully implemented a grant from Texas Veterans Commission, which funded substance abuse/mental health screenings, assessments, brief counseling, secures out-patient substance abuse counseling, and case management for veterans and their families. SACADA has had previous experience as the lead agency on several SAMHSA funded grants, including Project Del Corazon, which provided HIV/AIDS and substance abuse treatment to youth and adults in the community and Strengthening Families, a project to equip high-risk families with protective factors.

Since the WORC Project is providing an e-ROSC that will be accessible in the virtual world, SADADA is partnering with the Quad County Council on alcohol and Drug Abuse to increase their Recovery Capitol through the training of Peer Recovery Coaches from each of their regions to work with individuals in their counties. Currently Quad County has zero treatment facilities in their 4 county region.

Expertise and longevity have allowed for development of strong community partnerships, including over 100 memoranda of understanding from local organizations providing easily accessible treatment and extensive wraparound services. Current partners include but are not limited to: **Center for Health Care Services**-recognized by the state of Texas as Bexar County's leading mental health authority. CHCS is a state licensed facility which provides mental health and substance abuse services; **Bexar County Detention Ministries**- a faith-based organization which provides an array of community services including: basic needs assistance, employment and readiness, parenting classes, rental assistance, money management classes, HIV/AIDS awareness and testing, mental health counseling, and chaplaincy services; **Mid-Coast Family Services –** provides outreach, screening assessment, and treatment referrals to individuals meeting criteria for substance abuse issues. Mid-Coast Family Services also provides motivational interviewing through counseling for those seeking treatment; **Lifetime Recovery and Alpha Home** are state licensed providers for residential and out-patient drug abuse treatment; **Goodwill Industries** – provides job training, housing assistance and other social services. Such extensive alliances provide leverage for individuals seeking support services in community based settings. SACADA has a successful history working with substance abusing minority referred from Federal Pre-trial Services, Bexar County Probation Department, Drug Courts, Veteran's Court, and Defense Attorneys. SACADA provides client services in both English and Spanish, and is comprised of staff members that are mostly bilingual/bicultural natives of South Texas. SACADA has a long relationship with all local treatment providers, the

AA/NA recovery community as well as sober living housing programs. These established relationships will allow the successful recruitment of both peer coaches and peer mentees. In addition, clients are also provided or referred to community based education and programs including substance abuse education, parenting classes, self-esteem classes, AIDS awareness and testing, GED preparation classes, family violence prevention classes, AA/NA sessions, and non-denominational worship services.

UTHSCSA-CP will provide all evaluation services for Project WORC. UTHSCSA-CP is comprised of approximately 30 professionals representing the fields of medicine, public health, psychology, computer science, biological sciences, and education. Staff are organized into multi-disciplinary teams, which collectively have at least 25 years experience in providing evaluation, healthcare, and evidence-based support services to minority, high-risk adults and children throughout South Texas. In addition, UTHSCSA-CP staff includes bilingual/bicultural personnel that are sensitive to the cultural needs and social barriers experienced by the target population. UTHSCSA-CP has served as the lead agency and/or evaluator on a total of 16 SAMHSA projects focusing on substance abuse and/or HIV/STI treatment or prevention (three projects currently ongoing). Currently UTHSCSA-CP is the evaluator for three SAMHSA-CSAT funded projects (i.e., Project Keeping It Real, Salud Y Vida, ADELANTE!) providing substance abuse treatment to individuals involved in the criminal justice system.

SACADA staff and all partners have extensive experience working with the underserved substance abuse population, including those involved with the criminal justice, our veterans, and Hispanic populations. Agency staff is trained in the cultural, linguistic, and social barriers impacting the population of focus and will work to ensure that participants are matched with service providers who reflect their language, cultural, and religious preferences.

Staff Positions Project WORC e-ROSC will be staffed by the following **San Antonio Council on Alcohol and Drug Abuse (Existing Resource & Other Support):**

Project Director (10%, Years 01-03). Project Director (10%, Years 01-03).
Melanie Lane, BAAS, MSW, LMSW, LCDC, AAC, CCS, and has over 20 years' experience in the substance abuse field as well as extensive experience working with the homeless, veterans, co-occurring mental health and SUD, criminal justice, and specialized female populations. Ms. Lane has a Bachelor's of Applied Arts and Science with major in Occupational Education. She has a Master of Social Work, is a Licensed Master Social Worker (LMSW), and a Licensed Chemical Dependency Counselor (LCDC). She is certified as an Advanced Addiction Professional and a Clinical Supervisor by the Texas Certification Board of Addition Professionals. Ms. Lane has been with SACADA since January 2013. Prior to that she has spent the last 4 years as Director of Addiction Services for the Bexar County mental health authority where she operated both a public sobering center (i.e., public intoxicant diversion) and a sober living dorm for homeless men and women with addition issues. In this capacity she was able to

create a new position at this MHMR for Recovery Support Specialist (RSS). She had hired and trained 20 staff members to function in this role within the agency. Ms. Lane was the Program Director for a Specialized Female Treatment Center for 12 years. She has a successful history of managing grants at local, state and federal levels. Ms. Lane is active on the state FASD task force and is a speaker for the National Organization on FAS (NOFAS). She was chosen by her peers as Texas Addiction Professional of the Year in 2012. She will be responsible for overall program direction, including program planning and will coordinate the work of all WORC e-ROSC. She will ensure supportive relationships with all project partners. Ms. Lane will attend all project and SAMHSA meetings and prepare SAMHSA reports.

Project Coordinator (100%, Years 01-03).
Maria Velazquez, AAS, LCDC, Mental Health Tech. has over 18 years' experience in the substance abuse field. Her experience includes working with youth and adults in residential settings, adults who are court ordered to treatment, and her latest venture in the prevention education field. Ms. Velazquez was also recently certified as a Peer Support Specialist with Military Veteran Peer Network. She is currently employed with the San Antonio Council on Alcohol and Drug Abuse (SACADA) as a Prevention Specialist who educates Bexar county and the 28 surrounding counties on tobacco prevention and tobacco cessation. In this capacity she also provides Alcohol and Drug Education Classes, presentations to different schools and organization, assists with the DWI program, screening and assessments. Ms. Velasquez will attend all project and SAMHSA meetings as required and serve as an active member of the EHR leadership team. Project Coordinator will be the person responsible for supervision of the Peer Recovery Coaches. Project Coordinator is bilingual and Hispanic.

Peer Recovery Coaches (*20-30 PTE, 100%, 10 per year, will work for 1 year each). To Be Hired. Peer Recovery Coaches will have six months of recovery outside a structured environment and meet other criteria as required by the program. (See ADDENDUM – job description). They will be comprised of both men and women from both urban and rural areas. The majority will be bilingual and Hispanic. They will receive the Texas Peer Coach Instituted 40 hour training as well as additional training in informed consent and data gathering procedures, agency ethics, cultural competence, working with GLBTQ populations, MI, and Loveland's Recovery Coaching and Recovery Plan Development and use of WORC e-ROSC. They will work 40 hours per month providing peer mentoring to individuals in the community. They will be matched with regard to ethnicity, language, and gender as much as possible to their peers.
* Some Peer Recovery Coaches may choose to stay on for second year.

Web Master-Data Manager (15%, Years 01-03).
Charles Villafranca, M.A., has 6 years' experience as a Data Manager working in an environment that focuses on reducing substance abuse. As the Data Manager, Mr. Villafranca will be responsible for setting up and maintaining the EHR system for participant records, data collection, and management for all programs and support services provided. Mr. Villafranca will

develop and maintain relationships with supporting organizations/partner agencies that can or will provide data for Peer Recovery Services. He will work closely with the Project Coordinator, assisting in analysis of data for the management of participant services. Mr. Villafranca will attend all project and SAMHSA meetings as required, and serve as an active member of the EHR leadership team.

Project Evaluator (15%, Years 01-03)

UTHSC - Nancy Amodei, PhD., Clinical Professor at the University of Texas Health Science Center at San Antonio, is a Licensed Psychologist with over 16 years of experience providing clinical services to minority and underserved families in the San Antonio/Bexar County area as well as serving as a children's mental health consultant in a rural border town (i.e., Del Rio) of Texas continuously since 1998. She currently serves as the evaluator for two CSAT, SAMHSA grants (one serving homeless individuals with substance use disorders and another serving youth enrolled in Juvenile Drug Court, and a third providing SBIRT training to medical residents). In total she has functioned as the Director or Evaluator on at least 8 SAMHSA grants and various other federally funded grants including an ongoing special project of national significance targeting HIV positive women of color which is funded by HRSA. Dr. Amodei will assume primary responsibility for WORC e-ROSC's performance evaluation including: the collection and reporting of SAMHSA required performance measures, completion of a local evaluation and the preparation of periodic progress reports and yearly reports to SAMHSA. She will attend SAMHSA meetings as required.

Data Manager (35% Years 01-03)

Mercedes Vaughn, M.S., has over three years' experience in the management of behavioral health/public health data. She is currently a data manager on a SAMHSA CSAT ORP funded project (ADELANTE!) and for a HRSA Special Project of National Significance. She has experience with and will be responsible for quality assurance checks on completed grantee-specific surveys, managing grantee-specific databases, timely entry of GPRA data into the SAIS system and local data into the Microsoft Access database. Ms. Vaughn will work closely with the Evaluator to help analyze data for the local evaluation as well as for any SAMHSA-required progress reports.

Web-Portal for e-ROSC Developers

SPINN – White Pines, Inc. – Web Portal developers have been worked closely with Centerstone, a substance abuse provider in development of a e-ROSC that can be viewed at www.v-recover.com.

White Pine Systems (dba, SPINN) is an innovative technology company dedicated to improving the provider-patient healthcare experience. SPINN provides online and mobile tools that engage patients and connect them seamlessly to physicians, hospitals, other healthcare providers and devices thus creating the patient's own personal health network. Unlike traditional patient portals

or personal health records, SPINN is organized around specific health interests called "Care Units." Care Units address three types of information:

1. Personal Health Information (PHI) – Provides individuals and families with a central location to manage all PHI in concert with their doctors and clinicians.

2. Clinical Health Information – Enhances clinicians' ability to communicate and coordinate with patients and families to manage chronic conditions and health interests.

3. Social media – Encourages people with shared health interests to find and support each other in their common concerns while linking them to new resources.

Funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Centerstone, the nation's largest community-based nonprofit behavioral health company, licensed SPINN to create the Electronic Recovery Oriented System of Care ("e-ROSC"). This nationally recognized program has shown substantial improvements in operating efficiency and outcomes. In the first six months, e-ROSC showed a 56% increase in the net score of risk and protective factors on client support questionnaires. From an operations perspective, e-ROSC has been shown to improve the balance between high level, mid-level and low level services, leading to an increase in the average number of participants per recovery coach while improving outcomes. This design was reviewed by the Office of the National Coordinator. Representatives of White Pine serve on various Standards & Interoperability committees.

Staff Experience with Population of Focus

All staff providing direct services for WORC – e-ROSC is reflective of the population of focus in terms of racial/ethnic composition, culture, and language. Personnel are sensitive to the specific needs, education level, and social barriers experienced by the participants and have experience providing services to at-risk minority populations. All staff has prior experience in contacting hard-to-reach, mobile populations including chemically dependent individuals. Hiring preferences in unfilled positions will be given to applicants who are bilingual and have demonstrated success with the population of focus and have life experience in recovery. SACADA has engaged individuals in recovery to plan, implement, administer, supervise and participate in the evaluation process of the grant.

Resources and ADA Compliance

SACADA's partners have agreed to allocate office space for project personnel at their respective locations. All office supplies needed for implementation and operation are available for use. SACADA has sufficient conference rooms for participant services, project meetings, site visits and conference calls. All partners have computer stations and software necessary to complete their responsibilities, including word processing, spreadsheet, statistical and related database

applications. As all providers will house participant records and other confidential data, archived records and data will be maintained in locked file cabinets or in secured and password protected electronic formats. UTHSCSA-CP's Information Technology Specialist will provide technical support for the duration of the project to ensure the integrity of operating systems, virus protection, security protocols and information back-up. All data storage and management systems are HIPAA compliant. Any facilities that will be used for participant services, including SACADA's private offices, and classrooms, as well as county probation offices, and collaborating treatment facilities etc., are ADA compliant. Participant accessibility to services will be optimal and the WORC Project staff and recovery coaches will fully mitigate any potential transportation barriers for participants. Participants will have access to a recovery resource center that will house computers, internet and other resources for the participants to use and congregate. SACADA is located within walking distance of a city bus stop and is thereby accessible via public transportation. In addition, **SACADA has a 15 passenger van at its disposal for use in transporting participants to and from services**, and will also offer peer services for extended hours on nights and weekends. SACADA is located on a 47 acre campus, SOUTH TEXAS CENTRE OF NONPROFITS, with 16 other community-based service providers. The goal of this center is to create a one-stop shop for those seeking services. SACADA has a 12,000 square ft. building with 3 classrooms, 3 private offices and complete public transportation access. The agency meets all ADA compliance guidelines, and provides a culturally diverse environment.

Section E: Data Collection and Performance Measurement

Ability to Collect and Report Required Performance Measures. The UTHSCA-CP team has extensive evaluation experience, including 14 SAMHSA projects in which UTHSCA-CP was either the lead agency and/or performed the evaluation function. The Project Evaluator, Nancy Amodei, Ph.D., has over 11 years' experience collecting and reporting SAMHSA GPRA measures and has participated in multi-site data collection. UTHSCA-CP's Database Manager, Mercedes Vaughn, and SACADA's Web Master, Charles Villafranca, both have experience collecting and entering GPRA data in CSAT's web-based system within 7 days of completion. Ms. Vaughn has two years of experience administering, submitting, and analyzing GPRA data.

WORC will collect and report (via progress reports) the following required performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. This data will be collected using the CSAT GPRA Client Outcome Measures for Discretionary Programs tool at baseline (i.e., the client's entry into the project), 6-months, and at treatment discharge. *WORC* will maintain an 80% or better retention rate at 6-month follow-up. All GPRA data will be submitted via the Services Accountability Improvement System (SAIS). We will also use our WORC eROSC to collect and manage most or all client-level data and clinical information. We will also collect and report on: 1) the number of persons in treatment who have access to and are

using technology tools, e-apps, web-based programs and services; 2) the number of persons in treatment trained on how to effectively use technology tools, e-apps, web-based programs and services; and 3) the number of expanded or enhanced technologies integrated into the provider infrastructure. Dissemination of project findings via interim progress reports and biannual reports will be submitted in compliance with post-award requirements. All key project staff have writing and submitting progress and annual reports to SAMHSA.

Plan for Data Collection, Management, Analysis, & Reporting. The GPRA and local measures will be collected from the participant at the same time, specifically with local (San Antonio-specific) measurements at baseline and 6-month post-baseline, and the GPRA at treatment discharge. Dosage forms will be completed by the Peer Recovery Coach to document the date, duration, location, and participants in each direct service encounter. Peer Recovery Coaches will be trained by the UTHSCA-CP evaluation team in protocols for enrolling participants, obtaining informed consent, and collecting assessment items. The instrument will be administered verbally (face-to-face, on the telephone, or through a live chat online) and will take 60-90 minutes to complete. A standard data collection window of one month before and two months after the survey due date will be established to maximize survey retention. The following procedures will be implemented to maintain an 80% 6-month follow-up rate: 1) tracking forms, to include participant's e-mail, home and mailing addresses, phone number(s), as well as addresses and phone numbers of relatives and friends, etc., which will be updated at each follow-up survey and in between to ensure the participant can be contacted for future surveys; 2**)** participants will be contacted by phone at least twice between surveys; 3) postcards, emails and texts will be sent to remind participants of an upcoming survey; and 4) participants will receive as an incentive a $20 retail gift card for the completion of the 6-month survey.

A roster linking a unique identifier to the participant's name will be stored in a password-protected Microsoft Excel file to which limited evaluation staff will be given access. Process and outcome data (e.g. intervention dosage, satisfaction surveys, local measures) will be entered into password-protected Microsoft Access databases by the Data Manager. Surveys will undergo quality assurance checks which will include coding survey responses and performing double-data entry on 10% of the local surveys to gauge accuracy. On a quarterly basis, the Data Manager will export outcome data to a SPSS database for quality assurance checks, including exploratory analysis to identify data outliers, logic errors, ceiling/base effects, and other problems. Modifications to data collection/management approaches will be made in response to SAMHSA requirements.

Reliability analysis with Chronbach's alpha and validity testing using factor analysis will be conducted on the outcome scales of interest to see if they have adequate validity and reliability. Influences on outcome variables will be tested utilizing appropriate statistical techniques. Techniques employed to address the major hypotheses include contingency table analysis with appropriate measures of association, t-tests, repeated measures ANOVA, and appropriate post-

hoc tests. Distributions will be tested for normality, and if either the number of cases per subgroup is too small (when controlling for other variables) or the assumption of normality cannot be made, then non-parametric measures will be utilized. If the data proves to have sufficient numbers of scalable items and sufficient lack of skewness, and thus usable information at the interval and ratio levels of measurement, multivariate techniques (e.g. multiple regression) will be used. Direct client services will be recorded and examined statistically to determine the effects of degree of services provided on outcome measures. Analyses will be conducted to test whether there is a positive relationship between outcome variables (e.g., substance use, social connectedness), the number and type of services received, and key demographic factors.

The UTHSCA-CP evaluation team will collaborate with SACADA to submit all required reports to SAMHSA at the level of frequency required (typically at six month intervals for progress reports and a final report at the end of the grant). These reports may include data findings based on GPRA measures, our local performance assessment findings, intervention dosage, and any other required performance measures, to include how the grant program has helped reduce disparities in access, service use, and outcomes locally. Other reports will be generated according to the schedule described below for use of data for project management and quality improvement activities. SACADA or UTHSCA-CP will also report data at annual grantee meetings required by SAMHSA, as well as local, regional and other national conferences annually.

WORC will administer local measures to include a digital literacy assessment (modified from self-assessment developed by the University of Washington; http://courses.washington.edu/hsstudev/studev/self-assess.html), an Unmet Needs/Services Needed measure (which assess the participant's need for computer access, mental health services, health insurance, etc.), as well measures collected online through the WORC eROSC web-portal to include the Recovery Capital Scale (White, 2012), items assessing risk and protective factors utilizing the Telephone Monitoring and Adaptive Counseling (TMAC) Progress Assessment/Support Questionnaire, rate of recidivism and length of time not using. These additional measures were selected because they are expected to have a mediating role on substance use and recidivism outcomes. We will also collect local satisfaction data which will provide feedback on the peer recovery coaching component as well as the use of the online WORC eROSC web-portal that will allow us to make ongoing modifications to the project if needed. If multi-site data collection requirements reveal that our site-specific measures duplicate SAMHSA performance measures or pose an undue burden on participants, our project will modify local measures collection.

Use of Data for Project Management and Quality Improvement. Information gathered from the GPRA website concerning intake and follow-up rates will be communicated weekly with the Evaluation team and monthly with the Project Director, Project Coordinator, and Peer Recovery Coaches. The information will be used to develop corrective action strategies for temporary problems (e.g., falling intake rates) as well as to develop strategies to surpass the proposed intake rates and 80% expected follow-up rate. At least monthly, the Evaluator will share with the team

our local process data summaries -- dosage concerning the type, number of and duration of recovery coach sessions per participant and GPRA data concerning access to treatment and retention in treatment (including differences among ethnic groups) – to support project management. Process data gathered from satisfaction surveys will be presented at least quarterly to the WORC staff and Planning Committee. Outcome data summaries (**including possible differential outcomes for racial/ethnic groups, English vs. Spanish speakers, and rural vs. urban groups)** will be shared with the team quarterly. All the data gathering, analyses, and reporting activities described thus far will help *WORC* determine, on an ongoing basis, the strengths and weaknesses of the program and what peer recovery services and Web-portal services are being used or are still needed, and will help the program make any necessary changes and improvements to surpass proposed intake rates, maintain or exceed the 80% retention rate, equitably serve participants of **different racial and ethnic backgrounds**, and achieve anticipated positive outcomes.

Steps will be taken on a weekly, monthly, and quarterly basis to ensure accountability and data-driven quality improvement. First, appropriate data will be shared at weekly staffings to address tracking, retention, surveying, and access to services. Second, monthly service dosage reports will be generated by the evaluation team and shared with the WORC team to monitor service access and treatment fidelity (i.e., that clients are receiving the services the intervention specifies). Third, process and outcome/performance assessment summaries will be presented at least quarterly to the WORC staff and Planning Committee to solicit feedback on how the implementation of *WORC* can be continuously improved. Finally, the interplay and interaction between process and outcome data will be presented at WORC client staffings. The combination of all of the above will provide ongoing assessment and will assure continuous quality improvement by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.

Plan for Performance Assessment. Our local outcome evaluation is designed to assess the effectiveness of *WORC* in reducing the use of and problems associated with substance use and improving individual functioning. We are primarily interested in testing hypotheses that relate to each of the outcome objectives listed herein in Section B. These questions will be answered by the data analysis procedures described above. However**,** we will at a minimum collect, report, and assess our progress using the performance data required by SAMHSA in the current RFA. Moreover, we will look at differences in our key outcomes to see whether the treatments are differentially effective for Hispanic vs. non-Hispanic, rural vs. urban , and English vs. Spanish speaking participants, as well as how durable the effects are, and to ensure that appropriate populations are being served and that disparities in services and outcomes are minimized. For example, we will employ 2 (ethnic group) X 3 (measurement occasions: baseline, 6, and treatment discharge) ANOVAs to answer these questions. Secondary analyses also will be conducted to see whether those who receive frequent peer recovery coaching have better outcomes than those who received minimal levels of recovery coaching. Evidence of UTHSCA-

CP and SACADA's ability to conduct the required performance assessment is reflected in our previous track record of collaboration on another SAMHSA grant involving substance using participants (Project ADELANTE!). When there is sufficient sample size, GPRA data will be used to look at the effects associated with the SAMHSA Technology-Assisted Care program overall as well as the extent to which these outcomes are associated with specific individual factors and how durable the effects were. Evaluation staff will report this information to WORC program staff, where it can be used to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

As mentioned previously, we will be collecting the required performance measures to include: 1) the number of persons in treatment who have access to and are using technology tools, e-apps, web-based programs and services; 2) the number of persons in treatment trained on how to effectively use technology tools, e-apps, web-based programs and services; and 3) the number of expanded or enhanced technologies integrated into the provider infrastructure. We will also collect and report on data related to these outcome questions: 1) what was the effect of the intervention on key outcome goals; 2) what program/contextual factors were associated with outcomes; 3) what individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity); 4) how durable were the effects; and 5) was the intervention effective in maintaining the project outcomes at 6-month follow-up? Our process questions will include: 1) what type of changes were made to address disparities in access, service use, and outcomes across subpopulations, include the use of CLAS standards; 2) what led to the changes in the original plan?; 3) what effect did the changes have on the planned intervention and performance assessment?; 4) who provided (program staff) what services (modality, type, intensity, duration), to who (individual characteristics), and in what context (system, community, online); and lastly, 5) how many individuals were reached through the program.

Assessment of project implementation that documents and monitors the progress and effectiveness of project activities will provide a basis for project improvement and will allow the evaluation team to anticipate and/or explain any changes or deviations in the planned implementation of the intervention or evaluation. We will use process data measures including but not limited to GPRA data (intake rates, follow-up rates, access to treatment and retention in treatment rates), service dosage data collected locally, satisfaction surveys, and project meeting minutes. This information will be routinely shared among the WORC team at staffings. We verify that no more than **20 percent** of the total grant award will be used for data collection, performance measurement, and performance assessment.

Section F: Electronic Health Record (EHR) Technology

Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers. Operated by the Texas Department of State Health Service (DSHS), the system was

deployed December 14, 2009 and has been implemented across the state to DSHS-contracted substance abuse treatment service providers with rollout concluding in August 2010. In addition to an electronic health record, CMBHS also serves as a clinical tool which includes diagnostic and service plan capabilities. CMBHS supports data exchange across contracted substance abuse service providers and between DSHS and other state agencies to coordinate care. Ultimately, the CMBHS system will combine the electronic health recordkeeping requirements for both mental health and substance abuse treatment providers in a single system.

It is the intent of SACADA to utilize the CMBHS system as the EHR. Permission was granted by SAMHSA in our current ADELANTE grant to use this EHR. Currently the system is being utilized by the agency preventions, interventions and treatment programs. CMBHS will be available for immediate deployment on this grant.

Budget and Justification (no match required)

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Director	Melanie Lane	$55,000	10%	$5,500
(2) Coordinator	Maria Velasquez	$35,000	100%	$35,000
(3) Recovery Coaches (10)	Vacant	$52,000	100%	$52,000
(4) Data Analyst	Charles Villafranca	$38,500	15%	$5,775
			TOTAL	**$98,275**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Director will provide overall support, compliance and sustainability of the program.

(2) The Coordinator will provide daily oversight of the grant and will be considered key staff.

(3) The Recovery Coaches (10) will coordinate project services and project activities, including training, communication and information dissemination. These are paid part-time hourly positions that last one year each.

(4) The Data Analyst will ensure that providers report outcomes and measures as required by grant.

FEDERAL REQUEST $98,275

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$98,275	$7,518
Retirement	1%	$44,400	$444
SUTA	3.22%	$19,814	$638
Workers Compensation	.15%	$109,870	$165
Insurance	5.88%	$109,870	$6,460
		TOTAL	**$15,225**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST $15,225

C. Travel:
FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Regional Training	Washington, DC	Airfare	$600/flight x 4 persons	$2,400
		Hotel	$244/night x 4 persons x 4 nights	$3,904
		Per Diem (meals and incidentals)	$71/day x 4 persons x 4 days	$1,136
(2) Local Travel		Mileage	11,000 miles x .55/mile	$6,050
			TOTAL	**$13,490**

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

(1) Four staff (Coordinator, Director, Correction Agency Representative and Executive Director) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Also, Peer Coaches need transportation reimbursement when traveling to meet with peers. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate.

FEDERAL REQUEST $13,490

D. Equipment:
FEDERAL REQUEST $0

E. Supplies:
FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$129/mo. x 12 mo.	$1,550
Postage	$18/mo. x 12 mo.	$216
Desktop Computers	$1000 x 3	$3,000
Tablets	$400 x 11	$4,400
Program Supplies	$21.1 x 100 clients	$2,110
	TOTAL	**$11,276**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies and postage are needed for general operation of the project.

(2) Desktop computers and tablets are needed for both project work and presentations.

(3) Program supplies are materials needed to provide clients with program materials.

FEDERAL REQUEST $ 11,276

F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Evaluator	Evaluation	Personnel $27,446 Benefits $7,689 Travel $1,467 Supplies $600 Other $2,085 Indirect $5,893 Total - $45,180		$45,180
e-Rosc Provider				$42,000
			TOTAL	**$87,180**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) The Evaluator will provide the local evaluation of WORC by gathering data, analyzing and reporting to SAMHSA.
(2) The e-Rosc Provider will provide their expertise to adapting their existing software for use in the South Central Texas area.

FEDERAL REQUEST $87,180

G. Construction: **$0**

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent	$13,013 x 12 mo. x 5.64%	$8,807
(2) Telephone	$58/mo. x 12 mo.	$696

Item	Rate	Cost
(3) Cell Phone Stipends	$50 x 1 FTE x 12 mo.	$600
(4) Repairs and Maintenance	$82 x 12 mo.	$984
(5) Audit	Annual	$846
(6) Insurance	$53 x 12 mo.	$636
(7) Background Check	$38 x 11 FTE	$418
(8) Web Portal Development	Annual	$1,000
(9) Participant Incentives	$20 x 100 clients	$2,000
(10) Staff Development	$300 x 11 FTE	$3,300
(11) iPad Data Plan	$20 x 11 tablets x 12 mo	$2,640
	TOTAL	**$21,927**

JUSTIFICATION:

(1) Rent is calculated by monthly rent and % of effort and reflects SAMHSA's fair share of the space.

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) Cell phone stipends are to meet travel requirements and to ensure case managers are accessible to communication while on the field.

(4) Repair and maintenance expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(5) Audit expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(6) Insurance expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(7) Background checks for coordinator and ten (10) coaches.

(8) Develop a web portal to enhance reach, improve connection of peer coaches to individuals, families and the community communications, and maximize the impact of local P2P programs, creating valuable long term Recovery Capital in the community.

(9) The $20 incentive is to provide encouragement to participants to GPRA data as required by SAMHSA.

(10) Training for ten (10) coaches and (1) coordinator on offender population and social service needs. Training will consist of Motivational Interviewing, Brief Strength-based Case Management, Recovery Coach Institute Training and Continuing Education hours.

(11) Data plan charges for iPad tablets to be used for project work and presentations.

FEDERAL REQUEST $21,927

Indirect Cost Rate:
FEDERAL REQUEST

33.2% of personnel and fringe **(.332 x $98,275)** **$32,627**

JUSTIFICATION:

Our agency has an approved indirect cost rate agreement with the Department of Health & Human Services.

TOTAL DIRECT CHARGES:

FEDERAL REQUEST $247,373

INDIRECT CHARGES:

FEDERAL REQUEST $32,627

TOTALS:

FEDERAL REQUEST

$280,000

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Provide the total proposed Project Period and Federal funding as follows**:**

Proposed Project Period

a. Start Date:	**10/01/2013**	b. End Date:	**09/30/2016**

BUDGET SUMMARY

Category	**Year 1**	**Year 2***	**Year 3***	**Total Project Costs**
Personnel	98,275	99,201	99,673	297,149
Fringe	15,225	15,659	16,043	46,927
Travel	13,490	13,551	13,612	40,653
Equipment	0	0	0	0
Supplies	11,276	4,038	3,764	19,078
Contractual	87,180	87,180	87,180	261,540
Other	21,927	22,238	21,312	65,477
Total Direct Charges	247,373	241,867	241,583	730,823
Indirect Charges	32,627	38,133	38,417	109,177
Total Project Costs	280,000	280,000	280,000	840,000

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

FEDERAL REQUEST $840,000

***FOR REQUESTED FUTURE YEARS:**

1. Increased Personnel in years two and three account for 1% salary increases, which are based on merit and performance as indicated in the organizations written evaluation.
2. Increased fringe benefit in years two and three directly relate to increased salaries, payroll taxes and insurance cost.
3. Purchase of desk top and tablets in the first year reduced the Supply Category budget for years two and three.
4. Increased Other charges in years two and three directly related to increased rent and property insurance

Section G: Literature Citations

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Section H: Biographical Sketches

TITLE: Project Director

Supervisory Relationships: Reports to SAMHSA Grant Officer and Executive Director

Position Description: Responsible for overall project direction, including planning, coordination and implementing, and directing the dissemination of information related to project findings, as well as ensuring productive collaborative relationships with all project partners.

Core Duties/Responsibilities:

- Ensures accountability and proper coordination with participating local collaborators and members of the target population, developing overall project plan for executing and managing project
- Directs and coordinates service delivery of the WORC Project – e-ROSC staff including admissions, screening/assessments, case management and training.
- Ensures confidentiality and records management
- Assumes primary responsibility for the preparing and submitting SAMHSA reports in a timely manner
- Leads organizational staff meetings and community meeting/focus groups/public hearing as well as attends SAMHSA meetings as required.
- Assumes primary responsibility for seeking out opportunities for project sustainability at end of grant period
- Assumes primary responsibility for directing dissemination of program findings
- Oversee program budgets to ensure proper expenditure and accountability of grant funds.
- Will be an active member of the Web-Portal design committee.

Minimum Qualifications & Skills Requirements: Master's Degree required in counseling, psychology, social work or related discipline. Advance Degree preferred in counseling, substance abuse, or social services, Certified Prevention Specialist. Licensed Chemical Dependency Counselor preferred.

Skills And Knowledge Required: A minimum of three (3) years demonstrated experience in the field of substance abuse education, social and/or human services required, experience in conducting presentations, trainings, or teaching adults, and in a management and supervisory role. Project Director must demonstrate knowledge in community-based social and human services systems. Project Director must demonstrate knowledge and experience in development of community and agency collaborations.

Personal Skills: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Project Director must demonstrate a commitment to the philosophy and goals of WORC Project – e-ROSC.
Hours: 10% effort, 4 hours per week

Travel: Local travel required (25%), Out of Town travel required (10% - 15%)

ANNUAL SALARY RANGE: $55,000 to 60,000

TITLE: Project Coordinator/Chemical Dependency Counselor

SUPERVISORY RELATIONSHIPS: Project Director

POSITION DESCRIPTION: Responsible for planning, coordinating, and providing immediate supervision of daily activities performed by the WORC Project – e-ROSC. Other responsibilities include: assisting the Project Director in preparing required quarterly and annual progress reports and dissemination activities. Will facilitate weekly meetings with project staff. Assists Project Director in assuring SAMHSA conditions for approval are met.

CORE DUTIES/RESPONSIBILITIES:

- Provide program staff supervision and peer mentor supervision.
- Coordinate development of Peer Mentor training on a revolving schedule.
- Develop screening and intake tools to ensure program success.
- Responsible for collaboration efforts to promote program with other reentry service programs, community, businesses, professionals, and court-mandated programs.
- Conduct screening and assessments to determine type of services needed.
- Utilize and ensure staff uses evidence-based practices written into the program design.
- Provide Brief Intervention Screening and Counseling with Motivational Interviewing with participants who meet criteria for services.
- Coordinate with project partners and other organization to ensure continuum and wrap around services are provided for all participants.
- Complete monthly reports to Project Director and SAMHSA as required.
- Ensure compliance with government regulations and funding sources for fidelity of the program.
- Oversee program budgets to ensure proper expenditure and accountability of grant funds.
- Plans, directs, and coordinates research project according to established protocol
- Administer GPRA and ensure fidelity to data collection methods.

MINIMUM QUALIFICATIONS: Bachelors level training in behavioral science or related field is desired. Licensed Chemical Dependency Counselor is required.

SKILLS AND KNOWLEDGE REQUIRED: At least 5 years' experience providing substance abuse treatment and intervention services. Specialized training related to Strength based treatment strategies. Experience with process evaluation required. Written and oral Spanish fluency required. Experience working within culturally diverse populations is desired.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Project Coordinator must demonstrate a commitment to the philosophy and goals of WORC Project WORC e-ROSC.

HOURS: 100% Effort, 40 hours per week

TRAVEL: Local travel is required weekly (mileage reimbursed), out of town travel (15%)

ANNUAL SALARY RANGE: $35,000.00

TITLE: Web Master

REPORTS TO: Project Coordinator

POSITION DESCRIPTION: The Data Manager will be setting up and managing the GPRA data collection for all participant of the WORC Project – e-ROSC. Will assist with research and evaluation data collections and as part of the grant Advisory Board team.

CORE DUTIES/RESPONSIBILITIES:

- Collect and analyze participant data from all programs and support services
- Enter data into GRPA web domain and generate reports.
- Maintain monthly program data for the purpose of generating reports for funding sources.
- Manage and resolve web problems encountered during operation of the WORC e-ROSC.
- Lead strategic planning processes, which includes developing logic models and implementation plans
- Develop and maintain relationships with organizations and agencies that can or will provide data for the agency.
- Assist with development of presentations using data, charts, graphs and scales.
- Assist project WORC Project – e-ROSC partners with requests for data.

MINIMUM QUALIFICATIONS: Bachelor's Degree in the field of social sciences preferred

SKILLS AND KNOWLEDGE REQUIRED: At least one year previous work experience in a similar position is required. Must have an understanding of office systems, including computer skills, Microsoft Office, and general internet knowledge. Must have the ability to accurately record and report figures, demonstrating good organizational, inter-personal, and communication skills. Must demonstrate the ability to work independently with high level of reliability, and demonstrate knowledge of proper client confidentiality procedures

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Data Manager must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: 15% Effort, 6 hours per week

TRAVEL: Local travel required (20%)

ANNUAL SALARY RANGE: $37,000-$40,000

TITLE: Peer Recovery Coach

SUPERVISORY RELATIONSHIPS: Reports to Project Coordinator

POSITION DESCRIPTION: The Peer Recovery Coach is responsible for the engagement and linking of individuals prior to, during and after treatment and providing recovery support services to reduce the incidence of relapse. The goal of this position is to extend the reach of traditional treatment services beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery from Substance Use Disorders (SUD).

CORE DUTIES/RESPONSIBILITIES:

- Demonstrated empathy, caring, and concern to bolster person's self-esteem and confidence
- Assist individuals in development of a goals and recovery action plans
- Provide concrete assistance to help others accomplish tasks such as obtaining transportation, employment, health care, child care, & life skills training
- Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging
- Work independently in community settings with flexible working hours.
- Integrate strength and evidence based practices into daily interactions with peers
- Provide responsible documentation of services provided in client record,
- Attend ongoing training as required by supervisor

MINIMUM QUALIFICATIONS:

- If in recovery, a minimum of six months clean and sober outside a structured living environment such as jail, prison or institution
- If in recovery, documentation of treatment completion or demonstration of mature and healthy coping
- If not in recovery, a non-judgmental attitude towards SUD or psychiatric disorders and willingness to learn a variety of approaches to recovery
- Willingness to submit to pre-employment drug screen
- Must have transportation
- Basic computer skills in Word and Outlook.
- Ability to attend 40 hours of training in peer coach/recovery training and to work 10 hours weekly.

SKILLS & KNOWLEDGE (will receive training in these areas):

- The Stage of Change Theory, Motivational Interviewing, Contingency Management, and Cognitive Behavioral Techniques.
- Behavioral problem solving techniques for addiction treatment
- Principles of recovery from SUD or mental illness
- Case Management activities and knowledge of community resources for social support
- Knowledge of mutual-help groups, their functions, values/beliefs and how to access.

HOURS: 10 hours per week (25% employee)

TRAVEL: Local travel is required weekly (mileage reimbursed)
ANNUAL SALARY RANGE: $5,000.00

TITLE: Project Evaluator

SUPERVISORY RELATIONSHIPS: Reports to Project Director

POSITION DESCRIPTION: Provides direction and oversight in the evaluation design, methods, and measures used. Oversees the development of project databases by the Data Manager, and participates in planning and dissemination activities. Complies with SAMHSA mandates regarding evaluation methods and timely submission of data, and assists in the preparation of analyses for reports submitted to the funding agency, reports for publication, and in progress reports for evaluating program effectiveness.

CORE DUTIES/RESPONSIBILITIES:

- Takes a lead role in designing evaluation instruments with input from principal investigator and funding agency
- Oversees the development of the database and overall supervision and guidance of the Data Manager and WORC Project – e-ROSC evaluation staff
- Oversees the development of the databases.
- Oversees the collection of data and management of systems used to generate results for dissemination and program feedback purposes.
- Assumes primary responsibility for analyzing and synthesizing process and outcome evaluation results
- Attends project committee meetings with program evaluation staff and SAMHSA meeting as required
- Produces periodic written reports of evaluation results to share with Project Director and SAMHSA to guide program functioning and interpretation of findings
- Works with Data Manager and other evaluation staff in organizing data for completion of evaluation portions of progress reports and annual reports required by SAMHSA
- Assists in the preparation of analyses for reports submitted to SAMHSA, reports for publication or presentation.

MINIMUM QUALIFICATIONS: Doctoral level training in social-behavioral science with specialized training and research experience in Research Design, Statistical Analysis, Program Evaluation and computer applications.

SKILLS AND KNOWLEDGE REQUIRED: A minimum of five years working with community program evaluation and research design including elicitation research, statistical analysis, and computer applications.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Evaluator must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: (20% Effort)**,** 8 hours per week
TRAVEL: Local travel required (25%)
ANNUAL SALARY RANGE: $90,000-$110,000

TITLE: Evaluations Data Manager

REPORTS TO: Project Evaluator

POSITION DESCRIPTION: Will be responsible for providing data and information systems design and support for the project under the supervision of the Evaluator

CORE DUTIES/RESPONSIBILITIES:

- Assists Project Evaluator in the development of forms and evaluation instruments
- Will assist in procedures designed to monitor adherence of case managers to the study protocol
- Will assume primary responsibility for the management of the various databases (e.g. follow-up outcome measures, birthdays, tracking, dosage data)
- Will assume primary responsibility for the implementation of quality assurance procedures
- Will work with the Program Coordinator to develop automated data updates and data summaries for monthly quality assurance reports
- Will assist in data entry as needed
- Will conduct simple data analyses/summaries under the supervision of the Evaluator in support of routine progress reports evaluating program effectiveness
- Assumes primary responsibility for submitting data or data summaries to the Project Evaluator in a timely manner

MINIMUM QUALIFICATIONS: Graduate level training in behavioral science or related field is desired. Experience in Excel, SPSS, Power Point, Microsoft Word and Program Manager. Spanish speaking ability strongly desired in order to assist in follow-up data collection.

SKILLS AND KNOWLEDGE REQUIRED: A minimum of two years working with community program evaluation and research design including elicitation research, statistical analysis, and computer applications.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Data Manager must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: 50% Effort, 20 hours per week

TRAVEL: No travel required

ANNUAL SALARY RANGE: $22,176- $32,600

Biographical Sketches:

Melanie Lane

Professional Profile

Licensed Master Social Worker, Licensed Chemical Dependency Counselor and Advanced Addiction Counselor. Skilled at developing collaborative relationships with community agencies to ensure holistic best practice services to homeless and indigent clients. Extensive history providing training at the local, state, national, and international level. Proven record of insuring agency compliance with local, state, federal and private funding streams. Strong written and verbal communication skills. Substantial knowledge related to special needs populations including homeless, veterans, all categories of substance abusers, and individuals with co-occurring substance abuse and mental health disorders (COPSD) including pregnant women and women with children.

Experience

Jan 2013 - Present **San Antonio Council on Alcohol & Drug Abuse**
Project Adelante Coordinator

- Responsible for development and implementation of program requirements to meet SAMHSA Offender Re-Entry Grant requirements
- Direct supervision over case workers
- Participate as member of management team

Sept 2009 - Present **San Antonio College** San Antonio, TX
Adjunct Faculty

- Teach part-time in the Psychology Department, Chemical Dependency Counselor Program on topics such as: Strength Based Addiction Treatment, Group Counseling Skills, and Counseling Theories.

April 2009 – Dec 2012 **The Restoration Center** San Antonio, TX
Center for Health Care Services
Addiction Treatment Director

- Responsible for the administrative and clinical management of services provided by the Public Safety Unit, the Detoxification Unit, Sober Living Dorm and Intensive Outpatient Treatment Services to include the development and enhancement of services.
- Developed and managed multi-million dollar annual budget.
- Work in collaboration with Haven for Hope partners and community partners; to form and support positive collaboration between CHCS and community/state/federal agencies.
- Engage in policy analysis and development activities at a local level to promote implementation and sustenance of substance abuse activities.
- Identify additional funding streams to support, enhance, and expand services offered by The Restoration Center.

1995 – April 2009 **Alpha Home, Inc.** San Antonio, TX

Residential Program Director

- Responsible for development and/or implementation of clinical program requirements to meet local, state and federal contracts.
- Supervision of all clinical staff and agency Clinical Training Coordinator for Texas Department of State Health Services (DSHS).
- Liaisons with numerous community agencies for development of collaborative agreements to ensure residents receive holistic services.
- Instrumental in the development and operation of free medical clinic within agency and worked closely with University of Texas Health Science Center Medical School, Nursing School and Dental School to provide professional internship rotations within program.
- Researched, identified and implemented best practice curricula within program.
- Designed and oversee system to track client accomplishment of program goals and objectives. Provided all information related to agency demographics and outcomes for numerous reports and presentations.
- Experience in proposal writing at the local, state and federal level.

Dec 2007-June 2008 **American GI Forum** San Antonio, TX
Residential Center for Veterans

Graduate Social Work Intern

- Conducted research study on: Anger management, a cognitive behavioral intervention: Effects on anger tendencies in homeless veterans from south-central texas. Implemented both Anger Management and Trauma/Substance Abuse curricula and conducted groups with residents.

1994–2001 **Educative Therapeutic Processes** San Antonio, TX

Private Practice Clinician

- Worked in conjunction with outpatient counseling team to provide individual and group counseling related to substance abuse intervention, prevention and treatment. Provided extensive screening and assessment to identify substance abuse issues in Bexar County Probation referrals. Extensive experience in motivational interviewing and engaging resistant clients into treatment process.

Education & Training

2009 **University of Texas San Antonio** San Antonio, TX
Masters in Social Work
Magna Cum Laude Graduation May 7, 2009.

2002 **Texas State University** San Marcos, TX

Bachelors of Applied Arts & Sciences
Magna Cum Laude

Maria M Velazquez

PROFILE: Dependable, self-motivated individual with productive work history. Recognized by former supervisors as willing to listen and pro-actively meet the need and wants of clients at various functional levels. Able to make decisions independently based upon experience in work, school and community.

EDUCATION

1. Associate of Applied Science, Substance Abuse Counselor
   Mental Health Technician 08/95 – 05/00
   San Antonio College, San Antonio, Texas
2. Licensed Chemical Dependency Counselor 01/07-present
3. DWI Administrator/Instructor 03/10 - 03/12

SUMMARY OF QUALIFICATIONS

1. Able to do Individual and Group Counseling in English and Spanish
2. Ability to present Drug Awareness Education Classes in English and Spanish
3. Aware of community resources
4. Computer Literate MS word, Excel, Access
5. Familiar with all office equipment
6. Able to meet deadlines

WORK HISTORY

San Antonio Council on Alcohol and Drug Abuse 04/08 – Present

Prevention Specialist/LCDC

Provide Prevention Education to children, adolescents and adults. Disseminate informational literature at Health Fairs, Schools, and Neighborhood Organization meetings.
Conduct Assessments to determine eligibility for substance abuse treatment.
Facilitate problem identification, education, intervention and referrals.

Laurel Ridge Treatment Center 11/07 – 6/09

Therapist

Conducted Assessments to determine eligibility for substance abuse treatment. Provided adolescent and adult group sessions. Conducted family education group sessions. Maintained working relationship with medical staff to provide patients the best care. Maintained proper report and record keeping. Provided referrals for aftercare.

Tejas Recovery And Counseling Services, Inc. 06/96 – 10/07

Office Manager

Attended administrative meetings regarding clinic requirements and client needs. Requested materials from main suppliers, provided on the job training to new employees, conducted interviews and background checks on new employees. Assisted clerks and faculty with computer software, using Microsoft XP. Performed clerical duties, Exercised proper procedures, answered questions and able to handle a crisis hotline. Able to collect fees, balance receipt books and handle phone lines. Made bank deposits when necessary. Handled all billing issues.

Galloway Research Marketing Services 11/82 – 09/93

Telephone/Mall/Field Supervisor

Supervised anywhere from 10 to 20 employees. Kept quotas required to complete all jobs. Met confidentiality requirements. Brought 98.5% of all jobs within budget. Made daily audit of all merchandise being handled. Overlooked and conducted onsite interviews at different schools. Translated focus groups for large corporations. Met all requirements at time of auditing by large invested companies.

CHARLES EDWARD VILLAFRANCA

SUMMARY

strong strategic planning and relationship building skills; excellent marketing and leadership qualities; management of remote technical teams; strong negotiating, research and problem solving skills; excellent organizational skills in both the physical and digital arenas; strong interpersonal and communication attributes; broad knowledge of educational opportunities and strategies.

EXPERIENCE

San Antonio Council on Alcohol and Drug Abuse
Oct 2012 – Present

Data Analyst - Working to continuously validate and research data trends in the substance abuse/alcohol/tobacco arenas both city wide and nationally. Gathered data and information to validate key assumptions for federal grants and statewide publications. Provides ongoing onsite technical support for A+ issues related to computer systems and network configuration. Teaches continuing education classes for the community. Maintains statistical information for external reporting to various state and federal agencies.

Dress for Success San Antonio
Jul 2011 – Oct 2012

Director of Strategic Initiatives - Working side-by-side with Co-Founder/CEO, developed needs based assessment for the organization's four areas of opportunity. Helped execute reorganization and new growth/marketing strategy including rebranding of social media presence, newsletter creation/distribution and website makeover. Orchestrated strategic reengagement of past donor population and architected pathway for inroads with new foundations and private organizations. Worked with board members and author/consultant Laura Fredricks (The Ask) to reboot organization's message and elevator pitch. Responsible for creation of new marketing material and donor communication templates. Retooled the organization's external marketing with a focus on delivering a clear concise message through all outlets. Cultivated potential lead donors during quiet phase of capital campaign. Planned and executed special events including external third party efforts that have organization as the beneficiary. Re-engaged past volunteers while recruiting new volunteers and employing new volunteer activities. Compiled and reported key client metrics using custom SQL queries for grant proposals and government reports. Secured funding for the upgrading of key software systems needed for clients. Developed plan for new social enterprises and revenue generating opportunities that would allow the organization to become self-sufficient while at the same time becoming invaluable to the business community.

Kym's Kids of San Antonio
Nov 2010 – Jun 2011

Executive Director - Successfully interpreted and launched the founder's vision for a new, fledgling, not-for-profit corporation and managed the $1.1 million scholarship program from incubation to delivery. Managed the data of 114 student participants from across the city and surrounding townships using a custom built Microsoft Access database. Established the foundation for long-term relationships across multiple not-for-profit agencies to ensure long-term viability for Kym's Kids and the partner agencies by way of multiple presentations both

interagency and those open to the students and their families. Managed the organization's social media outlets and the content for the web presence. Developed search engine optimization strategy. Designed website. Handled the reporting to the board of directors and led monthly meetings for the Kym's Kids partners. Established a positive media presence through live, on-air radio and television spots.

Valero Energy Corporation
Oct 2004 – Feb 2010
Corporate Economics System Specialist/Supervisor - Worked in the Corporate Price Forecasting and Economic Analysis group. Key focus was to bring best practices to the department and design a new enterprise solution that helped with the analysis and data mining required to affect decisions by the company's leadership. Responsible for quantifications of proposed changes in the pricing arena and routine study of market data for the purpose of forecasting possible trends that could affect the company's business. Generated key reports for leadership council encompassing such areas as global weather forecasts, crop and insect migration forecasts, viability and profitability of proposed acquisitions and new construction. Used knowledge of SQL to create custom, on-demand reports for internal reporting. Built custom Excel worksheets using VBA for automation of data input.

Accenture
Sep 1997 – Nov 2002
Software, Technology, Business Process Consultant - Operated in both a technical role as a systems programmer and in non-technical roles conducting business and operations planning and redesign and as a systems testing lead for both hardware and software projects involving SAP and other point systems that were both internally and externally developed. Learned to configure SAP's Production Planning module along with SAP's internal computer aided testing and automation tools. Learned and designed SAP solutions using SAP's Workflow for the oil and gas industry. Managed external cross culture teams from Mumbai, India. Interviewed and gathered local customer requirements for delivery of both functional and technical design documents. Supported and developed in-house Visual Basic applications. Performed quality assurance testing for roll-outs and upgrades. Trained as a Microsoft internal consultant and created custom internal websites for oil and gas customers at the start of the dot com boom. Worked and designed with remote teams. Managed implementation of new database servers across client's datacenter. Created and managed testing and training for end users.

EDUCATION / SKILLS
Executive MBA, University of Texas San Antonio, May 2006
Bachelor of Arts, Business Analysis-Management Information Systems, Texas A&M University, May 1997

Name | **Position Title**

Nancy Amodei, PhD | Professor, Clinical, Community Pediatrics

Educational Background

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of New South Wales, Australia	B.S.	1978	Psychology
University of North Carolina, Greensboro, NC	M.A.	1983	Clinical Psychology
University of North Carolina, Greensboro, NC	Ph.D.	1988	Clinical Psychology

Professional Experience

09/04-present Professor/Clinical, UTHSCSA, Community Pediatrics, San Antonio, TX

09/98-present San -Felipe-Del Rio ISD Health Start Consultant

09/98-09/04 Associate Professor/Clinical, UTHSCSA, Community Pediatrics, SA, TX

Other Experience and Professional Memberships

1990-present TX State Board of Examiners of Psychologists 23754 Texas

Selected Peer-Reviewed Publications from a list of 38

1. Kriska, A., Delahanty, L., Edelstein, S., Amodei, N., et. al.Sedentary behavior and physical activity in youth with recent onset of type 2 diabetes. Pediatrics 2013; 131(3): 850-856.
2. Delahanty, L., Kriska, A., Edelstein, S., Amodei, N., Chadwick, J., Copeland, K., et. al. Self-Reported Dietary Intake of Youth with recent onset of Type 2 diabetes: Results from the Today study. Journal of Academy of Nutrition & Diabetes. 2013; 113(3): 431-439.
3. Amodei N, Lamb RJ. The role of nicotine replacement therapy (NRT) in early quitting success. Nicotine Tob Res 2012 Jan;12(1):1-10.
4. Perez de Leon, X. P., Amodei,N., Hoffman, T. J., Martinez, R., Trevino, M., Medina, D.. Real World Implementation of an Adapted ACT Model with Minority and Non-Minority Homeless Men International Journal of Mental Health & Addiction 2010:1-15.
5. Amodei N, Lamb RJ. Over-the-Counter Nicotine Replacement Therapy: Can Its Impact on Smoking Cessation be Enhanced? Psychology of Addictive Behaviors 2008;22(4):472-485.
6. Amodei N, Lamb RJ. Predictors of initial abstinence in smokers enrolled in a smoking cessation program Substance Use and Misuse 2005;40:141-149.
7. Katerndahl DA, Larme AC, Palmer RF, Amodei N. Reflections on DSM classification and its utility in primary care: case studies in "Mental Disorders". Prim Care Companion J Clin Psychiatry 2005;7(3):91-99.
10. Neff JA, Amodei N, Valescu S, Pomeroy EC. Psychological adaptation and distress among HIV+ Latina women: adaptation to HIV in a Mexican American cultural context. Social Work in Health Care 2003;37(3):55-74.
11. Bordeaux JD, Loveland KA, Lachar D, Stehbens J, Bell TS, Nichols S, Amodei N, et al. Hemophilia Growth and Development Study: caregiver report of youth and family adjustment to HIV disease and immunologic compromise. J Pediatr Psychol 2003;28(3):175-183.
12. Amodei N, Katernadahl DA, Larme AC, Palmer R. Interview versus self-answer methods of assessing health and emotional functioning in primary care patients. Psychological Reports, 2003;92:937-948.
14. Katerndahl DA, Amodei N, Larme A, Palmer R. Psychometric assessment of instruments used in low income Hispanic patients in a primary care setting. Psychological Reports, 2002;91:1121-1128.

15.Amodei N, Elkin BB, Burge SK, Rodriguez-Andrew S, Lane P, Seale JP. Psychiatric problems experienced by primary care patients who misuse alcohol. Int J Addict 1994 Apr;29(5):609-626.
16..Seale JP, Amodei N, Bedolla MA, Ortiz E, Lane P, Gaspard JJ, Urby R, Paul LG, Doty S, Burge SK. Evaluation of residency training in substance abuse: a summary of 3 years' experience. Substance Abuse 1993;13(4):234-243.
17.Seale JP, Williams JF, Amodei N. Alcoholism prevalence and utilization of medical services by Mexican Americans. J Fam Pract 1992 Aug;35(2):169-174.

Research Support-Partial List

Title: Community STORM (STI Teaching and Outreach with Role Models)
Period: 10/01/11-9/30/14 Agency: Centers for Disease Control and Prevention (CDC)
Role: Co-Project Evaluator
Type:Community Collaboration & consultation to reduce Sexually Transmitted Infections

Title: HOMES
Period: 10/1/2011 – 9/30/2014 Agency: CHCS (through SAMHSA/CSAT)
Role: Evaluator
Type: The primary goal is to provide a continuum of wrap-around services including housing to homeless adults to improve health and psychosocial functioning including housing stability.

Title: Keeping it Real
Period: 10/1/2010-09/30/3013 Agency: CSAT/SAMHSA
Role: Evaluator
Type: Bexar County Juvenile Probation Department will provide evidence-based treatment and strength-based case management to youth involved in Juvenile Drug Court.

Title: Teen Reach
Period: 10/1/08-9/30/13 Agency: SAMHSA-CSAP
Role: Project Director
Type:This project is designed to utilize a strategic prevention framework in order to guide the implementation and evaluation of an integrated HIV/ SA prevention intervention for high risk youth attending three alternative high schools in San Antonio.

Title: Project HEART (Special Project of National Significance)
Period: 09/01/09-8/31/14 Agency: Department of Health & Human Services (DHHS)
Role: Evaluator
This multi-site Special Project of National Significance is an evidence-based intervention designed to improve entry into medical care for HIV+ women of color .

Title: Positive Choices
Period: 9/30/08-3/30/2012 Agency: CSAT/SAMHSA
Role: Project Director/PI
This project is designed to assess the effectiveness of evidence-based substance abuse treatment within a recovery-oriented systems of care (ROSC) approach for adolescents involved in the juvenile justice system.

Title: Project SOAR
Period:10/1/2006 – 09/30/2009 Agency: SAMHSA/CSAT
Role: Evaluator/Co-Investigator
Type: The goal is to provide family-focused, evidence-based substance abuse treatment, case management services to adolescents with SA and/or co-occurring mental health disorders.

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

1. Protect Clients and Staff from Potential Risks

Fundamentally, the proposed project does not pose significantly different risks to Clients or Staff compared to SACADA's operations today. Clearly the primary business of the applicant, providing prevention, recovery and treatment services to a large, underserved, at risk population involves significant risks. The impact of this proposed technology assisted care project is to improve operational efficiency and outcomes by leveraging technology to improve and expand communication and services. The following are the identified risks and procedures for minimizing or protecting participants from these risks.

Assessments/data collection may be perceived as lengthy or stressful. To minimize fatigue or stress associated with the assessment, participants will be informed both verbally (face-to-face) and in writing that they do not have to answer questions that make them feel uncomfortable. Also, they will be informed that they can take a break from answering the questions and return to them when they are ready to proceed. Additionally, in order to reduce the risk of fatigue, WORC e-ROSC staff have attempted to select the shortest possible versions of all tests and measures. There may be mild or even moderate psychological distress that results from topics discussed with the recovery coach (face-to-face, in writing, or live chats) during the intervention as well as during completion of assessments. For instance, information about substance use and To minimize any anxiety, participants are reminded that they can take breaks from the assessment sessions and that they can pace the extent to which they wish to work on their recovery plan. attitudes, emotional well being, or criminal justice system involvement may cause unanticipated anxiety. Due to the fact that we have 10 recovery coaches per year that will be trained, a recovery coach will be "on call" for a live chat via the WORC e-ROSC portal 24 hours a day to address concerns that may arise between scheduled face-to-face, telephone, or e-ROSC encounters.

Perhaps the biggest change in the applicant organization's risk profile comes from the use of online and mobile tools as means of accessing resources and fostering communication. By way of summary, in addition to the face-to-face services provided by the peer recovery coach, the proposed project includes the following three logical domains all integrated into one online and mobile solution to support the treatment and recovery from substance abuse.

A public patient portal (Public Domain) to promote the applicant's resources and social media to serve as an online community focused on substance abuse;

a) **A clinical portal (Clinical Domain)** that is effectively an extension of the applicant's electronic medical record, and;
b) **A personal health record (Personal Health Domain)** built to connect with the **Microsoft HealthVault** PHR platform to support integrated behavioral and physical health.

Following is a sample of the kinds of functionality expressed through each of these logical domains:

Public Site	
✓ Calendar ✓ Public Announcements ✓ Community Resources ✓ Our View/ What we provide ✓ Real Recovery ✓ Gallery ✓ The Rec Family ✓ About	✓ Moderated Discussion ✓ Live Chat (with a Recovery Coach or volunteer) ✓ Request an appointment ✓ Addicted/ Need Help? ✓ Terms of Service and Privacy Policy ✓ Code of Conduct
e-ROSC Recovery Center (Private Site)	
Recovery Tools (Provider controlled)	**My Personal Health Record (Participant controlled)**
✓ Recovery Plan ✓ Weekly Update ✓ Secure Message Center ✓ Personal Calendar ✓ Recovery Capital Scale	✓ Medications ✓ Conditions ✓ Allergies ✓ Immunizations ✓ Apt Notes ✓ Procedures

There are two main types of risks from the use of the e-ROSC system:

1) Risk of unauthorized or improper disclosure of Personal Health Information in violation of HIPAA, 42 CFR Part 2, or state regulation. The applicant will work with the vendor, White Pines, LLC, and their own legal counselors to minimize risk and maximize protection of Personal Health Information.
2) Risk of providing an environment where people in recovery are introduced to other people through this technology, leading to interactions among people causing adverse outcomes.

2. Minimizing Potential Risks including Risks to Confidentiality. We will attempt to protect participants against potential risk in several ways. We will use the planning committee to review protocols and evaluation instruments for their cultural, gender, and linguistic appropriateness. The peer Recovery Coach will receive annual training on the ethics of the client-provider relationship and confidentiality issues. Moreover, they will receive ongoing training and monitoring from clinical staff. To be clear, the proposed project is designed with staff engagement as a central aspect of each component. Unlike some peer to peer systems that operate largely outside the scope of clinical staff, the SACADA's clinical staff will be involved or monitor all public activity in the e-ROSC system. For example, if someone posts an entry on a public discussion board that is not consistent with the SACADA's Code of Conduct, the staff will have the ability to remove that post.

We will strive to minimize potential risks including risk to confidentiality by having clear policies and procedures in place governing how service will be delivered. This includes

establishing and training users to understand what communications and exchanges of information are appropriate in which media. A clear example of this is the use of social media to foster discussion and even allow people to pose public questions of a sensitive nature (public questions) while establishing clear policies that require peer-Recovery Coaches to only offer answers through non-public media (private answers). Therefore, SACADA in collaboration with White Pines will develop policies and procedures that help all stakeholders understand which technologies to use under what circumstances. These will be continuously evaluated and updated as appropriate.

Technology includes the range of security and privacy protections that are designed into the systems, particularly those that are the subject of this application. For example, public and social media components of the proposed technology, by their nature, provide little or no security protection. By publishing personal information through these media, the author is deemed to grant permission for the information to be used publicly. Conversely, information stored in or accessed through the clinical domain or the personal health domain described above will be subject to different levels of technology protection including secure log-in with user name and password. Appropriate levels of encryption will also be incorporated.

Separate from disclosure, clear authorization by participants for each distinct domain described above (i.e., public, private-provider controlled and private-participant controlled) is required. Authorization operates differently for each domain. For the public domain, people who post entries on the obviously public chat and discussion boards are deemed to grant authorization for it to be viewed publicly. For information stored in the clinical domain, express written and electronic terms of service govern what the Participant allows the Provider to do with his or her information. Finally, in the personal health domain (the PHR), authorization takes a different role because the participant has ultimate control over who has access to that information.

We intend to maintain the confidentiality of alcohol and drug abuse records in accordance with the provisions of Title 42 of the Code of the Federal Regulations, Part 2 (42 CFR).

Plans in the Event of Adverse Effects The clinician supervising the peer Recovery Coaches will be qualified to provide some psychological support on an emergent basis related to the programmatic or evaluation aspects of the project. The peer-Recovery Coaches and the supervisor will be available to provide participants with linkages to needed resources that may arise as a result of adverse events experienced as a result of the study. The consent form will provide the participant with information on how to contact the Project Director or another study representative 24 hours per day if questions arise concerning the study. As part of the orientation and training of staff during the start-up phase of the project, the Project Director will develop crisis intervention protocols for suicide, domestic violence situations etc to be followed if the need arises.

Alternative Treatments The most relevant alternative treatment would be to receive recovery coaching services exclusively via a face-to-face format without the e-ROSC enhancement. If the participant chooses to do this in the course of the study, they will have the option of remaining in the study. Another alternative is to pursue recovery support services without the benefit of a recovery coach. Individuals who prefer not to enroll in the study but are seeking recovery services may benefit from the resources that will be available on the public portal of the WORC e-ROSC website.

4. Fair Selection of Participants

WORC e-ROSC participants will consist of 450 adults, both males and females, who are likely to be primarily Hispanic, uninsured, living in the Bexar County or one of the four surrounding rural counties, and a significant minority are likely to be veterans. All participants will express a need for addiction recovery services. Pregnant women may be included but are not a specific focus of the project. Individuals who are living with HIV/AIDS may enroll in study but they are not a specific target group being studied as part of this project. Participants will only be excluded if they do not reside in the targeted geographical area and if they choose not to take part in the evaluation portion of the project. Participants will not be excluded if they choose not to take advantage of the e-ROSC portal, and choose only face-to-face recovery services with a peer recovery coach. Moreover, because they don't have to take advantage of the e-ROSC services, access the internet via a computer, iPad, or smart phone is desirable but not a condition of exclusion. Digital illiteracy is also not an exclusion factor as individuals interested in taking part in the project will also be offered a two hour computer literacy class in order that they may maximally benefit from the WORC e-ROSC portal.

Participants may learn about WORC e-ROSC project either through self-directed internet searches, word-of-mouth, or referral from a substance abuse treatment provider or other referring agency (e.g. Drug and Alcohol Council). If they learn about the study directly from the website and are interested in learning more and possibly participating, they are asked to call a recovery coach with a number provided on the website or initiate a private online chat with a recovery coach who can tell the participant more about the study. If the participant is interested in taking part, and is deemed to meet eligibility criteria (e.g., an adult, speaking English or Spanish, in need of treatment/recovery services and living within the catchment area), the peer recovery coach makes an appointment with the participant at a mutually convenient location (e.g., at the patient's home, at the SACADA offices, or a treatment facility) to further explain the study, answer any questions, and have the participant sign the consent form and complete the baseline evaluation measures (e.g., the GPRA, digital literacy test). During the initial phase of this study it is anticipated that all consent forms will be completed in a face-to-face format; however, by year 02 it is anticipated that participants will have the option of complete a consent form on line or in-person.

5.Absence of Coercion

Participation in the proposed project is voluntary. There are no potentially coercive elements present. This information will be explained verbally and in writing during the gathering of informed consent. In subsequent years, when the consent form is expected to be made available on line this information will likewise be presented in the on-line consent form.

Participants will be compensated at 6-month follow-up with a $20 gift card. According to SAMHSA this is the maximum monetary value of compensation that can be offered to participants at each data collection point. Based on our previous experience on other CSAT grants serving adults, we too believe this amount is adequate to compensate but not coerce participants to take part in follow-up surveys. Each survey packet (at baseline, six-months and discharge) will take approximately 1 hour to complete. Compensation will be given at six months even if the assessment instruments are not fully completed.

Participants are informed that there will be no adverse consequences if a participant chooses to discontinue their participation at any time in the study. They will also be told in writing and verbally that they may receive services intervention without participation in or completion of the data collection component of the project.

6. Data Collection

Information will be collected from clinical staff including peer recovery coaches and from participants themselves. Information from the clinical staff will focus on activities in support of participants, namely information regarding the services delivered (service dosage data) and will include such data as who provided the service, the type of service provided, the date of service provided, to whom was the service provided and the duration of the service. Some of this information will gathered from hard copy forms the staff complete based on face-to-face encounters or telephone encounters. Services will also be tracked electronically through the e-ROSC portal (e.g., number of messages sent in the secure message center, date recovery plan completed and/or updated etc). The evaluation team will train staff on how to collect this data.

Information from participants will focus on:

1) The GPRA items, the Recovery Capital scale, the digital literacy survey, the unmet needs/services received survey, and the TMAC Support Questionnaire will monitor and evaluate outcomes over time.
2) Participation will be measured through the use of the TMAC Support Questionnaire and the satisfaction with services questionnaire.
3) In addition, the proposed solution will include the ability to track various levels of granularity about how participants and clinical staff use the system. For example, data will be captured about what device (computer) is used, who logged in, and whose information is being accessed. The idea is to capture as much information as possible about independent and assisted use of the systems.

Information that is gathered from participants will consist of the survey conducted in a structured interview format by the recovery coach. Data will be principally gathered in a face-to-face context in a private setting (e.g., at the participant's home, SACADA, rural drug and alcohol councils, community agency counseling offices etc). When the outcome data cannot be collected in a face-to-face setting due to geographical barriers (e.g., insufficient coaches trained in the rural counties to provide face-to-face data collection activities) or because the data collection window is rapidly closing the participant will be given the option of completing the survey through a telephone interview or through the on-line chat private chat system. Peer recovery coaches will receive extensive initial training and regular booster sessions on data collection procedures from the evaluation team.

In addition, the electronic system is designed to capture a broad range of health information, including the "Be Well" metabolic factors and activities of daily living. Information could come from many sources, either manually or through machine-readable data formats such as those types that conform to the Clinical Document Architecture.

No specimens will be collected for this project.

See **Attachment 2,** "Data Collection Instruments/Interview Protocols," for copies of the data collection instruments or web links to the instruments we plan to use.

7. Privacy and Confidentiality

All the data gathered as part of the evaluation of WORC e-ROSC will be used to meet process and outcome evaluation goals and objectives.

The vendor White Pines LLC will be required to sign an appropriate Business Associate Agreement pursuant to HIPAA as well as an appropriate Qualified Service Organization Agreement (QSOA) in accordance with 42 CFR Part 2. All WORC e-ROSC staff will undergo initial and annual training on privacy and confidentiality of participant information.

In addition, in order to maintain privacy and confidentiality each participant will be assigned a random numeric code ("participant ID"). This code can ultimately be linked to their name. The list of names linked to the code will be kept in a locked file cabinet in the Evaluator's offices and separated from where hard copies of the data are stored. The hard copies data are stored at the Evaluation Team's professional offices. Only the data manager and the evaluator will have access to the master list of names linked to the codes. Signed consent forms whether generated on-line or manually will be kept in another locked file cabinet separate from hard copies of the data. Data, whether process or outcome, once entered into ACCESS and SPSS databases will be stored in computer files that are password protected. Only the Evaluator and the data manager will have access to those data files. The raw data will never be shared with any collaborating partners except in aggregate form that does not identify the participant by name. All participant satisfaction forms (completed at six-month follow-up) will be completed anonymously. There

will be no code used nor will the subject include their name on the survey. Even if completed on-line, these data will be separated from the participant's email address or name.

Project staff who collect service dosage data will use the name of the participant on the service dosage form but these data are collected in a timely manner from project staff and entered into an access data base where the participant's name is replaced with their ID before data entry and aggregation occurs. When data are reported back to program clinical staff (e.g. recovery coaches, supervisor) for quality assurance and project monitoring purposes, they are reported back in aggregate form with the names of participants excluded.

The primary outcome data collected by trained bilingual peer recovery coaches will be the GPRA, a digital literacy assessment, an Unmet Needs/Services Needed measure, as well measures collected online through Cornerstone and White Pine's e-ROSC Web-portal to include the Recovery Capital Scale and the Telephone Monitoring and Adaptive Counseling (TMAC) Support Questionnaire. We will also collect local satisfaction data which will provide feedback on the peer recovery coaching component as well as the use of the online eROSC Web-portal. When the peer recovery coach collects data in a face-to-face format, the preferred mode for the GPRA and all measures except the Recovery Capital Scale and the Telephone Monitoring and Adaptive Counseling Support Questionnaire which is available on-line, the participant's name will not be used on the questionnaire. However, a pre-assigned numerical participant ID code will be used in order to track changes over time. Similarly, if the survey is administered via telephone or is completed on-line, the responses will not be linked to the participant's name.

In terms of on-line data, the proposed project involves licensing software and services in a hosted model. White Pine Systems, the vendor to SACADA's WORC e-ROSC, uses two data stores:

1) White Pine uses a HIPAA qualified hosting service "Online Tech."
2) Information for the Personal Health Record is stored in Microsoft HealthVault.

Details of the security and privacy policies are available from these two vendors.

Regarding who will have access to data on the **e-ROSC Clinical Domain,** information in the e-ROSC clinical domain will be granted access according to the following defined roles:

1) Supervisor Coach
2) Web Master
3) Peer Recovery Coach
4) Participant

Each of these roles can be configured to present appropriate levels of access. For example, Recovery Coaches only have access to information for their assigned Participants.

With regard to the electronic Personal Health Record (PHR), information in the PHR will be controlled by the individual. He or she will be able to grant access according to various tiers of

granularity. The decision of who has view, edit or delete access is purely under the control of the individual.

For population based reporting, the system will be designed to use a pseudo-anonymized data structure, to facilitate appropriate levels of research and follow-up without exposing identity.

We agree 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.**

Adequate Consent Procedures

Attachment 3 contains a copy of the consent form that participants will be asked to complete as part of the participation in the evaluation portion of the project. The peer recovery coach will provide full information about the project to the participant, obtain consent and conduct the baseline measures. Participants will not be asked to take part (or provide informed consent if they are minors). To address issues that might arise with special populations such as the elderly, adults with limited reading skills, and people who do not use English as their second first language, the following procedures will be in place: All instruments and consent forms will be available in Spanish or English and will be written at the 6th grade reading level. The peer recovery coach will either allow the participant to read the form or will read along with them according to the participant's preference. Participants will be asked a few simple questions about what they just read or what was read to them to make sure they understand the information provided. Peer recovery coaches will be proactive in being attentive to facial expressions of the participant in order to gage whether the participant may not fully comprehend aspects of the study or to detect whether the participant consent to the study not because of being interested or to because he/she feels the study would be beneficial but to "please" the study leaders. If this is a potential concern, the peer recovery coach will remind the participant that there are no negative consequences if they decline taking part in the project. Participants will be given the opportunity repeatedly to ask questions or to request further clarification. Similarly, when the preferred language is Spanish, a Spanish-speaking peer recovery coach will be paired with the participant to perform the above mentioned procedures.

As part of the informed consent procedures, participants will be informed of the following:

1) The participant is taking part in the evaluation of a comprehensive intervention including peer-delivered recovery support services which will be supplemented by technology enhanced care in the form of the electronic ROSC.
2) Participating in the study is voluntary and participants may withdraw from the study at any time.
3) Withdrawal from the study will not affect future relationships with SACADA, UTHSCSA, White Pines or other community agencies.

4) Participants may experience mild psychological distress (i.e., from the recovery support services interactions with the peer-recovery coach or through the evaluation component).
5) In the event of experiencing adverse situations, the project staff is capable of providing help or referring participants to other services.
6) Data will be used to assess the efficacy of the peer recovery coach intervention consisting of face-to-face sessions involving motivational interviewing and recovery planning and supplemented by e-ROSC.
7) Data will be collected at baseline, six months follow up and discharge from participants in the study. Multiple procedures will be taken to ensure the privacy of the data that is gathered including but not limited to storing data separate from a participant's name and other identifying information.

Once the clinician is satisfied that the participant understands the consent document, which includes a duplicate copy, he or she will be asked to sign them. The recovery coach will then check a box for each form indicating that a signed form has been received by the participant as well as by SACADA . The process cannot be completed unless the peer recovery coach indicates that the signed form is in the participant's possession. The original form will be kept on file in a secure storage location. A copy will be given to the participant.

In addition, the first time the Participant logs in to the WORC e-ROSC system under his or her own user name and password, he or she will be again asked to click a box to accept the same consent documents. In this way, SACADA will have both an electronic and a hard copy of the executed consent documents.

Attached as part of **Attachment 3** are the following additional sample consent forms in support of the e-ROSC Clinical Domain:

a) *Terms of Service & Privacy Policy for the Applicant e-ROSC Site*- this form provides information about the terms of service and the privacy policies regarding the e-ROSC and includes a brief description of e-ROSC and the online tools that are part of the e-ROSC site as well as who has ultimate control of the information on the e-ROSC site.
b) *Applicant Text Messaging Authorization Form* which documents the purpose of using text messaging in the study as well as the parameters for use.

Consent documents do not apply to either the Public Domain or the Personal Health Record portion of WORC e-ROSC although each has its own set of terms of service, privacy and policy and, in the case of the Public Domain, a code of conduct.

Note that SACADA *may* exchange information with other providers either directly or through a Health Information Exchange. At this point, it is expected that such exchanges will be conducted through SACADA's electronic medical record with its associated consent documents and work flow. These are outside the scope of this project.

7.Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project. While the aforementioned risks to participation are quite real, it is anticipated that the services delivered to this underserved population of individuals seeking recovery services in Bexar County and surrounding rural counties will lead to positive outcomes for themselves and in the longer term to the communities in which they reside. Information gathered over the course of the project will aid SACADA and other community providers to better address the needs of adults in need of substance abuse recovery services in the future. Information gathered in this project will hopefully also have the potential to advance the field's knowledge of effective substance abuse treatment for this primarily Hispanic, economically disenfranchised population. We also hope to learn whether this intervention is differentially effective for different ethnicities, genders, urban versus rural dwellers, veterans versus non-vetrans, Spanish versus English speakers and what costs are associated with implementing such a program as well as potential savings. In sum, we maintain that while there are some risks associated with implementing the project, they are outweighed by the potential benefits, particularly to the participants themselves.

Protection of Human Subjects Regulations

We will submit the evaluation portion of WORC e-ROSC to the Institutional Review Board (IRB) of UTHSCSA for a pre-review to find out if the project fits the criteria for review. WORC e-ROSC may not fit the criteria for review because it is a service grant. Upon notification of funding a formal application for the evaluation of WORC e-ROSC will be submitted to the IRB if based on the prior pre-screen it was deemed to meet the need for full or expedited IRB board review. A copy of the IRB's disposition will be submitted to SAMHSA upon request.

Section G: Literature Citations

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Section H: Biographical Sketches

TITLE: Project Director

Supervisory Relationships: Reports to SAMHSA Grant Officer and Executive Director

Position Description: Responsible for overall project direction, including planning, coordination and implementing, and directing the dissemination of information related to project findings, as well as ensuring productive collaborative relationships with all project partners.

Core Duties/Responsibilities:

- Ensures accountability and proper coordination with participating local collaborators and members of the target population, developing overall project plan for executing and managing project
- Directs and coordinates service delivery of the WORC Project – e-ROSC staff including admissions, screening/assessments, case management and training.
- Ensures confidentiality and records management
- Assumes primary responsibility for the preparing and submitting SAMHSA reports in a timely manner
- Leads organizational staff meetings and community meeting/focus groups/public hearing as well as attends SAMHSA meetings as required.
- Assumes primary responsibility for seeking out opportunities for project sustainability at end of grant period
- Assumes primary responsibility for directing dissemination of program findings
- Oversee program budgets to ensure proper expenditure and accountability of grant funds.
- Will be an active member of the Web-Portal design committee.

Minimum Qualifications & Skills Requirements: Master's Degree required in counseling, psychology, social work or related discipline. Advance Degree preferred in counseling, substance abuse, or social services, Certified Prevention Specialist. Licensed Chemical Dependency Counselor preferred.

Skills And Knowledge Required: A minimum of three (3) years demonstrated experience in the field of substance abuse education, social and/or human services required, experience in conducting presentations, trainings, or teaching adults, and in a management and supervisory role. Project Director must demonstrate knowledge in community-based social and human services systems. Project Director must demonstrate knowledge and experience in development of community and agency collaborations.

Personal Skills: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Project Director must demonstrate a commitment to the philosophy and goals of WORC Project – e-ROSC.
Hours: 10% effort, 4 hours per week

Travel: Local travel required (25%), Out of Town travel required (10% - 15%)

ANNUAL SALARY RANGE: $55,000 to 60,000

TITLE: Project Coordinator/Chemical Dependency Counselor

SUPERVISORY RELATIONSHIPS: Project Director

POSITION DESCRIPTION: Responsible for planning, coordinating, and providing immediate supervision of daily activities performed by the WORC Project – e-ROSC. Other responsibilities include: assisting the Project Director in preparing required quarterly and annual progress reports and dissemination activities. Will facilitate weekly meetings with project staff. Assists Project Director in assuring SAMHSA conditions for approval are met.

CORE DUTIES/RESPONSIBILITIES:

- Provide program staff supervision and peer mentor supervision.
- Coordinate development of Peer Mentor training on a revolving schedule.
- Develop screening and intake tools to ensure program success.
- Responsible for collaboration efforts to promote program with other reentry service programs, community, businesses, professionals, and court-mandated programs.
- Conduct screening and assessments to determine type of services needed.
- Utilize and ensure staff uses evidence-based practices written into the program design.
- Provide Brief Intervention Screening and Counseling with Motivational Interviewing with participants who meet criteria for services.
- Coordinate with project partners and other organization to ensure continuum and wrap around services are provided for all participants.
- Complete monthly reports to Project Director and SAMHSA as required.
- Ensure compliance with government regulations and funding sources for fidelity of the program.
- Oversee program budgets to ensure proper expenditure and accountability of grant funds.
- Plans, directs, and coordinates research project according to established protocol
- Administer GPRA and ensure fidelity to data collection methods.

MINIMUM QUALIFICATIONS: Bachelors level training in behavioral science or related field is desired. Licensed Chemical Dependency Counselor is required.

SKILLS AND KNOWLEDGE REQUIRED: At least 5 years' experience providing substance abuse treatment and intervention services. Specialized training related to Strength based treatment strategies. Experience with process evaluation required. Written and oral Spanish fluency required. Experience working within culturally diverse populations is desired.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Project Coordinator must demonstrate a commitment to the philosophy and goals of WORC Project WORC e-ROSC.

HOURS: 100% Effort, 40 hours per week

TRAVEL: Local travel is required weekly (mileage reimbursed), out of town travel (15%)

ANNUAL SALARY RANGE: $35,000.00

TITLE: Web Master

REPORTS TO: Project Coordinator

POSITION DESCRIPTION: The Data Manager will be setting up and managing the GPRA data collection for all participant of the WORC Project – e-ROSC. Will assist with research and evaluation data collections and as part of the grant Advisory Board team.

CORE DUTIES/RESPONSIBILITIES:

- Collect and analyze participant data from all programs and support services
- Enter data into GRPA web domain and generate reports.
- Maintain monthly program data for the purpose of generating reports for funding sources.
- Manage and resolve web problems encountered during operation of the WORC e-ROSC.
- Lead strategic planning processes, which includes developing logic models and implementation plans
- Develop and maintain relationships with organizations and agencies that can or will provide data for the agency.
- Assist with development of presentations using data, charts, graphs and scales.
- Assist project WORC Project – e-ROSC partners with requests for data.

MINIMUM QUALIFICATIONS: Bachelor's Degree in the field of social sciences preferred

SKILLS AND KNOWLEDGE REQUIRED: At least one year previous work experience in a similar position is required. Must have an understanding of office systems, including computer skills, Microsoft Office, and general internet knowledge. Must have the ability to accurately record and report figures, demonstrating good organizational, inter-personal, and communication skills. Must demonstrate the ability to work independently with high level of reliability, and demonstrate knowledge of proper client confidentiality procedures

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Data Manager must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: 15% Effort, 6 hours per week

TRAVEL: Local travel required (20%)

ANNUAL SALARY RANGE: $37,000-$40,000

TITLE: Peer Recovery Coach

SUPERVISORY RELATIONSHIPS: Reports to Project Coordinator

POSITION DESCRIPTION: The Peer Recovery Coach is responsible for the engagement and linking of individuals prior to, during and after treatment and providing recovery support services to reduce the incidence of relapse. The goal of this position is to extend the reach of traditional treatment services beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery from Substance Use Disorders (SUD).

CORE DUTIES/RESPONSIBILITIES:

- Demonstrated empathy, caring, and concern to bolster person's self-esteem and confidence
- Assist individuals in development of a goals and recovery action plans
- Provide concrete assistance to help others accomplish tasks such as obtaining transportation, employment, health care, child care, & life skills training
- Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging
- Work independently in community settings with flexible working hours.
- Integrate strength and evidence based practices into daily interactions with peers
- Provide responsible documentation of services provided in client record,
- Attend ongoing training as required by supervisor

MINIMUM QUALIFICATIONS:

- If in recovery, a minimum of six months clean and sober outside a structured living environment such as jail, prison or institution
- If in recovery, documentation of treatment completion or demonstration of mature and healthy coping
- If not in recovery, a non-judgmental attitude towards SUD or psychiatric disorders and willingness to learn a variety of approaches to recovery
- Willingness to submit to pre-employment drug screen
- Must have transportation
- Basic computer skills in Word and Outlook.
- Ability to attend 40 hours of training in peer coach/recovery training and to work 10 hours weekly.

SKILLS & KNOWLEDGE (will receive training in these areas):

- The Stage of Change Theory, Motivational Interviewing, Contingency Management, and Cognitive Behavioral Techniques.
- Behavioral problem solving techniques for addiction treatment
- Principles of recovery from SUD or mental illness
- Case Management activities and knowledge of community resources for social support
- Knowledge of mutual-help groups, their functions, values/beliefs and how to access.

HOURS: 10 hours per week (25% employee)

TRAVEL: Local travel is required weekly (mileage reimbursed)
ANNUAL SALARY RANGE: $5,000.00

TITLE: Project Evaluator

SUPERVISORY RELATIONSHIPS: Reports to Project Director

POSITION DESCRIPTION: Provides direction and oversight in the evaluation design, methods, and measures used. Oversees the development of project databases by the Data Manager, and participates in planning and dissemination activities. Complies with SAMHSA mandates regarding evaluation methods and timely submission of data, and assists in the preparation of analyses for reports submitted to the funding agency, reports for publication, and in progress reports for evaluating program effectiveness.

CORE DUTIES/RESPONSIBILITIES:

- Takes a lead role in designing evaluation instruments with input from principal investigator and funding agency
- Oversees the development of the database and overall supervision and guidance of the Data Manager and WORC Project – e-ROSC evaluation staff
- Oversees the development of the databases.
- Oversees the collection of data and management of systems used to generate results for dissemination and program feedback purposes.
- Assumes primary responsibility for analyzing and synthesizing process and outcome evaluation results
- Attends project committee meetings with program evaluation staff and SAMHSA meeting as required
- Produces periodic written reports of evaluation results to share with Project Director and SAMHSA to guide program functioning and interpretation of findings
- Works with Data Manager and other evaluation staff in organizing data for completion of evaluation portions of progress reports and annual reports required by SAMHSA
- Assists in the preparation of analyses for reports submitted to SAMHSA, reports for publication or presentation.

MINIMUM QUALIFICATIONS: Doctoral level training in social-behavioral science with specialized training and research experience in Research Design, Statistical Analysis, Program Evaluation and computer applications.

SKILLS AND KNOWLEDGE REQUIRED: A minimum of five years working with community program evaluation and research design including elicitation research, statistical analysis, and computer applications.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Evaluator must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: (20% Effort)**,** 8 hours per week
TRAVEL: Local travel required (25%)
ANNUAL SALARY RANGE: $90,000-$110,000

TITLE: Evaluations Data Manager

REPORTS TO: Project Evaluator

POSITION DESCRIPTION: Will be responsible for providing data and information systems design and support for the project under the supervision of the Evaluator

CORE DUTIES/RESPONSIBILITIES:

- Assists Project Evaluator in the development of forms and evaluation instruments
- Will assist in procedures designed to monitor adherence of case managers to the study protocol
- Will assume primary responsibility for the management of the various databases (e.g. follow-up outcome measures, birthdays, tracking, dosage data)
- Will assume primary responsibility for the implementation of quality assurance procedures
- Will work with the Program Coordinator to develop automated data updates and data summaries for monthly quality assurance reports
- Will assist in data entry as needed
- Will conduct simple data analyses/summaries under the supervision of the Evaluator in support of routine progress reports evaluating program effectiveness
- Assumes primary responsibility for submitting data or data summaries to the Project Evaluator in a timely manner

MINIMUM QUALIFICATIONS: Graduate level training in behavioral science or related field is desired. Experience in Excel, SPSS, Power Point, Microsoft Word and Program Manager. Spanish speaking ability strongly desired in order to assist in follow-up data collection.

SKILLS AND KNOWLEDGE REQUIRED: A minimum of two years working with community program evaluation and research design including elicitation research, statistical analysis, and computer applications.

PERSONAL SKILLS: Demonstrate competency and skills in working with culturally diverse populations. In addition to the above, the Data Manager must demonstrate a commitment to the philosophy and goals of Project WORC e-ROSC.

HOURS: 50% Effort, 20 hours per week

TRAVEL: No travel required

ANNUAL SALARY RANGE: $22,176- $32,600

Biographical Sketches:

Melanie Lane

Professional Profile

Licensed Master Social Worker, Licensed Chemical Dependency Counselor and Advanced Addiction Counselor. Skilled at developing collaborative relationships with community agencies to ensure holistic best practice services to homeless and indigent clients. Extensive history providing training at the local, state, national, and international level. Proven record of insuring agency compliance with local, state, federal and private funding streams. Strong written and verbal communication skills. Substantial knowledge related to special needs populations including homeless, veterans, all categories of substance abusers, and individuals with co-occurring substance abuse and mental health disorders (COPSD) including pregnant women and women with children.

Experience

Jan 2013 - Present **San Antonio Council on Alcohol & Drug Abuse**
Project Adelante Coordinator

- Responsible for development and implementation of program requirements to meet SAMHSA Offender Re-Entry Grant requirements
- Direct supervision over case workers
- Participate as member of management team

Sept 2009 - Present **San Antonio College** San Antonio, TX
Adjunct Faculty

- Teach part-time in the Psychology Department, Chemical Dependency Counselor Program on topics such as: Strength Based Addiction Treatment, Group Counseling Skills, and Counseling Theories.

April 2009 – Dec 2012 **The Restoration Center** San Antonio, TX
Center for Health Care Services
Addiction Treatment Director

- Responsible for the administrative and clinical management of services provided by the Public Safety Unit, the Detoxification Unit, Sober Living Dorm and Intensive Outpatient Treatment Services to include the development and enhancement of services.
- Developed and managed multi-million dollar annual budget.
- Work in collaboration with Haven for Hope partners and community partners; to form and support positive collaboration between CHCS and community/state/federal agencies.
- Engage in policy analysis and development activities at a local level to promote implementation and sustenance of substance abuse activities.
- Identify additional funding streams to support, enhance, and expand services offered by The Restoration Center.

1995 – April 2009 **Alpha Home, Inc.** San Antonio, TX

Residential Program Director

- Responsible for development and/or implementation of clinical program requirements to meet local, state and federal contracts.
- Supervision of all clinical staff and agency Clinical Training Coordinator for Texas Department of State Health Services (DSHS).
- Liaisons with numerous community agencies for development of collaborative agreements to ensure residents receive holistic services.
- Instrumental in the development and operation of free medical clinic within agency and worked closely with University of Texas Health Science Center Medical School, Nursing School and Dental School to provide professional internship rotations within program.
- Researched, identified and implemented best practice curricula within program.
- Designed and oversee system to track client accomplishment of program goals and objectives. Provided all information related to agency demographics and outcomes for numerous reports and presentations.
- Experience in proposal writing at the local, state and federal level.

Dec 2007-June 2008 **American GI Forum** San Antonio, TX
Residential Center for Veterans

Graduate Social Work Intern

- Conducted research study on: Anger management, a cognitive behavioral intervention: Effects on anger tendencies in homeless veterans from south-central texas. Implemented both Anger Management and Trauma/Substance Abuse curricula and conducted groups with residents.

1994–2001 **Educative Therapeutic Processes** San Antonio, TX

Private Practice Clinician

- Worked in conjunction with outpatient counseling team to provide individual and group counseling related to substance abuse intervention, prevention and treatment. Provided extensive screening and assessment to identify substance abuse issues in Bexar County Probation referrals. Extensive experience in motivational interviewing and engaging resistant clients into treatment process.

Education & Training

2009 **University of Texas San Antonio** San Antonio, TX
Masters in Social Work
Magna Cum Laude Graduation May 7, 2009.

2002 **Texas State University** San Marcos, TX

Bachelors of Applied Arts & Sciences
Magna Cum Laude

Maria M Velazquez

PROFILE: Dependable, self-motivated individual with productive work history. Recognized by former supervisors as willing to listen and pro-actively meet the need and wants of clients at various functional levels. Able to make decisions independently based upon experience in work, school and community.

EDUCATION

1. Associate of Applied Science, Substance Abuse Counselor
   Mental Health Technician 08/95 – 05/00
   San Antonio College, San Antonio, Texas
2. Licensed Chemical Dependency Counselor 01/07-present
3. DWI Administrator/Instructor 03/10 - 03/12

SUMMARY OF QUALIFICATIONS

1. Able to do Individual and Group Counseling in English and Spanish
2. Ability to present Drug Awareness Education Classes in English and Spanish
3. Aware of community resources
4. Computer Literate MS word, Excel, Access
5. Familiar with all office equipment
6. Able to meet deadlines

WORK HISTORY

San Antonio Council on Alcohol and Drug Abuse 04/08 – Present

Prevention Specialist/LCDC

Provide Prevention Education to children, adolescents and adults. Disseminate informational literature at Health Fairs, Schools, and Neighborhood Organization meetings.
Conduct Assessments to determine eligibility for substance abuse treatment.
Facilitate problem identification, education, intervention and referrals.

Laurel Ridge Treatment Center 11/07 – 6/09

Therapist

Conducted Assessments to determine eligibility for substance abuse treatment. Provided adolescent and adult group sessions. Conducted family education group sessions. Maintained working relationship with medical staff to provide patients the best care. Maintained proper report and record keeping. Provided referrals for aftercare.

Tejas Recovery And Counseling Services, Inc. 06/96 – 10/07

Office Manager

Attended administrative meetings regarding clinic requirements and client needs. Requested materials from main suppliers, provided on the job training to new employees, conducted interviews and background checks on new employees. Assisted clerks and faculty with computer software, using Microsoft XP. Performed clerical duties, Exercised proper procedures, answered questions and able to handle a crisis hotline. Able to collect fees, balance receipt books and handle phone lines. Made bank deposits when necessary. Handled all billing issues.

Galloway Research Marketing Services 11/82 – 09/93

Telephone/Mall/Field Supervisor

Supervised anywhere from 10 to 20 employees. Kept quotas required to complete all jobs. Met confidentiality requirements. Brought 98.5% of all jobs within budget. Made daily audit of all merchandise being handled. Overlooked and conducted onsite interviews at different schools. Translated focus groups for large corporations. Met all requirements at time of auditing by large invested companies.

CHARLES EDWARD VILLAFRANCA

SUMMARY

strong strategic planning and relationship building skills; excellent marketing and leadership qualities; management of remote technical teams; strong negotiating, research and problem solving skills; excellent organizational skills in both the physical and digital arenas; strong interpersonal and communication attributes; broad knowledge of educational opportunities and strategies.

EXPERIENCE

San Antonio Council on Alcohol and Drug Abuse
Oct 2012 – Present

Data Analyst - Working to continuously validate and research data trends in the substance abuse/alcohol/tobacco arenas both city wide and nationally. Gathered data and information to validate key assumptions for federal grants and statewide publications. Provides ongoing onsite technical support for A+ issues related to computer systems and network configuration. Teaches continuing education classes for the community. Maintains statistical information for external reporting to various state and federal agencies.

Dress for Success San Antonio
Jul 2011 – Oct 2012

Director of Strategic Initiatives - Working side-by-side with Co-Founder/CEO, developed needs based assessment for the organization's four areas of opportunity. Helped execute reorganization and new growth/marketing strategy including rebranding of social media presence, newsletter creation/distribution and website makeover. Orchestrated strategic reengagement of past donor population and architected pathway for inroads with new foundations and private organizations. Worked with board members and author/consultant Laura Fredricks (The Ask) to reboot organization's message and elevator pitch. Responsible for creation of new marketing material and donor communication templates. Retooled the organization's external marketing with a focus on delivering a clear concise message through all outlets. Cultivated potential lead donors during quiet phase of capital campaign. Planned and executed special events including external third party efforts that have organization as the beneficiary. Re-engaged past volunteers while recruiting new volunteers and employing new volunteer activities. Compiled and reported key client metrics using custom SQL queries for grant proposals and government reports. Secured funding for the upgrading of key software systems needed for clients. Developed plan for new social enterprises and revenue generating opportunities that would allow the organization to become self-sufficient while at the same time becoming invaluable to the business community.

Kym's Kids of San Antonio
Nov 2010 – Jun 2011

Executive Director - Successfully interpreted and launched the founder's vision for a new, fledgling, not-for-profit corporation and managed the $1.1 million scholarship program from incubation to delivery. Managed the data of 114 student participants from across the city and surrounding townships using a custom built Microsoft Access database. Established the foundation for long-term relationships across multiple not-for-profit agencies to ensure long-term viability for Kym's Kids and the partner agencies by way of multiple presentations both

interagency and those open to the students and their families. Managed the organization's social media outlets and the content for the web presence. Developed search engine optimization strategy. Designed website. Handled the reporting to the board of directors and led monthly meetings for the Kym's Kids partners. Established a positive media presence through live, on-air radio and television spots.

Valero Energy Corporation
Oct 2004 – Feb 2010
Corporate Economics System Specialist/Supervisor - Worked in the Corporate Price Forecasting and Economic Analysis group. Key focus was to bring best practices to the department and design a new enterprise solution that helped with the analysis and data mining required to affect decisions by the company's leadership. Responsible for quantifications of proposed changes in the pricing arena and routine study of market data for the purpose of forecasting possible trends that could affect the company's business. Generated key reports for leadership council encompassing such areas as global weather forecasts, crop and insect migration forecasts, viability and profitability of proposed acquisitions and new construction. Used knowledge of SQL to create custom, on-demand reports for internal reporting. Built custom Excel worksheets using VBA for automation of data input.

Accenture
Sep 1997 – Nov 2002
Software, Technology, Business Process Consultant - Operated in both a technical role as a systems programmer and in non-technical roles conducting business and operations planning and redesign and as a systems testing lead for both hardware and software projects involving SAP and other point systems that were both internally and externally developed. Learned to configure SAP's Production Planning module along with SAP's internal computer aided testing and automation tools. Learned and designed SAP solutions using SAP's Workflow for the oil and gas industry. Managed external cross culture teams from Mumbai, India. Interviewed and gathered local customer requirements for delivery of both functional and technical design documents. Supported and developed in-house Visual Basic applications. Performed quality assurance testing for roll-outs and upgrades. Trained as a Microsoft internal consultant and created custom internal websites for oil and gas customers at the start of the dot com boom. Worked and designed with remote teams. Managed implementation of new database servers across client's datacenter. Created and managed testing and training for end users.

EDUCATION / SKILLS
Executive MBA, University of Texas San Antonio, May 2006
Bachelor of Arts, Business Analysis-Management Information Systems, Texas A&M University, May 1997

Name | **Position Title**

Nancy Amodei, PhD | Professor, Clinical, Community Pediatrics

Educational Background

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of New South Wales, Australia	B.S.	1978	Psychology
University of North Carolina, Greensboro, NC	M.A.	1983	Clinical Psychology
University of North Carolina, Greensboro, NC	Ph.D.	1988	Clinical Psychology

Professional Experience

09/04-present Professor/Clinical, UTHSCSA, Community Pediatrics, San Antonio, TX

09/98-present San -Felipe-Del Rio ISD Health Start Consultant

09/98-09/04 Associate Professor/Clinical, UTHSCSA, Community Pediatrics, SA, TX

Other Experience and Professional Memberships

1990-present TX State Board of Examiners of Psychologists 23754 Texas

Selected Peer-Reviewed Publications from a list of 38

1. Kriska, A., Delahanty, L., Edelstein, S., Amodei, N., et. al.Sedentary behavior and physical activity in youth with recent onset of type 2 diabetes. Pediatrics 2013; 131(3): 850-856.
2. Delahanty, L., Kriska, A., Edelstein, S., Amodei, N., Chadwick, J., Copeland, K., et. al. Self-Reported Dietary Intake of Youth with recent onset of Type 2 diabetes: Results from the Today study. Journal of Academy of Nutrition & Diabetes. 2013; 113(3): 431-439.
3. Amodei N, Lamb RJ. The role of nicotine replacement therapy (NRT) in early quitting success. Nicotine Tob Res 2012 Jan;12(1):1-10.
4.Perez de Leon, X. P., Amodei,N., Hoffman, T. J., Martinez, R., Trevino, M., Medina, D.. Real World Implementation of an Adapted ACT Model with Minority and Non-Minority Homeless Men International Journal of Mental Health & Addiction 2010:1-15.
5.Amodei N, Lamb RJ. Over-the-Counter Nicotine Replacement Therapy: Can Its Impact on Smoking Cessation be Enhanced? Psychology of Addictive Behaviors 2008;22(4):472-485.
6.Amodei N, Lamb RJ. Predictors of initial abstinence in smokers enrolled in a smoking cessation program Substance Use and Misuse 2005;40:141-149.
7.Katerndahl DA, Larme AC, Palmer RF, Amodei N. Reflections on DSM classification and its utility in primary care: case studies in "Mental Disorders". Prim Care Companion J Clin Psychiatry 2005;7(3):91-99.
10.Neff JA, Amodei N, Valescu S, Pomeroy EC. Psychological adaptation and distress among HIV+ Latina women: adaptation to HIV in a Mexican American cultural context. Social Work in Health Care 2003;37(3):55-74.
11.Bordeaux JD, Loveland KA, Lachar D, Stehbens J, Bell TS, Nichols S, Amodei N, et al. Hemophilia Growth and Development Study: caregiver report of youth and family adjustment to HIV disease and immunologic compromise. J Pediatr Psychol 2003;28(3):175-183.
12.Amodei N, Katernadahl DA, Larme AC, Palmer R. Interview versus self-answer methods of assessing health and emotional functioning in primary care patients. Psychological Reports, 2003;92:937-948.
14.Katerndahl DA, Amodei N, Larme A, Palmer R. Psychometric assessment of instruments used in low income Hispanic patients in a primary care setting. Psychological Reports, 2002;91:1121-1128.

15.Amodei N, Elkin BB, Burge SK, Rodriguez-Andrew S, Lane P, Seale JP. Psychiatric problems experienced by primary care patients who misuse alcohol. Int J Addict 1994 Apr;29(5):609-626.
16..Seale JP, Amodei N, Bedolla MA, Ortiz E, Lane P, Gaspard JJ, Urby R, Paul LG, Doty S, Burge SK. Evaluation of residency training in substance abuse: a summary of 3 years' experience. Substance Abuse 1993;13(4):234-243.
17.Seale JP, Williams JF, Amodei N. Alcoholism prevalence and utilization of medical services by Mexican Americans. J Fam Pract 1992 Aug;35(2):169-174.

Research Support-Partial List

Title: Community STORM (STI Teaching and Outreach with Role Models)
Period: 10/01/11-9/30/14 Agency: Centers for Disease Control and Prevention (CDC)
Role: Co-Project Evaluator
Type:Community Collaboration & consultation to reduce Sexually Transmitted Infections

Title: HOMES
Period: 10/1/2011 – 9/30/2014 Agency: CHCS (through SAMHSA/CSAT)
Role: Evaluator
Type: The primary goal is to provide a continuum of wrap-around services including housing to homeless adults to improve health and psychosocial functioning including housing stability.

Title: Keeping it Real
Period: 10/1/2010-09/30/3013 Agency: CSAT/SAMHSA
Role: Evaluator
Type: Bexar County Juvenile Probation Department will provide evidence-based treatment and strength-based case management to youth involved in Juvenile Drug Court.

Title: Teen Reach
Period: 10/1/08-9/30/13 Agency: SAMHSA-CSAP
Role: Project Director
Type:This project is designed to utilize a strategic prevention framework in order to guide the implementation and evaluation of an integrated HIV/ SA prevention intervention for high risk youth attending three alternative high schools in San Antonio.

Title: Project HEART (Special Project of National Significance)
Period: 09/01/09-8/31/14 Agency: Department of Health & Human Services (DHHS)
Role: Evaluator
This multi-site Special Project of National Significance is an evidence-based intervention designed to improve entry into medical care for HIV+ women of color .

Title: Positive Choices
Period: 9/30/08-3/30/2012 Agency: CSAT/SAMHSA
Role: Project Director/PI
This project is designed to assess the effectiveness of evidence-based substance abuse treatment within a recovery-oriented systems of care (ROSC) approach for adolescents involved in the juvenile justice system.

Title: Project SOAR
Period:10/1/2006 – 09/30/2009 Agency: SAMHSA/CSAT
Role: Evaluator/Co-Investigator
Type: The goal is to provide family-focused, evidence-based substance abuse treatment, case management services to adolescents with SA and/or co-occurring mental health disorders.

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

1. Protect Clients and Staff from Potential Risks

Fundamentally, the proposed project does not pose significantly different risks to Clients or Staff compared to SACADA's operations today. Clearly the primary business of the applicant, providing prevention, recovery and treatment services to a large, underserved, at risk population involves significant risks. The impact of this proposed technology assisted care project is to improve operational efficiency and outcomes by leveraging technology to improve and expand communication and services. The following are the identified risks and procedures for minimizing or protecting participants from these risks.

Assessments/data collection may be perceived as lengthy or stressful. To minimize fatigue or stress associated with the assessment, participants will be informed both verbally (face-to-face) and in writing that they do not have to answer questions that make them feel uncomfortable. Also, they will be informed that they can take a break from answering the questions and return to them when they are ready to proceed. Additionally, in order to reduce the risk of fatigue, WORC e-ROSC staff have attempted to select the shortest possible versions of all tests and measures.

There may be mild or even moderate psychological distress that results from topics discussed with the recovery coach (face-to-face, in writing, or live chats) during the intervention as well as during completion of assessments. For instance, information about substance use and To minimize any anxiety, participants are reminded that they can take breaks from the assessment sessions and that they can pace the extent to which they wish to work on their recovery plan. attitudes, emotional well being, or criminal justice system involvement may cause unanticipated anxiety. Due to the fact that we have 10 recovery coaches per year that will be trained, a recovery coach will be "on call" for a live chat via the WORC e-ROSC portal 24 hours a day to address concerns that may arise between scheduled face-to-face, telephone, or e-ROSC encounters.

Perhaps the biggest change in the applicant organization's risk profile comes from the use of online and mobile tools as means of accessing resources and fostering communication. By way of summary, in addition to the face-to-face services provided by the peer recovery coach, the proposed project includes the following three logical domains all integrated into one online and mobile solution to support the treatment and recovery from substance abuse.

A public patient portal (Public Domain) to promote the applicant's resources and social media to serve as an online community focused on substance abuse;

a) **A clinical portal (Clinical Domain)** that is effectively an extension of the applicant's electronic medical record, and;
b) **A personal health record (Personal Health Domain)** built to connect with the **Microsoft HealthVault** PHR platform to support integrated behavioral and physical health.

Following is a sample of the kinds of functionality expressed through each of these logical domains:

Public Site	
✓ Calendar ✓ Public Announcements ✓ Community Resources ✓ Our View/ What we provide ✓ Real Recovery ✓ Gallery ✓ The Rec Family ✓ About	✓ Moderated Discussion ✓ Live Chat (with a Recovery Coach or volunteer) ✓ Request an appointment ✓ Addicted/ Need Help? ✓ Terms of Service and Privacy Policy ✓ Code of Conduct
e-ROSC Recovery Center (Private Site)	
Recovery Tools (Provider controlled)	**My Personal Health Record (Participant controlled)**
✓ Recovery Plan ✓ Weekly Update ✓ Secure Message Center ✓ Personal Calendar ✓ Recovery Capital Scale	✓ Medications ✓ Conditions ✓ Allergies ✓ Immunizations ✓ Apt Notes ✓ Procedures

There are two main types of risks from the use of the e-ROSC system:

1) Risk of unauthorized or improper disclosure of Personal Health Information in violation of HIPAA, 42 CFR Part 2, or state regulation. The applicant will work with the vendor, White Pines, LLC, and their own legal counselors to minimize risk and maximize protection of Personal Health Information.
2) Risk of providing an environment where people in recovery are introduced to other people through this technology, leading to interactions among people causing adverse outcomes.

2. Minimizing Potential Risks including Risks to Confidentiality. We will attempt to protect participants against potential risk in several ways. We will use the planning committee to review protocols and evaluation instruments for their cultural, gender, and linguistic appropriateness. The peer Recovery Coach will receive annual training on the ethics of the client-provider relationship and confidentiality issues. Moreover, they will receive ongoing training and monitoring from clinical staff. To be clear, the proposed project is designed with staff engagement as a central aspect of each component. Unlike some peer to peer systems that operate largely outside the scope of clinical staff, the SACADA's clinical staff will be involved or monitor all public activity in the e-ROSC system. For example, if someone posts an entry on a public discussion board that is not consistent with the SACADA's Code of Conduct, the staff will have the ability to remove that post.

We will strive to minimize potential risks including risk to confidentiality by having clear policies and procedures in place governing how service will be delivered. This includes

establishing and training users to understand what communications and exchanges of information are appropriate in which media. A clear example of this is the use of social media to foster discussion and even allow people to pose public questions of a sensitive nature (public questions) while establishing clear policies that require peer-Recovery Coaches to only offer answers through non-public media (private answers). Therefore, SACADA in collaboration with White Pines will develop policies and procedures that help all stakeholders understand which technologies to use under what circumstances. These will be continuously evaluated and updated as appropriate.

Technology includes the range of security and privacy protections that are designed into the systems, particularly those that are the subject of this application. For example, public and social media components of the proposed technology, by their nature, provide little or no security protection. By publishing personal information through these media, the author is deemed to grant permission for the information to be used publicly. Conversely, information stored in or accessed through the clinical domain or the personal health domain described above will be subject to different levels of technology protection including secure log-in with user name and password. Appropriate levels of encryption will also be incorporated.

Separate from disclosure, clear authorization by participants for each distinct domain described above (i.e., public, private-provider controlled and private-participant controlled) is required. Authorization operates differently for each domain. For the public domain, people who post entries on the obviously public chat and discussion boards are deemed to grant authorization for it to be viewed publicly. For information stored in the clinical domain, express written and electronic terms of service govern what the Participant allows the Provider to do with his or her information. Finally, in the personal health domain (the PHR), authorization takes a different role because the participant has ultimate control over who has access to that information.

We intend to maintain the confidentiality of alcohol and drug abuse records in accordance with the provisions of Title 42 of the Code of the Federal Regulations, Part 2 (42 CFR).

Plans in the Event of Adverse Effects The clinician supervising the peer Recovery Coaches will be qualified to provide some psychological support on an emergent basis related to the programmatic or evaluation aspects of the project. The peer-Recovery Coaches and the supervisor will be available to provide participants with linkages to needed resources that may arise as a result of adverse events experienced as a result of the study. The consent form will provide the participant with information on how to contact the Project Director or another study representative 24 hours per day if questions arise concerning the study. As part of the orientation and training of staff during the start-up phase of the project, the Project Director will develop crisis intervention protocols for suicide, domestic violence situations etc to be followed if the need arises.

Alternative Treatments The most relevant alternative treatment would be to receive recovery coaching services exclusively via a face-to-face format without the e-ROSC enhancement. If the participant chooses to do this in the course of the study, they will have the option of remaining in the study. Another alternative is to pursue recovery support services without the benefit of a recovery coach. Individuals who prefer not to enroll in the study but are seeking recovery services may benefit from the resources that will be available on the public portal of the WORC e-ROSC website.

4. Fair Selection of Participants

WORC e-ROSC participants will consist of 450 adults, both males and females, who are likely to be primarily Hispanic, uninsured, living in the Bexar County or one of the four surrounding rural counties, and a significant minority are likely to be veterans. All participants will express a need for addiction recovery services. Pregnant women may be included but are not a specific focus of the project. Individuals who are living with HIV/AIDS may enroll in study but they are not a specific target group being studied as part of this project. Participants will only be excluded if they do not reside in the targeted geographical area and if they choose not to take part in the evaluation portion of the project. Participants will not be excluded if they choose not to take advantage of the e-ROSC portal, and choose only face-to-face recovery services with a peer recovery coach. Moreover, because they don't have to take advantage of the e-ROSC services, access the internet via a computer, iPad, or smart phone is desirable but not a condition of exclusion. Digital illiteracy is also not an exclusion factor as individuals interested in taking part in the project will also be offered a two hour computer literacy class in order that they may maximally benefit from the WORC e-ROSC portal.

Participants may learn about WORC e-ROSC project either through self-directed internet searches, word-of-mouth, or referral from a substance abuse treatment provider or other referring agency (e.g. Drug and Alcohol Council). If they learn about the study directly from the website and are interested in learning more and possibly participating, they are asked to call a recovery coach with a number provided on the website or initiate a private online chat with a recovery coach who can tell the participant more about the study. If the participant is interested in taking part, and is deemed to meet eligibility criteria (e.g., an adult, speaking English or Spanish, in need of treatment/recovery services and living within the catchment area), the peer recovery coach makes an appointment with the participant at a mutually convenient location (e.g., at the patient's home, at the SACADA offices, or a treatment facility) to further explain the study, answer any questions, and have the participant sign the consent form and complete the baseline evaluation measures (e.g., the GPRA, digital literacy test). During the initial phase of this study it is anticipated that all consent forms will be completed in a face-to-face format; however, by year 02 it is anticipated that participants will have the option of complete a consent form on line or in-person.

5.Absence of Coercion

Participation in the proposed project is voluntary. There are no potentially coercive elements present. This information will be explained verbally and in writing during the gathering of informed consent. In subsequent years, when the consent form is expected to be made available on line this information will likewise be presented in the on-line consent form.

Participants will be compensated at 6-month follow-up with a $20 gift card. According to SAMHSA this is the maximum monetary value of compensation that can be offered to participants at each data collection point. Based on our previous experience on other CSAT grants serving adults, we too believe this amount is adequate to compensate but not coerce participants to take part in follow-up surveys. Each survey packet (at baseline, six-months and discharge) will take approximately 1 hour to complete. Compensation will be given at six months even if the assessment instruments are not fully completed.

Participants are informed that there will be no adverse consequences if a participant chooses to discontinue their participation at any time in the study. They will also be told in writing and verbally that they may receive services intervention without participation in or completion of the data collection component of the project.

6. Data Collection

Information will be collected from clinical staff including peer recovery coaches and from participants themselves. Information from the clinical staff will focus on activities in support of participants, namely information regarding the services delivered (service dosage data) and will include such data as who provided the service, the type of service provided, the date of service provided, to whom was the service provided and the duration of the service. Some of this information will gathered from hard copy forms the staff complete based on face-to-face encounters or telephone encounters. Services will also be tracked electronically through the e-ROSC portal (e.g., number of messages sent in the secure message center, date recovery plan completed and/or updated etc). The evaluation team will train staff on how to collect this data.

Information from participants will focus on:

1) The GPRA items, the Recovery Capital scale, the digital literacy survey, the unmet needs/services received survey, and the TMAC Support Questionnaire will monitor and evaluate outcomes over time.
2) Participation will be measured through the use of the TMAC Support Questionnaire and the satisfaction with services questionnaire.
3) In addition, the proposed solution will include the ability to track various levels of granularity about how participants and clinical staff use the system. For example, data will be captured about what device (computer) is used, who logged in, and whose information is being accessed. The idea is to capture as much information as possible about independent and assisted use of the systems.

Information that is gathered from participants will consist of the survey conducted in a structured interview format by the recovery coach. Data will be principally gathered in a face-to-face context in a private setting (e.g., at the participant's home, SACADA, rural drug and alcohol councils, community agency counseling offices etc). When the outcome data cannot be collected in a face-to-face setting due to geographical barriers (e.g., insufficient coaches trained in the rural counties to provide face-to-face data collection activities) or because the data collection window is rapidly closing the participant will be given the option of completing the survey through a telephone interview or through the on-line chat private chat system. Peer recovery coaches will receive extensive initial training and regular booster sessions on data collection procedures from the evaluation team.

In addition, the electronic system is designed to capture a broad range of health information, including the "Be Well" metabolic factors and activities of daily living. Information could come from many sources, either manually or through machine-readable data formats such as those types that conform to the Clinical Document Architecture.

No specimens will be collected for this project.

See **Attachment 2,** "Data Collection Instruments/Interview Protocols," for copies of the data collection instruments or web links to the instruments we plan to use.

7. Privacy and Confidentiality

All the data gathered as part of the evaluation of WORC e-ROSC will be used to meet process and outcome evaluation goals and objectives.

The vendor White Pines LLC will be required to sign an appropriate Business Associate Agreement pursuant to HIPAA as well as an appropriate Qualified Service Organization Agreement (QSOA) in accordance with 42 CFR Part 2. All WORC e-ROSC staff will undergo initial and annual training on privacy and confidentiality of participant information.

In addition, in order to maintain privacy and confidentiality each participant will be assigned a random numeric code ("participant ID"). This code can ultimately be linked to their name. The list of names linked to the code will be kept in a locked file cabinet in the Evaluator's offices and separated from where hard copies of the data are stored. The hard copies data are stored at the Evaluation Team's professional offices. Only the data manager and the evaluator will have access to the master list of names linked to the codes. Signed consent forms whether generated on-line or manually will be kept in another locked file cabinet separate from hard copies of the data. Data, whether process or outcome, once entered into ACCESS and SPSS databases will be stored in computer files that are password protected. Only the Evaluator and the data manager will have access to those data files. The raw data will never be shared with any collaborating partners except in aggregate form that does not identify the participant by name. All participant satisfaction forms (completed at six-month follow-up) will be completed anonymously. There

will be no code used nor will the subject include their name on the survey. Even if completed on-line, these data will be separated from the participant's email address or name.

Project staff who collect service dosage data will use the name of the participant on the service dosage form but these data are collected in a timely manner from project staff and entered into an access data base where the participant's name is replaced with their ID before data entry and aggregation occurs. When data are reported back to program clinical staff (e.g. recovery coaches, supervisor) for quality assurance and project monitoring purposes, they are reported back in aggregate form with the names of participants excluded.

The primary outcome data collected by trained bilingual peer recovery coaches will be the GPRA, a digital literacy assessment, an Unmet Needs/Services Needed measure, as well measures collected online through Cornerstone and White Pine's e-ROSC Web-portal to include the Recovery Capital Scale and the Telephone Monitoring and Adaptive Counseling (TMAC) Support Questionnaire. We will also collect local satisfaction data which will provide feedback on the peer recovery coaching component as well as the use of the online eROSC Web-portal. When the peer recovery coach collects data in a face-to-face format, the preferred mode for the GPRA and all measures except the Recovery Capital Scale and the Telephone Monitoring and Adaptive Counseling Support Questionnaire which is available on-line, the participant's name will not be used on the questionnaire. However, a pre-assigned numerical participant ID code will be used in order to track changes over time. Similarly, if the survey is administered via telephone or is completed on-line, the responses will not be linked to the participant's name.

In terms of on-line data, the proposed project involves licensing software and services in a hosted model. White Pine Systems, the vendor to SACADA's WORC e-ROSC, uses two data stores:

1) White Pine uses a HIPAA qualified hosting service "Online Tech."
2) Information for the Personal Health Record is stored in Microsoft HealthVault.

Details of the security and privacy policies are available from these two vendors.

Regarding who will have access to data on the **e-ROSC Clinical Domain,** information in the e-ROSC clinical domain will be granted access according to the following defined roles:

1) Supervisor Coach
2) Web Master
3) Peer Recovery Coach
4) Participant

Each of these roles can be configured to present appropriate levels of access. For example, Recovery Coaches only have access to information for their assigned Participants.

With regard to the electronic Personal Health Record (PHR), information in the PHR will be controlled by the individual. He or she will be able to grant access according to various tiers of

granularity. The decision of who has view, edit or delete access is purely under the control of the individual.

For population based reporting, the system will be designed to use a pseudo-anonymized data structure, to facilitate appropriate levels of research and follow-up without exposing identity.

We agree 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.**

Adequate Consent Procedures

Attachment 3 contains a copy of the consent form that participants will be asked to complete as part of the participation in the evaluation portion of the project. The peer recovery coach will provide full information about the project to the participant, obtain consent and conduct the baseline measures. Participants will not be asked to take part (or provide informed consent if they are minors). To address issues that might arise with special populations such as the elderly, adults with limited reading skills, and people who do not use English as their second first language, the following procedures will be in place: All instruments and consent forms will be available in Spanish or English and will be written at the 6th grade reading level. The peer recovery coach will either allow the participant to read the form or will read along with them according to the participant's preference. Participants will be asked a few simple questions about what they just read or what was read to them to make sure they understand the information provided. Peer recovery coaches will be proactive in being attentive to facial expressions of the participant in order to gage whether the participant may not fully comprehend aspects of the study or to detect whether the participant consent to the study not because of being interested or to because he/she feels the study would be beneficial but to "please" the study leaders. If this is a potential concern, the peer recovery coach will remind the participant that there are no negative consequences if they decline taking part in the project. Participants will be given the opportunity repeatedly to ask questions or to request further clarification. Similarly, when the preferred language is Spanish, a Spanish-speaking peer recovery coach will be paired with the participant to perform the above mentioned procedures.

As part of the informed consent procedures, participants will be informed of the following:

1) The participant is taking part in the evaluation of a comprehensive intervention including peer-delivered recovery support services which will be supplemented by technology enhanced care in the form of the electronic ROSC.
2) Participating in the study is voluntary and participants may withdraw from the study at any time.
3) Withdrawal from the study will not affect future relationships with SACADA, UTHSCSA, White Pines or other community agencies.

4) Participants may experience mild psychological distress (i.e., from the recovery support services interactions with the peer-recovery coach or through the evaluation component).
5) In the event of experiencing adverse situations, the project staff is capable of providing help or referring participants to other services.
6) Data will be used to assess the efficacy of the peer recovery coach intervention consisting of face-to-face sessions involving motivational interviewing and recovery planning and supplemented by e-ROSC.
7) Data will be collected at baseline, six months follow up and discharge from participants in the study. Multiple procedures will be taken to ensure the privacy of the data that is gathered including but not limited to storing data separate from a participant's name and other identifying information.

Once the clinician is satisfied that the participant understands the consent document, which includes a duplicate copy, he or she will be asked to sign them. The recovery coach will then check a box for each form indicating that a signed form has been received by the participant as well as by SACADA . The process cannot be completed unless the peer recovery coach indicates that the signed form is in the participant's possession. The original form will be kept on file in a secure storage location. A copy will be given to the participant.

In addition, the first time the Participant logs in to the WORC e-ROSC system under his or her own user name and password, he or she will be again asked to click a box to accept the same consent documents. In this way, SACADA will have both an electronic and a hard copy of the executed consent documents.

Attached as part of **Attachment 3** are the following additional sample consent forms in support of the e-ROSC Clinical Domain:

a) *Terms of Service & Privacy Policy for the Applicant e-ROSC Site*- this form provides information about the terms of service and the privacy policies regarding the e-ROSC and includes a brief description of e-ROSC and the online tools that are part of the e-ROSC site as well as who has ultimate control of the information on the e-ROSC site.
b) *Applicant Text Messaging Authorization Form* which documents the purpose of using text messaging in the study as well as the parameters for use.

Consent documents do not apply to either the Public Domain or the Personal Health Record portion of WORC e-ROSC although each has its own set of terms of service, privacy and policy and, in the case of the Public Domain, a code of conduct.

Note that SACADA *may* exchange information with other providers either directly or through a Health Information Exchange. At this point, it is expected that such exchanges will be conducted through SACADA's electronic medical record with its associated consent documents and work flow. These are outside the scope of this project.

7.Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project. While the aforementioned risks to participation are quite real, it is anticipated that the services delivered to this underserved population of individuals seeking recovery services in Bexar County and surrounding rural counties will lead to positive outcomes for themselves and in the longer term to the communities in which they reside. Information gathered over the course of the project will aid SACADA and other community providers to better address the needs of adults in need of substance abuse recovery services in the future. Information gathered in this project will hopefully also have the potential to advance the field's knowledge of effective substance abuse treatment for this primarily Hispanic, economically disenfranchised population. We also hope to learn whether this intervention is differentially effective for different ethnicities, genders, urban versus rural dwellers, veterans versus non-vetrans, Spanish versus English speakers and what costs are associated with implementing such a program as well as potential savings. In sum, we maintain that while there are some risks associated with implementing the project, they are outweighed by the potential benefits, particularly to the participants themselves.

Protection of Human Subjects Regulations

We will submit the evaluation portion of WORC e-ROSC to the Institutional Review Board (IRB) of UTHSCSA for a pre-review to find out if the project fits the criteria for review. WORC e-ROSC may not fit the criteria for review because it is a service grant. Upon notification of funding a formal application for the evaluation of WORC e-ROSC will be submitted to the IRB if based on the prior pre-screen it was deemed to meet the need for full or expedited IRB board review. A copy of the IRB's disposition will be submitted to SAMHSA upon request.

ATTACHMENT 1:

List of Direct Service Providers

1. **Alpha Home** (licensed female treatment provider) letter of commitment upon funding range notice
2. **Alamo Area Recovery Initiative** (AARI) – local Recovery Oriented Systems of Care (ROSC) letter of commitment included
3. **Lifetime Recovery Inc**. (licensed male treatment provider) letter of commitment included
4. **Quad County Council on Alcohol and Drug Abuse** (rural area partner) letter of commitment included
5. **San Antonio Council on Alcohol and Drug Abuse** (applicant agency) –State approved prevention provider
6. **University Health Science Center –San Antonio –** project evaluators (letter of commitment included)
7. **White Pine System** (SPINN) - Technology Partner (letter of commitment included)

Appendix D – Statement of Assurance

As the authorized representative of _SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE (SACADA) _, 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.[1] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Abigail D. Moore

Signature of Authorized Representative

4-8-2013

Date

[1] Tribes and tribal organizations are exempt from these requirements.

ATTACHMENT 2

Data Collection Instruments

1. **Government Performance and Results Act (GPRA)** instrument available at: https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/SAIS_GPRA_Client_ Outcome_Instrument_final.pdf

2. **Recovery Capital Scale** instrument available at: http://www.williamwhitepapers.com/pr/Recovery%20Capital%20Scale.pdf

3. **TMAC Progress Assessment/Support Questionnaire** that measures risk and protective factors. Pages 25-28 of the TMAC Clinician Manual available at: http://www.californiacares4youth.com/downloads/ADP- %20clinician%20manual% 203_09.pdf

4. **Unmet Needs/Services Needed and Received-** attached

5. **Satisfaction Survey-** attached

6. **Digital Literacy Assessment**- modified version is attached (the full version can be found at: http://courses.washington.edu/hsstudev/studev/self-assess.html)

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Unmet Needs/Services Needed and Received

Did you… Services	**Needed in Last Six Months**		**Received in Last Six Months**	
1. Inpatient substance abuse treatment	Yes	No	Yes	No
2. Outpatient substance abuse treatment	Yes	No	Yes	No
3. Housing or shelter	Yes	No	Yes	No
4. Food or other basic needs	Yes	No	Yes	No
5. Dental services	Yes	No	Yes	No
6. Scheduled out-patient medical services	Yes	No	Yes	No
7. Emergency room services	Yes	No	Yes	No
8. Medical services	Yes	No	Yes	No
9. Inpatient mental health services	Yes	No	Yes	No
10. Outpatient mental health services	Yes	No	Yes	No
11. Self-help group (e.g. AA, NA, etc.)	Yes	No	Yes	No
12. Family Counseling	Yes	No	Yes	No
13. Pharmacy	Yes	No	Yes	No
14. Employment	Yes	No	Yes	No
15. Vocational/Employment preparation training	Yes	No	Yes	No
16. Case Management	Yes	No	Yes	No
17. Trauma services	Yes	No	Yes	No
18. Legal/Violence services	Yes	No	Yes	No
19. Health Insurance	Yes	No	Yes	No
20. Transportation	Yes	No	Yes	No
21. Spiritual	Yes	No	Yes	No
22. Other services _____ _____	Yes	No	Yes	No

WORC SATISFACTION SURVEY

The following survey is to let us know how you like the program and how we can make it better. Please answer honestly. Your Peer Recovery Coach will not see these results. This is for evaluation purposes only.

The following responses are about your **Peer Recovery Coach**. Please think about the time since you started seeing him/her up to this date.

My **Peer Recovery Coach's name** is:

1. My Peer Recovery Coach….	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.) Helped me with services I needed (recovery support, health care, job, etc.).	5	4	3	2	1
b.) Is a good mentor.	5	4	3	2	1
c.) Is someone I can trust.	5	4	3	2	1
d.) Helped my family with services they needed.	5	4	3	2	1
e.) Made me want to stay sober/clean.	5	4	3	2	1
f.) Was sensitive to my cultural background.	5	4	3	2	1
g.) Tried to keep in touch with me (by the WORC eROSC web portal, phone and/or in person).	5	4	3	2	1

The following responses are about your overall satisfaction with **WORC** and the **WORC eROSC** web portal. Please think about the time since you started the project to this date.

3. The project WORC and the WORC eROSC…	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.) Gave me good-quality services.	5	4	3	2	1
b.) Gave me the kind of services I wanted.	5	4	3	2	1
c.) Met my needs.	5	4	3	2	1
d.) Is a program I would recommend the program to a friend.	5	4	3	2	1
e.) Is a good program overall.	5	4	3	2	1

Additional Comments: (We are especially interested if you answered 'disagree' or 'strongly disagree' above.)

Thank You!

Digital Literacy Self-Assessment

2 = YES | 1 = NOT SURE, BUT LIKELY | 0 = NO or UNLIKELY

I. General Computer Knowledge	**score**
Can you log-on, log-off, open, use and close programs on your own?	
Do you understand and use the functions of the left and right mouse buttons?	
Do you know how to adjust a monitor (resize, change display properties)?	
Do you know what an "icon" is and what to do with it?	
Do you know what a modem is used for?	
Do you know how to reboot your computer?	
Do you know how to open up more than one program at a time and move between them?	
TOTAL SCORE General Computer Knowledge	

II. File Management Knowledge	**score**
Do you know the acceptable form for a filename?	
Do know how to search for a file on your computer?	
Do you know how to create a folder?	
Do you know how to navigate file structures using Windows Explorer?	
Do you know how to create a shortcut on the desktop?	
Do you know how to save files to a desktop folder, hard drive or disk?	
Do you know how to remove unwanted files, empty the recycle bin and restore items sent to the recycle bin?	
Do you know the difference between file formats and know when to use them (e.g., Rich Text Format, HTML, pdf)?	
TOTAL SCORE File Management Knowledge	

2 = YES | 1 = NOT SURE, BUT LIKELY | 0 = NO or UNLIKELY

III. System Maintenance & Security Knowledge	**score**
Do you understand how programs and data differ and how they are organized, stored and accessed?	
Do you know how to back up data using backup utilities, zip or flash drives?	
Do you know how to use and maintain an up-to-date anti-virus program to check programs and files for viruses?	
Do you know what to do if you think your computer is infected with a virus?	
Do you know what computer practices put you at risk for virus infection?	
Can you diagnose and correct common hardware/software problems using self-help resources (manuals, online help, windows troubleshooter)?	
Do you know how to install or upgrade an application?	
Do you understand why temporary files are created and how to delete them?	
Do you know how to add new hardware such as scanners, mouse, keyboards, monitors, palm pilot, modem, etc?	
Do you know how to perform basic system maintenance using system tools (eg, scan disk, disk cleanup, disk defragmenter)?	
TOTAL SCORE System Maintenance & Security Knowledge	

IV. Word Processing Skills	**score**
Do you know what font or typeface is?	
Do you know how to insert and remove/modify margins, tabs, headers, footers, page numbers and line spacing in your word processor?	
Do you know how to edit, copy, cut and paste a block of text?	
Do you know how to create a table in a word processing document?	
Can you use a spell checker?	
Do you know how to change text fonts, size, color and style?	
Do you know how to insert graphics and other files (spreadsheets, other documents) into a document?	
Do you know how to "save as" in order to change the format of the document you are saving from one type of word processing program to another?	
TOTAL SCORE Word Processing Skills	

2 = YES | 1 = NOT SURE, BUT LIKELY | 0 = NO or UNLIKELY

V. Communications Skills (email, listservs)	**score**
Do you have an email address that you regularly use?	
Do you know how to compose, send, reply to and forward email messages?	
Have you used an electronic address book to store individual and group email addresses?	
Do you know how to set up email preferences related to delivery, formatting, spellcheck, security, message handling and file management?	
Do you know what a listserv or electronic discussion group is?	
Do you know how to subscribe to a listserv?	
Have you ever participated in an asynchronous computer conference, online chat group or news group?	
TOTAL SCORE Communications Skills	

VI. Web Skills	**score**
Have you ever used a browser (Netscape or Internet Explorer)?	
Have you ever saved a web page or printed a web page?	
Have you ever customized a Web browser (security settings, tool bars, home page, etc)?	
If you found a site on the Web that you particularly liked, do you know how to easily save that site (bookmark) so you can go back to it later without having to re-enter the entire address?	
Do you know how to view, download, and open documents and programs from Internet sites (eg, HTML, applications, documents, presentation files, PDF files)?	
Once you have located data on the Web, do you know how to move it onto the desktop or save it to a folder?	
Have you emptied the disk and memory cache on your browser to free up space on the hard drive?	
TOTAL SCORE Web Skills	

CONSENT TO PARTICIPATE IN THE SERVICE AND EVALUATION OF PROJECT WORC e-ROSC

Attachment 3 "Sample Consent Forms"

The University of Texas Health Science Center at San Antonio, Division of Community Pediatrics (UTHSCSA-CP) in collaboration with the San Antonio Council on Alcohol and Drug Abuse (SACADA) and White Pines, LLC is asking you to take part in Project WORC e-ROSC funded by the Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment (SAMHSA-CSAT). Project WORC e-ROSC is a comprehensive technology-assisted recovery support intervention for men and women 18 years and older who want support in recovering from substance abuse and to live a fulfilling and healthy life in the community. We want to learn whether this program is effective in reducing substance use, promoting abstinence or preventing relapse. We also want to know whether this program leads to improved health and emotional well-being and reduces barriers to treatment and sustained recovery. As part of the program we will provide you with access to a peer-recovery coach who will guide you through the recovery process as well as access to various online tools known as e-ROSC that are designed to help you on the road to recovery. We are asking you to take part in this study because you reside in Bexar County or the surrounding rural counties of Edwards, Kinney, Maverick, Val Verde, Bandera, Gillespie, Kendall, Kerr, and Medina, have access to a computer, iPad, or smart phone with internet capabilities, and are an adult seeking of addiction recovery support services. There are two parts to the study, a service component and an evaluation component. This consent form deals with both the services component and the evaluation component.

If you decide to take part in the service component of project WORC E-ROSC, you will be matched to a peer recovery coach who will help you build upon your strengths and assets to develop and carry out a recovery plan. This coach can also help provide referral services depending on the identification of your goals such as GED and vocational (job) assistance, referrals for HIV counseling, testing, and substance abuse and/or mental health treatment, as well as other services not mentioned specifically in this document. In addition, you will be encouraged, although not required to take advantage of the e-ROSC system, a set of online tools designed to help you on the road to recovery. For example, one of these tools includes a recovery plan template that will allow you to set your goals and objectives as you progress through your recovery program. There is also a secure message center that allows you and your recovery coach to leave messages for one another. There is also a recovery coach that will be available for online messaging 24 hours a day to deal with crisis situations. Another advantage of the e-ROSC website is that materials and resources are available in Spanish. If you are interested in the e-ROSC component and have access to a smart phone, iPad, or computer but do not feel that you have the skills to navigate the online system, we will provide you with a two- hour computer literacy class tailored to your needs.

If you have agree to take part in the service component of Project WORC E-ROSC we will be asking you to also take part in the evaluation component of the project. As part of your participation in the evaluation component of Project WORC E-ROSC, we will ask you to complete surveys three times during one year. The survey will be completed before you begin receiving Project WORC E-ROSC services, at 6-months from baseline, and at discharge. The survey will relate to many areas of your life and will address topics such as your perceived digital literacy level, current living situation, current behaviors, feelings, service needs and support needs. The survey will take approximately 60 minutes to complete. Most of this survey will take place in a face-to-face setting at a mutually convenient private location. If the survey

cannot be completed in a face-to-face setting, we will administer the survey over the phone. A third option is that the survey can be completed on-line through the e-ROSC secure portal. You **will receive a $20 gift card** when you complete the 6-month follow-up survey.

We will also ask you to fill out a one page satisfaction survey approximately six months after your baseline survey. The satisfaction survey will take approximately 10 minutes and you will **not** receive a gift card for this survey. The satisfaction surveys will be anonymous, meaning it will not have your name on it. The purpose of the satisfaction survey is to gather your opinion about the services you have received from the project staff.

As part of your participation in the evaluation study, we will ask your recovery coach to document the types of services provided to you. Similar type of information (e.g., number of times you log into the e-ROSC portal as well as number of times you complete the Recovery Capital Scale or update your recovery plan) will be obtained from the e-ROSC site.

If you choose not to participate in the evaluation or in the service component of Project WORC e-ROSC it will not affect your status as a Project WORC participant, or any future services you might receive from San Antonio Council on Alcohol and Drug Abuse (SACADA), or the University of Texas Health Science Center at San Antonio (UTHSCSA) or White Pines, LLC. Moreover, **you may still take part in the services part of WORC e-ROSC**.

We do not guarantee that you will benefit from taking part in this project; however, the information you provide us may help improve the delivery of services to persons with addiction problems seeking recovery services in the future. There may be some risks associated with your participation. It is possible although unlikely that you might experience some mild psychological distress by answering some of the items in the survey. If this happens, you do not have to answer the questions that cause discomfort or you can take a break from answering the questions. In addition, by allowing us access to the information collected by the service providers, we may not be able to guarantee complete confidentiality of your data. Nevertheless, due to the limited identifying information we will receive and keep about you, the risk should not be increased. Also, it is possible that by disclosing certain types of information to a member of the evaluation staff during the course of the project that you may place yourself, your family, or other acquaintances at risk of being reported if the professional has reason to suspect the existence of any illegal activity, or physical or sexual abuse.

There is no cost to you as a result of taking part in the services or evaluation of Project WORC e-ROSC. We will tell you about any significant new findings which develop during the course of this program that may relate to your willingness to continue taking part.

Protected Health Information (PHI) is information about a person's health that includes information that would make it possible to figure out whose it is. Under federal privacy regulations, you have the right to determine who has access to your personal health information ("protected health information" or PHI). If you choose to participate in services and evaluation of Project WORC e-ROSC, you will be giving permission to, or "authorizing" the staff to collect and use your personal health information. Such information may include your date of birth, years of education, information about substance use, attitudes, legal and occupational status and emotional well-being. Information that is created or collected from you during participation in the study may include: the results of the baseline, 6-month follow-up survey and discharge, information from the surveys you fill out before and after the treatment, information on the types, location, and number of services you have received as a result of taking part in the

program. In addition, we may collect Electronic Health Record (EHR) information regarding the services you received from other participating treatment providers during your involvement with project WORC e-ROSC.

In an effort to protect your privacy, the staff will use a random number rather than your name in order to identify your PHI on any photocopies that are sent outside of the local institution(s) for review or testing. The consent form and any other personal identifying information about you will be kept apart from answers to the surveys. If the results of the evaluation of Project WORC e-ROSC are reported in journals or at meetings, your personal identity will remain confidential. A summary of the data collected (without any personal identifying information) will be shared with the funding agency, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA-CSAT) and San Antonio Council on Alcohol and Drug Abuse (SACADA). Any information given to SAMHSA or SACADA will be in aggregate form and not contain any participants' identifiable markers.

However, because of the evaluation goals of Project WORC e-ROSC, your PHI in the study records cannot be kept absolutely confidential. Your PHI may be shared with (or disclosed to) other persons and organizations involved in the conduct or oversight of this evaluation including the sponsor of this study SAHMSA-CSAT, contract research organization(s), or other agents designated by CSAT to monitor or inspect study data. Parts of your PHI that pertain to your participation in this study may be photocopied and sent to a central location for review or electronically transmitted.

You need to be aware that these organizations receiving your PHI may not have the same obligations to protect your PHI and may further disclose your PHI to groups not named here. Information released to these parties is no longer under the control of the study evaluator and can no longer be protected by Federal Privacy Rules. The purpose of disclosing your PHI to these entities is to collect the data necessary to complete the evaluation, to properly monitor how this study is carried out and to answer evaluation questions related to this evaluation study.
If you decide to take part in the evaluation of Project WORC e-ROSC, you will be allowing the evaluators to see your personal health information (PHI). If you choose not to let the evaluators see your personal health information, **you will still be able to participate in the service component of Project WORC e-ROSC.** If you decide to take part in the evaluation, you will be authorizing the use or disclosure of your PHI **by signing this form**. If you choose **not** to authorize the use and disclosure of your PHI, you will not be able to take part in the evaluation.

Additionally, you may cancel or "revoke" your authorization for the evaluators to collect, use and disclose your PHI at any time. However, your request to revoke the authorization must be sent in writing to Dr. Nancy Amodei, Department of Pediatrics, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229. If you revoke authorization, your participation in the evaluation will end and the staff will stop collecting information from you. However, the staff will continue to use the PHI collected about you before you canceled the authorization.

Your decision to take part in the services or evaluation of Project WORC e-ROSC is **completely voluntary**. You are free to choose not to take part in the study or to stop taking part **at any time**. If you choose to stop, at any time, it will not affect your future relationship with the UTHSCSA, SACADA or with White Pines LLC. This authorization has no expiration date. In

signing this form, you authorize the use and disclosure of your PHI for purposes of the study at any time in the future.

If you have any questions now or in the future, Nancy Amodei, Ph.D., the Project Evaluator, may be reached at (210) 567-7400 between 8:00 a.m. and 5:00 p.m. during weekdays. Dr. Amodei can be reached by cell phone (210) 381-9377 after hours or on weekends.

We will give you a signed copy of this form to keep.

SIGN THIS FORM ONLY IF ALL OF THE FOLLOWING ARE TRUE:

- You have **voluntarily** decided to take part in Project WORC e-ROSC.
- You authorize the collection, uses, and sharing of your protected health information as described in this form.
- You have read the above information.
- Your questions have been answered to your satisfaction and you believe you understood all of the information given about this project and about the use and disclosure of your health information.

_____ _____

Signature of Participant Date & Time Signed by Participant

_____

Printed Name of Participant

_____ _____

Signature of Person Obtaining Consent Signature of Witness

_____ _____

Printed Name & Title of Person Obtaining Consent

Printed Name of Witness

_____

Date (Time)

CONSENT TO PARTICIPATE IN THE SERVICE AND EVALUATION OF PROJECT WORC e-ROSC

Terms of Service & Privacy Policy for the Applicant e-ROSC Site

Hi,

If you are reading this, it means you are participating in a recovery program offered by Applicant.

On this page, we tell you about the terms of service and our privacy policies relating to the e-ROSC part of the v-Recover.com web site. This is important information. Because it has a lot of legal wording, some of it is hard to understand. So, if this information isn't clear to you, or if you have any questions, please ask your Recovery Coach, call us at 812.337.2424 or send us an email message at support@v-recover.com.

These terms of service and privacy policy apply only to the private part of the v-Recover.com web site that we call the "e-ROSC Site. "They are in addition to the general terms of service and privacy policy that apply to all of the v-Recover.com web site. Click here to see the general terms of service and privacy policy that apply to v-Recover.com.

Also, other areas of this Site may have different terms of service or privacy policies posted. If there is a conflict between this e-ROSC Agreement and the terms posted for another specific area of this Site, the terms for the specific area of this Site shall have precedence with respect to your use of that area of this Site.

This Terms of Service and Privacy Policy (which we call the "e-ROSC Agreement") is a legally binding agreement between Applicant of Indiana, Inc. (which we will refer to as Applicant, v-Recover, we or us) and you, a user of this e-ROSC Site. This Agreement governs your use of this e-ROSC Site.

What is e-ROSC?

e-ROSC is short for Electronic Recovery Oriented System of Care. It includes a set of online tools that are designed to help you on your road to recovery. They help you keep track of your progress and communicate with your Recovery Coach. Recovery Coaches are the people who work for Applicant who will guide you through the recovery program. Following are the online tools that are a part of the e-ROSC Site:

1. **Recovery Capital Scale.** This is a questionnaire that your Recovery Coach or someone from Applicant will fill out as he or she discusses the questions with you. The Recovery Capital Scale helps us decide how we can best help you. It will be completed once at the start of your program and may be updated. You can see the Recovery Capital Scale but only your Recovery Coach can change it.

2. **Recovery Plan.** This is your personal recovery plan. Here you will set your goals and objectives as you progress through the recovery program. Both you and your Recovery Coach can make changes to the Recovery Plan.

3. **Support Questionnaire.** This is a form you will be expected to fill out before each meeting with your Recovery Coach. Essentially, it is a handy way for both of us to keep track of how you are doing.

4. **Personal Calendar and Reminders.** This is a calendar that you and your Recovery Coach can use to keep track of meetings and tasks. Both you and your Recovery Coach can make entries into the Personal Calendar. You can also send text and email messages to remind you of things in your calendar. For example, beginning three days before your meeting with your Recovery Coach, you can receive reminders to complete the Support Questionnaire. Once you complete the questionnaire, the reminders will stop. You need to be aware that text and email messages or reminders sent outside of e-ROSC are not secure and Applicant cannot ensure the privacy or security of such messages or reminders.

5. **Secure Message Center.** This is a secure place where you can exchange messages with your Recovery Coach. It's like email except the messages aren't sent through the Internet from one email account to another. Instead it is a secure online place where you and your Recovery Coach can leave messages for each other.

6. **e-ROSC Landing Page.** This is your personal landing page, the screen you see when you log into the e-ROSC Site. This is your starting point where you can find the above tools (and others which may be added from time to time).

Do I have to be in a formal recovery program or otherwise register to use the e-ROSC Site?

Yes. Unlike the public v-recover.com site, you must be in a recovery program to use the e-ROSC Site.(By the way, we call people who are in our formal recovery program Participants.)

Who has ultimate control of the information in the e-ROSC Site?

Applicant has ultimate control over the information in the e-ROSC Site. All of these tools are a part of Applicants electronic medical record which we keep. We let you see information through these tools and, as described above, you can create or edit them. However, you cannot delete them or deny us access to them. (This is different from the Personal Health Record where you have much more control over the information and can deny permission to Applicant to have access to that information.)

This is not all of the information about you that we keep. There are other parts of the paper and electronic medical record that you will generally not see.

Finally, we will keep these documents even after you complete your participation in the recovery program and no longer have an active relationship with us.

Does Applicant actively monitor the information you enter into the e-ROSC Site?

No. These tools are a part of the normal process of communicating with us but this is not an emergency notification system. So, if you are **in a crisis or emergency, do not use the e-ROSC Site as a means to ask for help.' Please call us directly, come to one of the recovery engagement centers, or seek care directly from a qualified professional.**

Will you share identifiable information about me with anyone outside of Applicant without my permission?

As a general rule, no, we will not share identifiable information about you in the e-ROSC Site without your written permission, even with members of your family. However, there are a few exceptions, like when we have reason to think you might hurt yourself or someone else, or when we are required by a court or other legal authority, but otherwise, we will not share your information with anyone, or even let people know that you are in a recovery program, without your written permission.

Identifiable information means information that can reasonably be associated with you by name, either directly or by inference.

Applicant's Notice of Privacy Practices, provided to you at the time you became a client of Applicant provides greater detail regarding Applicant's use and disclosure and your privacy rights under HIPAA. If you are unable to locate your copy of the Notice of Privacy Practices, Applicant, upon receipt of your request, is happy to provide another copy to you.You may make this request by calling the Applicant office at 812.337.2232.

Are there any other circumstances where you will share information about me with other people?

Yes. We sometimes participate in studies and write reports. For example, this e-ROSC Site is funded by a grant from the government. As a part of our grant agreement, we are required to send the government reports that show how people use this system and how much it helps their recovery program. We might also publish other reports and articles that talk about the program. In all cases, these reports show total numbers for many users, with no information that will identify any one person in the program.

Will you ever make changes to this e-ROSC Agreement?

We reserve the right to make changes to this e-ROSC Agreement. We reserve the right to make the revised or changed e-ROSC Agreement effective for health information we already have about you as well as any information we receive in the future. If we make changes to this e-ROSC Agreement, we will send you a message through the Secure Message Center to tell you.

Who can I contact if I have a complaint about the terms of service and privacy policy?

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us,

please contact us by telephone at 812.337.2424 or send us an email message to support@v-recover.com. You will not be penalized for filing a complaint.

Are there any other agreements I should be aware of to use the e-ROSC Site?

Yes. We often send text messages to remind people of their appointments and for other reasons. Before we send you any text messages, whether from the e-ROSC Site or for any other reason, we require you to sign a separate Text Message Authorization Form. If you do not want to receive text messages, we will not enter a cell phone number for you, and you will not receive text messages. Please remember that text messages are not secure and Applicant cannot ensure the privacy or security of text messages.

Will you give me a paper copy of this e-ROSC Agreement?

Yes. At the time you sign up to use the e-ROSC Site, we will request that you sign a printed copy of this e-ROSC Agreement. We will keep the signed e-ROSC Agreement in our files and will give you an un-signed copy. Also, the first time you log in to the e-ROSC Site, you will be asked to check a box saying you received a copy of this e-ROSC Agreement and that you, again, accept these terms of service and privacy policies.

CONSENT TO PARTICIPATE IN THE SERVICE AND EVALUATION OF PROJECT WORC e-ROSC

APPLICANT TEXT MESSAGING AUTHORIZATION FORM

PERMITTED PURPOSE(S) OF TEXT MESSAGING:
1. Appointment Reminders
2. Appointment Confirmation
3. Medication Reminders
4. Automated reminders and alerts originated in the e-ROSC Site.

I understand that I am not to use text messaging to contact Applicant employees in case of an emergency because employees are not always able to respond quickly.

I will not expect Applicant to pay any of my text messaging charges or fees, I also understand that by signing this form I have read and/or understand the following:

1. Text messaging is not always safe from others reading it while it is being sent, and cannot be sent in a way so that others cannot read it while it is being sent. Text messages are always at risk of being read by others while being sent.
2. Applicant encourages me to password protect my text messaging account(s) by setting up a password for my phone or other means.
3. Deleting a text message on my messaging device does not mean it is permanently erased from either the device or from the records kept by my text messaging provider.
4. Applicant has no control in how my text messaging provider may either protect or share my text message records, and I should contact the company with any questions I may have about their policies.
5. Applicant employees are only permitted to send me text messages for one of the reason(s) indicated above.
6. I will only text message Applicant employees during normal business hours when the employee is known to be on duty. I will use other methods to contact Applicant employees in any other circumstance.
7. I understand that my authorization will be valid unless and until I end it. I understand that Applicant cannot ensure the privacy or security of text messages and I accept the risk associated with text messaging.
8. I may end this authorization at any time by signing a Withdrawal of Agreement for Communication. After withdrawing my authorization, a new Text Messaging Authorization Form must be signed to resume the use of text messages from Applicant.
9. I understand that Applicant may from time to time make changes to this Text Messaging Authorization. I also understand that if changes are made, Applicant will send me a message through the Secure Message Center. I understand that it will not be necessary for me to sign a new Text Messaging Authorization in order for the changes to become effective.

10. I authorize Applicant employees and the e-ROSC Site to text message me at the number listed below, and understand I will need to withdraw this authorization in writing and sign a new text messaging authorization if I want to be contacted at a different number.

Authorized Text Messaging number: (_____) _____ - _____

San Antonio Council
ON ALCOHOL AND DRUG ABUSE

April 8, 2013

San Antonio Metropolitan Health District
Dr. Thomas Schlenker
332 W. Commerce St. 307
San Antonio, TX. 78205-2489

Re: Public Health System Impact Statement (PHSIS)

Dear Dr. Schlenker:

The San Antonio Council on Alcohol and Drug Abuse (SACADA) is submitting a proposal to the Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment for the funding of a To Care Coordination through the use of Technology-Assisted Care (Short Title: TCE-TAC) No. TI-13-008. This project is designed to enhance capacity through the provision of addiction peer recovery support services for those individuals with substance use disorders. The goal is to help individuals achieve and maintain recovery and to improve their overall quality of life by using web based technology (eROSC) and recovery coaches. We will be serving individuals in Bexar County as well as the surrounding rural counties.

If the State should need to provide recommendations on this proposal please address them by June 10th, 2013. Contact person is: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 301044, 1 Choke Cherry Road, Rockville, MD 20857; Attention—SPOC Funding Announcement No. TI-13-008. Attached you will find a copy of the face page of the application (SF424).

If you have any questions or need further information please feel free to contact me.

Sincerely,

Abigail G. Moore, MA, LPC, LCDC, ACPS
Executive Director

South Texas Centre
AT&T Building ■ 7500 US Hwy 90 West, Suite 100 ■ San Antonio, Texas 78227
Office: (210) 225-4741 ■ Fax: (210) 227-4768 ■ www. sacada.org

GRANTS.GOV

Grant Application Package

Opportunity Title:	FY 2013 Targeted Capacity Expansion-Peer-to-Peer
Offering Agency:	Substance Abuse & Mental Health Services Adminis.
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of
Opportunity Number:	TI-13-001
Competition ID:	
Opportunity Open Date:	01/24/2013
Opportunity Close Date:	03/15/2013
Agency Contact:	Marsha Baker Center for Substance Abuse Treatment, Division of Services Improvement Substance Abuse and Mental Health Services Administration 1 Choke Cherry Road

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

*** Application Filing Name:** San Antonio Council on Alcohol & Drug Ab

Mandatory Documents

Mandatory Documents for Submission

Move Form to Complete / Move Form to Delete

- Application for Federal Assistance (SF-424)
- Project Narrative Attachment Form
- Project/Performance Site Location(s)
- HHS Checklist (08-2007)
- Disclosure of Lobbying Activities (SF-LLL)
- Budget Narrative Attachment Form
- Budget Information for Non-Construction Program

Optional Documents

- Faith Based EEO Survey
- Other Attachments Form

Move Form to Submission List / Move Form to Delete

Optional Documents for Submission

Instructions

1 Enter a name for the application in the Application Filing Name field.

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2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

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San Antonio Council
ON ALCOHOL AND DRUG ABUSE

April 8, 2013

Michael D. Maples, *L.P.C., L.M.F.T.*
Assistant Commissioner
Mental Health and Substance Abuse -DSHS
Mail Code 2053 PO Box 149347
Austin, Texas 78714-9347

Re: Public Health System Impact Statement (PHSIS)

Dear Mr. Michael D. Maples,

The San Antonio Council on Alcohol and Drug Abuse (SACADA) is submitting a proposal to the Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment for the funding of a To Care Coordination through the use of Technology-Assisted Care (Short Title: TCE-TAC) No. TI-13-008. This project is designed to enhance capacity through the provision of addiction peer recovery support services for those individuals with substance use disorders. The goal is to help individuals achieve and maintain recovery and to improve their overall quality of life by using web based technology (eROSC) and recovery coaches. We will be serving individuals in Bexar County as well as the surrounding rural counties.

If the State should need to provide recommendations on this proposal please address them by June 10th, 2013. Contact person is: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 301044, 1 Choke Cherry Road, Rockville, MD 20857; Attention—SPOC Funding Announcement No. TI-13-008. Attached you will find a copy of the face page of the application (SF424).

If you have any questions or need further information please feel free to contact me.

Sincerely,

Abigail G. Moore, MA, LPC, LCDC, ACPS
Executive Director

South Texas Centre
AT&T Building ■ 7500 US Hwy 90 West, Suite 100 ■ San Antonio, Texas 78227
Office: (210) 225-4741 ■ Fax: (210) 227-4768 ■ www. sacada.org

GRANTS.GOV

Grant Application Package

Opportunity Title:	FY 2013 Targeted Capacity Expansion-Peer-to-Peer
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CFDA Number:	93.243
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QUAD COUNTIES COUNCIL ON ALCOHOL AND DRUG ABUSE

1401 LAS VACAS, DEL RIO, TX 78840
(830) 774-7411
TOLL FREE (877) 774-7411
QUAD@WCSONLINE.NET

April 8, 2013

Ms. Abigail Garza-Moore
Executive Director
San Antonio Council on Alcohol and Drug Abuse
South Texas Centre
7500 Hwy 90
AT&T Building, Ste. 100
San Antonio, TX 78227

Dear Abigail:

This letter confirms the commitment of Quad County Council (Maverick, Val Verde, Edwards, and Kenney Counties); to the San Antonio Council on Alcohol and Drug Abuse's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand SACADA's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) that will engage/retain hard-to-reach, underserved consumers in treatment. The development and use of new/enhanced technology will enable SACADA and its consumers to effectively communicate so that consumers can track and manage their health. This technological capability will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders. We wish you every success in obtaining funding for this project.

Sincerely,

Simon F. Sotelo
Executive Director

Lifetime
RECOVERY
Chemical Dependency Treatment Center

April 8, 2013

Ms. Abigail Garza-Moore
Executive Director
San Antonio Council on Alcohol and Drug Abuse
South Texas Centre
7500 Hwy 90
AT&T Building, Ste. 100
San Antonio, TX 78227

Dear Ms. Garza-Moore

This letter confirms the commitment of San Antonio Lifetime Recovery, to the San Antonio Council on Alcohol and Drug Abuse's (SACADA) grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand Bexar County's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) component that will engage/retain hard-to-reach, underserved consumers in treatment and aftercare. The development and use of new/enhanced technology will enable SACADA, its collaborators and its consumers to effectively communicate so that consumers can track and manage their health. This technological capability will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Through this collaboration SACADA will help us train and supervise recovery coaches, and teach us to use the e-ROSC (Web-Portal) to provide much needed services for those completing treatment in our program. The recovery coaches will assist our clients in navigating community resources to enhance resiliency and their well-being.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders.

Sincerely,

David A. Phipps, MBA
Executive Director

Residential Treatment Program & Administrative Offices
10290 Southton Road • San Antonio, Texas 78223-4835 • Tel: 210-633-0201 • Fax: 210-633-2833
www.lifetimerecoveryTX.org

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Department of Pediatrics
Division of Community Pediatrics

April 9th, 2013

Ms. Melanie Lane, WORC Project Director
San Antonio Council on Alcohol and Drug Abuse (SACADA)
7500 HWY 90
AT&T Bldg, Suite 100
San Antonio, TX 78227

Dear Ms. Lane:

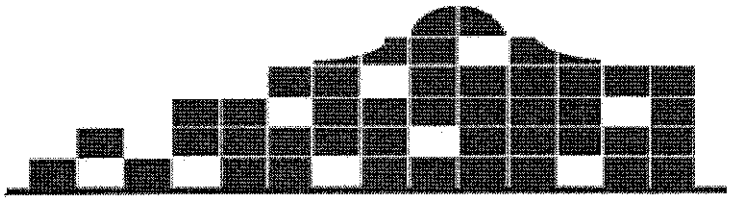
This letter is to acknowledge our support of your grant proposal to be submitted to the Substance Abuse and Mental Health Services Administration (SAMSHA) new Technology-Assisted Care grant entitled *Web Oriented Recovery Care* (*WORC*). We understand that the overall goal is to expand the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved because of lack of access to treatment in their immediate community due to transportation concerns, and/or financial constraints. We understand that this proposal plans to use technology, including a web-portal and smart phones, to enhance the ability of providers in ten counties to effectively communicate with persons in treatment and to track and manage their health to ensure treatment and services are available where and when needed. We understand that this proposal intends to achieve this goal by providing: Peer Recovery Coaching, motivational interviewing, and an electronic-Recovery Oriented System of Care (e-ROSC) for substance using individuals in part through the development and implementation of a web-based data collection system and a participant performance evaluation instrument.

The University of Texas Health Science Center at San Antonio Division of Community Pediatrics, in existence since 1988, has extensive experience with various multi-agency collaborations, which include existing efforts to address substance abuse issues among adults. As the evaluator for this proposal, the University of Texas Health Science Center at San Antonio will provide 1) all evaluation services for Project WORC, 2) an evaluator and data manager, 3) provide office space for project personnel, 4) will work on and submit, along with the Project Director or Project Coordinator, any required SAMHSA reports, and 5) attend all SAMHSA required grantee meetings or conferences, as requested. We look forward to working with you on this valuable project.

Sincerely,

Nancy Amodei, Ph.D.
Clinical Professor

MEDICAL SCHOOL | Mail Code 7818 | 7703 Floyd Curl Drive | San Antonio, Texas 78229-3900
210.567.7400 | Fax 210.567.7443 | www.uthscsa.edu



ALAMO AREA RECOVERY INITATIVE (AARI)
RECOVERY ORIENTED SYSTEMS OF CARE (ROSC)

April 8, 2013

Ms. Abigail Garza-Moore
Executive Director
San Antonio Council on Alcohol and Drug Abuse
South Texas Centre
7500 Hwy 90 AT&T Building, Ste. 100
San Antonio, TX 78227

Dear Abigail:

This letter confirms the commitment of ALAMO AREA RECOVERY INITATIVE (AARI); to the San Antonio Council on Alcohol and Drug Abuse's (SACADA) grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand Bexar County's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) component that will engage/retain hard-to-reach, underserved consumers in treatment and aftercare. The development and use of new/enhanced technology will enable SACADA, its collaborators and its consumers to effectively communicate so that consumers can track and manage their health. This technological capability will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Through this collaboration SACADA will help us train and supervise recovery coaches, and teach us to use the e-ROSC (Web-Portal) to provide much needed services for those completing treatment in our program. The recovery coaches will assist our clients in navigating community resources to enhance resiliency and their well-being.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders.

Sincerely,

Clyde Keebaugh
AARI-ROSC Co-Chair
OSAR Director Region 8
115 E. Travis, Suite 800
San Antonio, TX., 78205

White Pine Systems, LLC
1214 S. Seventh St.
Ann Arbor, MI 48103

April 8, 2013

Ms. Abigail Garza-Moore
Executive Director
San Antonio Council on Alcohol and Drug Abuse
South Texas Centre
7500 Hwy 90
AT&T Building, Ste. 100
San Antonio, TX 78227

Dear Abigail:

This letter confirms the commitment of White Pine Systems, LLC, to SACADA's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand SACADA's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) that will engage/retain hard-to-reach, underserved consumers in treatment. The development and use of new/enhanced technology will enable SACADA and its consumers to effectively communicate so that consumers can track and manage their health. This technological capability will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

White Pine Systems, LLC is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative in the 28 counties of Texas that SACADA supports. We look forward to the opportunity to participate in a competitive bidding process for a rapid-cycle development and implementation of the proposed program. White Pine Systems has developed and implemented such applications for numerous other medical conditions, including diabetes, SMI, HIV/AIDS, hypertension, and very low birth weight pregnancies. We also have all of the skills and resources necessary to develop the proposed web portal solution for people with SUD. Additionally, we have extensive experience with national and state regulations pertaining to health information technologies for mental health and SUD, including 42cfr part 2.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders. We wish you every success in obtaining funding for this project.

Sincerely,

Jonathan Smolowe, EVP
WHITE PINE SYSTEMS, LLC (dba SPINN)
www.SPINNphr.com
267-627-2332 W
215-275-0706 cell

Attachment 5: Existing EHR System

The San Antonio Council on Alcohol and Drug Abuse (SACADA) has seven contracts with the State of Texas – Department of State Health Services (DSHS) which automatically provides us access to use the State approved EHR system: Clinical Management Behavioral Health Services (CMBHS) for all client-level clinical information and record keeping. This system allows us to communicate with all licensed substance abuse and mental health treatment providers within our community and throughout the State to ensure comprehensive care.

Included you will find a copy of a Contracts with DSHS that verifies in section II our access to the CMBHS EHR system.

Abigail G. Moore
Executive Director

DEPARTMENT OF STATE HEALTH SERVICES

Amendment

The Department of State Health Services (DSHS) and SACOADA (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2013-041475 (Contract) in accordance with this Amendment No. 001A: Community Coalition Partnerships, effective 09/01/2012.

The purpose of this Amendment is to revise Section II. Performance Measures to reflect the correct performance measures reporting requirement from quarterly to monthly effective 9/1/12.

This amendment has a retroactive effective date of 9/1/12 to correct the performance measures reporting requirement inadvertently entered as quarterly instead of monthly during contract development.

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Therefore, DSHS and Contractor agree as follows:

SECTION II. PERFORMANCE MEASURES: following statement is revised to read as:

The Contractor's performance will be measured in part on the achievement of the following key performance measures. The Contractor shall report these performance measures monthly through the Clinical Management Behavioral Health Services system (CMBHS). Each report is due 15 days after the report period.

Department of State Health Services

Signature of Authorized Official

Date:

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

COPY

Contractor

Abigail G. Moore

Signature of Authorized Official

Date: 2-21-2012

Name: Abigail Moore

Title: Executive Director

Address: 7500 US Hwy 90 W
San Antonio, TX 78227

Phone: 210-225-4741

Email: amoore@sacoda.org

Budget and Justification (no match required)

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Director	Melanie Lane	$55,000	10%	$5,500
(2) Coordinator	Maria Velasquez	$35,000	100%	$35,000
(3) Recovery Coaches (10)	Vacant	$52,000	100%	$52,000
(4) Data Analyst	Charles Villafranca	$38,500	15%	$5,775
			TOTAL	**$98,275**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Director will provide overall support, compliance and sustainability of the program.

(2) The Coordinator will provide daily oversight of the grant and will be considered key staff.

(3) The Recovery Coaches (10) will coordinate project services and project activities, including training, communication and information dissemination. These are paid part-time hourly positions that last one year each.

(4) The Data Analyst will ensure that providers report outcomes and measures as required by grant.

FEDERAL REQUEST $98,275

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$98,275	$7,518
Retirement	1%	$44,400	$444
SUTA	3.22%	$19,814	$638
Workers Compensation	.15%	$109,870	$165
Insurance	5.88%	$109,870	$6,460
		TOTAL	**$15,225**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST $15,225

C. Travel:
FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Regional Training	Washington, DC	Airfare	$600/flight x 4 persons	$2,400
		Hotel	$244/night x 4 persons x 4 nights	$3,904
		Per Diem (meals and incidentals)	$71/day x 4 persons x 4 days	$1,136
(2) Local Travel		Mileage	11,000 miles x .55/mile	$6,050
			TOTAL	**$13,490**

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

(1) Four staff (Coordinator, Director, Correction Agency Representative and Executive Director) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Also, Peer Coaches need transportation reimbursement when traveling to meet with peers. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate.

FEDERAL REQUEST $13,490

D. Equipment:
FEDERAL REQUEST $0

E. Supplies:
FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$129/mo. x 12 mo.	$1,550
Postage	$18/mo. x 12 mo.	$216
Desktop Computers	$1000 x 3	$3,000
Tablets	$400 x 11	$4,400
Program Supplies	$21.1 x 100 clients	$2,110
	TOTAL	**$11,276**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies and postage are needed for general operation of the project.

(2) Desktop computers and tablets are needed for both project work and presentations.

(3) Program supplies are materials needed to provide clients with program materials.

FEDERAL REQUEST $ 11,276

F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Evaluator	Evaluation	Personnel $27,446 Benefits $7,689 Travel $1,467 Supplies $600 Other $2,085 Indirect $5,893 Total - $45,180		$45,180
e-Rosc Provider				$42,000
			TOTAL	**$87,180**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) The Evaluator will provide the local evaluation of WORC by gathering data, analyzing and reporting to SAMHSA.
(2) The e-Rosc Provider will provide their expertise to adapting their existing software for use in the South Central Texas area.

FEDERAL REQUEST $87,180

G. Construction: **$0**

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent	$13,013 x 12 mo. x 5.64%	$8,807
(2) Telephone	$58/mo. x 12 mo.	$696

Item	Rate	Cost
(3) Cell Phone Stipends	$50 x 1 FTE x 12 mo.	$600
(4) Repairs and Maintenance	$82 x 12 mo.	$984
(5) Audit	Annual	$846
(6) Insurance	$53 x 12 mo.	$636
(7) Background Check	$38 x 11 FTE	$418
(8) Web Portal Development	Annual	$1,000
(9) Participant Incentives	$20 x 100 clients	$2,000
(10) Staff Development	$300 x 11 FTE	$3,300
(11) iPad Data Plan	$20 x 11 tablets x 12 mo	$2,640
	TOTAL	**$21,927**

JUSTIFICATION:

(1) Rent is calculated by monthly rent and % of effort and reflects SAMHSA's fair share of the space.

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) Cell phone stipends are to meet travel requirements and to ensure case managers are accessible to communication while on the field.

(4) Repair and maintenance expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(5) Audit expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(6) Insurance expenses reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(7) Background checks for coordinator and ten (10) coaches.

(8) Develop a web portal to enhance reach, improve connection of peer coaches to individuals, families and the community communications, and maximize the impact of local P2P programs, creating valuable long term Recovery Capital in the community.

(9) The $20 incentive is to provide encouragement to participants to GPRA data as required by SAMHSA.

(10) Training for ten (10) coaches and (1) coordinator on offender population and social service needs. Training will consist of Motivational Interviewing, Brief Strength-based Case Management, Recovery Coach Institute Training and Continuing Education hours.

(11) Data plan charges for iPad tablets to be used for project work and presentations.

FEDERAL REQUEST $21,927

Indirect Cost Rate:
FEDERAL REQUEST

33.2% of personnel and fringe **(.332 x $98,275)** **$32,627**

JUSTIFICATION:

Our agency has an approved indirect cost rate agreement with the Department of Health & Human Services.

TOTAL DIRECT CHARGES:

FEDERAL REQUEST $247,373

INDIRECT CHARGES:

FEDERAL REQUEST $32,627

TOTALS:

FEDERAL REQUEST

$280,000

==========

Provide the total proposed Project Period and Federal funding as follows**:**

Proposed Project Period

a. Start Date:	**10/01/2013**	b. End Date:	**09/30/2016**

BUDGET SUMMARY

Category	**Year 1**	**Year 2***	**Year 3***	**Total Project Costs**
Personnel	98,275	99,201	99,673	297,149
Fringe	15,225	15,659	16,043	46,927
Travel	13,490	13,551	13,612	40,653
Equipment	0	0	0	0
Supplies	11,276	4,038	3,764	19,078
Contractual	87,180	87,180	87,180	261,540
Other	21,927	22,238	21,312	65,477
Total Direct Charges	247,373	241,867	241,583	730,823
Indirect Charges	32,627	38,133	38,417	109,177
Total Project Costs	280,000	280,000	280,000	840,000

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

FEDERAL REQUEST $840,000

***FOR REQUESTED FUTURE YEARS:**

1. Increased Personnel in years two and three account for 1% salary increases, which are based on merit and performance as indicated in the organizations written evaluation.
2. Increased fringe benefit in years two and three directly relate to increased salaries, payroll taxes and insurance cost.
3. Purchase of desk top and tablets in the first year reduced the Supply Category budget for years two and three.
4. Increased Other charges in years two and three directly related to increased rent and property insurance

OMB Number: 4040-0010
Expiration Date: 08/31/2011

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: SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE

DUNS Number: 9401211890000

* Street1: 7500 HWY 90 WEST, ATT BLG. STE. 100

Street2:

* City: SAN ANTONIO County: BEXAR

* State: TX: Texas

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 78227-4030 * Project/ Performance Site Congressional District: TX-020

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: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s) Add Attachment Delete Attachment View Attachment

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:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name:* na non lobbing agency

** Street 1:* na non lobbying *Street 2:*

** City:* na non lobbying agency *State:* *Zip:*

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
SAMHSA

7. * Federal Program Name/Description:
Substance Abuse and Mental Health Services_Projects of Regional and National Significance

CFDA Number, *if applicable:* 93.243

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix: ** First Name:* NA NON LOBBYING AGENCY *Middle Name:*

** Last Name:* NA NON LOBBYING AGENCY *Suffix:*

** Street 1:* *Street 2:*

** City:* *State:* *Zip:*

b. Individual Performing Services (including address if different from No. 10a)

Prefix: ** First Name:* NA NON LOBBYING AGENCY *Middle Name:*

** Last Name:* NA NON LOBBYING AGNECY *Suffix:*

** Street 1:* *Street 2:*

** City:* *State:* *Zip:*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Abigail Moore

***Name:** *Prefix:* ** First Name:* ABIGAIL *Middle Name:*

** Last Name:* MOORE *Suffix:*

Title: EXECUTIVE DIRECTOR **Telephone No.:** 210-225-4741 **Date:** 04/10/2013

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

OMB Approval No. 0990-0317
Expiration Date: 8/31/2010

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.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	☒	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
☒ Civil Rights Assurance (45 CFR 80)	04/30/2012	
☒ Assurance Concerning the Handicapped (45 CFR 84)	04/30/2012	
☒ Assurance Concerning Sex Discrimination (45 CFR 86)	04/30/2012	
☒ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	04/30/2012	
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?	☒	☐
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	☒	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month narrative budget justification been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

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

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

Prefix: Mrs. First Name: LISA Middle Name:
Last Name: JUAREZ Suffix:
Title: COMPTROLLER
Organization: SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE
Street1: 7500 HWY 90 W. ATT BLG. STE. 100
Street2:
City: SAN ANTONIO
State: TX: Texas ZIP / Postal Code: 78227 ZIP / Postal Code4: 3040
E-mail Address: ljuarez@sacada.org
Telephone Number: 210-225-4741 Fax Number: 210-225-4768

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

Prefix: First Name: MELANIE Middle Name:
Last Name: LANE Suffix:
Title: PROJECT DIRECTOR
Organization: SAN ANTONIO COUNCIL ON ALCOHOL
Street1: 7500 HWY 90 WEST, ATT BLG. STE. 100
Street2:
City: SAN ANTONIO
State: TX: Texas ZIP / Postal Code: 78227 ZIP / Postal Code4: 3040
E-mail Address: amoore@sacaca.org
Telephone Number: 210-225-4741 Fax Number: 210-225-4768

Tracking Number:GRANT11377971 Funding Opportunity Number:TI-13-008 Received Date:2013-04-10T17:16:52-04:00

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)* SAMHSA

on *(Date)* 07/22/2002

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)