

FOUNTAIN  
HOUSE

Bringing Hope to Mind.

April 8, 2013

Arlene Gonzalez-Sanchez, *Commissioner*  
Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, NY 12203

Re: SSA Notification Letter

Dear Commissioner Gonzalez-Sanchez:

Please be advised that Fountain House is submitting a proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Technology Assisted Care in Targeted Areas of Need opportunity, in partnership with Phoenix House.

To aid you in evaluating our request, consistent with the federal mandate requiring a Public Health System Impact Statement (PHSIS) to be sent to the heads of appropriate state and local health agencies, please note the following elements:

- a copy of the face page of the application (SF 424 v2), attached; and
- a summary of *Fountain House's* e-Supported Sobriety and Recovery (ESSyR Access), below.

Fountain House has pioneered and developed extensive programs for facilitating the social and vocational adjustment of men and women following hospitalization in public and private mental hospitals and has served more than 20,000 individuals at its New York City headquarters. Fountain House was the world's first Clubhouse 60 years ago, and its approach is recognized as an evidence-based model by *SAMHSA's National Registry of Evidence-based Programs and Practices*. The model has been replicated in hundreds of locations in 32 countries, assisting tens of thousands of men and women globally

If funded, ESSyR Access will enhance and expand access to recovery supports and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services. These services include access to personal electronic health records, e-apps, web-based virtual recovery group sessions, peer support, and virtual substance abuse education and intervention. ESSyR Access' virtual peer support and recovery-oriented peer group access will address a vital need for off-hour intervention and connection to care for those with COD. The project will serve 300 individuals with COD over the life of the 3 year project.

Fountain House is a reputable, not-for-profit social service provider whose work on behalf of individuals with mental illnesses is a tremendous asset to our State and a resource to other communities throughout the country.

If you wish to comment on our application, your comments should be sent to the following address no later than 60 days after the application deadline of April 10, 2013:

Diane Abbate, *Director of Grant Review*  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration, Room 3-1044  
1 Choke Cherry Road  
Rockville, MD 20857  
ATTN: SSA—Funding Announcement No. TI-13-011

I trust this information will be useful to you.

Sincerely,



Kenneth J. Dudek  
*President, Fountain House*

<b>Opportunity Title:</b>	Grants to Expand the Use of Technology-Assisted Care in
<b>Offering Agency:</b>	Substance Abuse & Mental Health Services Adminis.
<b>CFDA Number:</b>	93.243
<b>CFDA Description:</b>	Substance Abuse and Mental Health Services Projects of
<b>Opportunity Number:</b>	TI-13-008
<b>Competition ID:</b>	
<b>Opportunity Open Date:</b>	02/08/2013
<b>Opportunity Close Date:</b>	04/10/2013
<b>Agency Contact:</b>	Kathryn Wetherby Center for Substance Abuse Treatment, Division of State and Community Assistance 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: e-Supported Sobriety and Recovery (ESSyR)

## Mandatory Documents

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

Application for Federal Assistance (SF-424)  
Project/Performance Site Location(s)  
Project Narrative Attachment Form  
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

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

Other Attachments Form

## Instructions

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

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

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.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

## ABSTRACT

**The e-Supported Sobriety and Recovery (ESSyR Access)** project will enhance and expand access to recovery supports and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention.

The project will target the 60% of Fountain House members and Phoenix House referrals who have COD, as many as 780 individuals, many of whom are disengaged from care due to the complex impairments related to their substance abuse, serious mental illness (SMI) and, frequently, other medical and chronic health conditions. The population is 32% African American, 14% Hispanic, 45% Caucasian, 5% Asian, 1% Native American and 2% other; 60% male, 40% female; 50% of Fountain House clients are 21-50 years old. The average income is approximately \$8,000 per person per year. At least 80% fit the criteria of being chronically homeless, now currently living in supported living facilities or dedicated shelters. Sixty percent (60%) of members have a COD and 95% of Fountain House members take psychotropic medication to treat: schizophrenia (50%), bi-polar disease (35%), major depression (10%) and other psychoses (5%). Fountain House and its partner, Phoenix House will: 1. engage people not presently accessing services by using web-based technology; 2. demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients; and 3. demonstrate quality of life and overall functionality improvements as a result of their use of the new electronic system of expanded care. The project will provide e-technology recovery-oriented services as a complement to on-site traditional substance abuse treatment for those clients in need of treatment services. Fountain House expects the following outcomes: 1. Increased engagement of persons in treatment and in their health care; 2. Increased ability to track the health status of individuals and intervene more quickly in the event of crisis; 3. Improvement in recovery and resiliency rates among target population, particularly an increase in measure of social connectedness; and 4. The ability to share effective treatment models, strategies, and results among like providers in order to replicate the proposed ESSyR ACCESS model of care. The virtual peer support and recovery-oriented peer group access will address a vital need for off-hour intervention and connection to care for those with COD. The project will serve 100 individuals with COD in year one, 100 in year two, and 100 in year three, for a total of 300 over the life of the project.



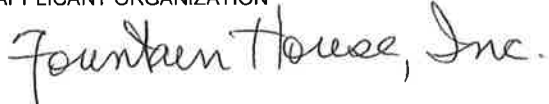
**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**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 
APPLICANT ORGANIZATION 	DATE SUBMITTED 7/15/2013

## Foster, Alania (SAMHSA)

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**From:** Kathleen Fiess [KFiess@fountainhouse.org]  
**Sent:** Wednesday, June 19, 2013 10:13 AM  
**To:** Foster, Alania (SAMHSA)  
**Subject:** RE: TI024737 - TCE-TAC - Application Review - Response Requested  
**Attachments:** Budget and Justification \_2\_.pdf

Dear Alania,

Attached is the revised budget and budget justification. Please let me know if there is any else you need.

Thanks,  
Kathy

**KATHLEEN FIESS**  
**Director of Individual Giving**  
**Fountain House**  
425 West 47th Street  
New York, NY 10036-2304  
T. 212.582.0341, ext.1182

[www.fountainhouse.org](http://www.fountainhouse.org)  
[www.facebook.com/fountainhousenyc](https://www.facebook.com/fountainhousenyc)

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**From:** Foster, Alania (SAMHSA) [mailto:Alania.Foster@samhsa.hhs.gov]  
**Sent:** Wednesday, June 19, 2013 9:40 AM  
**To:** Kathleen Fiess  
**Cc:** Joseph Shaffer; Elliott Madison  
**Subject:** RE: TI024737 - TCE-TAC - Application Review - Response Requested

Dear Kathleen,

Thank you for submitting the requested information. One additional request:

1. Provide the revised budget and justification that shows the changes that you made to personnel, fringe, and IDC.

Please provide the additional information by **COB on June 20, 2013**. If you have questions regarding this request, do not hesitate to contact me.

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)

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**From:** Kathleen Fiess [mailto:KFiess@fountainhouse.org]  
**Sent:** Tuesday, June 18, 2013 2:32 PM  
**To:** Foster, Alania (SAMHSA)  
**Cc:** Joseph Shaffer; Elliott Madison  
**Subject:** FW: TI024737 - TCE-TAC - Application Review - Response Requested

Dear Alania,

Here are responses to each of the items listed in your email. I have also included responses to items 2-6 in the budget justification. I'm unclear what is meant by item 1. Please let me know if I have missed the mark.

Also attached is the revised SF424A with the revised budget justification attached.

1. Existing resources and other support for the proposed project include:
  - a. Space is being provided by Fountain House and Phoenix House
  - b. The proposed project will be embedded in the FH Wellness Program and participants will have access to a full range of health and wellness services;
  - c. The project director will be supervised by senior program director
  - d. FH staff will advertise and support the initiative throughout the clubhouse and its extended network
  - e. The FH General Fund, a cumulative aggregate saving of FH over the years, is available to fund any deficit program
  - f. In addition to the services received through this grant, members have access to a full range of other services including: transitional and supported employment, housing and medical services, assistance in accessing education resources; and "reach-out" to maintain contact with all members; as well as evening, weekend and holiday social programs.
  - g. The use of the e-technology will serve to alert clinical staff of critical situations immediately which will facilitate earlier intervention by qualified staff
2. 50 phones at \$100 a phone (\$5000). 50 phones @ \$33.33 monthly cost of data plan for 12 months (\$20,000). This is an essential component of the project, given that the goal is to provide Smartphone e-technology services to people with co-occurring substance use and mental health disorders.
3. Phoenix House will be paid in a lump sum of \$20,000 a year to be used for :
  - Approx 50 hours @ \$100 an hour (\$5000)– consultation on the design or customization of a Smartphone App specifically responsive to the recovery needs of individuals with COD
  - Approximately 150 hours @ \$100 (\$15,000) - Develop and distribute substance abuse and recovery-related educational content for a virtual, online medium.
4. Originally, we used a rate of 15% to calculate indirect costs (Direct costs of \$243,478 x .15 = \$36,522). This rate was based on an agency wide audit. However since we do not currently have a Negotiated Indirect Cost Rate Agreement we are using a rate of approximately 10% to calculate indirect costs for Year 1. Direct costs of \$255,709 x .095 = \$24,291.
5. We do not currently have a Negotiated Indirect Cost Rate Agreement. Within 90 days of issuance of the award, Fountain House intends to submit an indirect cost proposal and all required documentation that will qualify it for authorization of a federal indirect rate. Fountain House anticipates that the documentation will demonstrate that our actual indirect rate exceeds the 10 percent requested herein.

Please let me know if there is anything else you need. I appreciate your assistance with this.

Best,  
Kathy Fiess

**KATHLEEN FIESS**  
**Director of Individual Giving**  
**Fountain House**  
425 West 47th Street  
New York, NY 10036-2304  
T. 212.582.0341, ext.1182

[www.fountainhouse.org](http://www.fountainhouse.org)  
[www.facebook.com/fountainhousenyc](https://www.facebook.com/fountainhousenyc)

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**From:** Foster, Alania (SAMHSA) [<mailto:Alania.Foster@samhsa.hhs.gov>]  
**Sent:** Monday, June 17, 2013 11:55 AM  
**To:** Joseph Shaffer  
**Cc:** Andrew Schonebaum; Kenn Dudek  
**Subject:** TI024737 - TCE-TAC - Application Review - Response Requested

Dear Joseph,

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

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

1. It was noted that your organization does not provide an adequate description of existing resources and other support it expects to receive for the proposed project. Provide a detailed description of existing resources and other support you expect to receive for the proposed project.
2. It was noted that your organization did not provide an adequate breakdown and calculations for some of the costs listed under 'Supplies'. Provide a detailed breakdown at how you arrived at \$25,000 in telephone costs, as well as, a detailed justification.
3. It was noted that your organization did not provide an adequate breakdown of some of the costs listed under 'Contractual'. Provide additional information (hourly rate, # of hours, etc.) for the \$20,000 for Phoenix Houses of New York.
4. Provide a calculation on how you arrived at the \$36,522 in Indirect Costs (direct costs x rate = indirect costs)
5. Provide a copy of your current Indirect Cost Rate Agreement showing the requested IDC rate.

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 21, 2013**. If you have questions regarding this request, do not hesitate to contact me.

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

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



Thank you,

*Alania Foster*

Alania Foster, M.S.

Grants Management Specialist

U.S. Department of Health and Human Resources (DHHS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Office of Financial Resources (OFR), Division of Grants Management (DGM)

1 Choke Cherry Road, Room 7-1091

Rockville, MD 20857

(240) 276-1409 (phone)

(240) 276-1430 (fax)

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

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

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	\$ 280,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 280,000.00
2.						
3.						
4.						
5. Totals		\$ 280,000.00	\$	\$	\$	\$ 280,000.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Substance Abuse and Mental Health Services Projects of Regional and National Significance				
a. Personnel	\$ 119,365.00	\$	\$	\$	119,365.00
b. Fringe Benefits	35,809.00				35,809.00
c. Travel	2,000.00				2,000.00
d. Equipment	0.00				
e. Supplies	28,478.00				28,478.00
f. Contractual	70,000.00				70,000.00
g. Construction	0.00				
h. Other	0.00				
i. Total Direct Charges (sum of 6a-6h)	255,652.00			\$	255,652.00
j. Indirect Charges	24,348.00			\$	24,348.00
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. N/A	\$	\$	\$	\$	\$
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	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. N/A	\$ 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: 243478	22. Indirect Charges: 36522
23. Remarks:	

## Appendix H - Budget and Justification

### A. Personnel

#### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	Joseph Shaffer	\$49,365	100%	\$49,365
(2) Social Worker	To Be Selected	\$35,000	100%	\$35,000
(3) Intake Administrator	To Be Selected	\$35,000	100%	\$35,000
			TOTAL	\$119,365

#### JUSTIFICATION:

- (1) Project Director will provide overall management oversight and have responsibility for the program; coordinate and oversee the work of project partners; recruit and oversee training or staff; establish policies and procedures to ensure client confidentiality
- (2) Social Worker will be responsible for providing case management; coordinating clinical assessments and care plans with psychiatrists, physicians and substance abuse treatment providers; developing a plan of care including recovery-oriented skills development; and write ongoing progress notes
- (3) Intake Administrator will conduct confidential in-person interviews with the 300 clients served under this project; administer comprehensive needs assessment and the baseline GPRA; ensure Locator forms and consent forms are signed and clients are oriented to ETMHSAP; and maintain the EHR system and collect all data required for reporting and performance/outcome measurement

### B. Fringe Benefits

#### FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$119,365	\$9,131
Health Insurance, Other non-mandatory	22.35%	\$119,365	\$26,678
		TOTAL	\$35,809

JUSTIFICATION: Fringe benefits reflect current rates for agency.

### **C. Travel**

#### **FEDERAL REQUEST**

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Grantee Conference	Washington, DC	Airfare	\$500/flight x 2 persons	\$1,000
		Hotel	\$205/night x 2 persons x 2 nights	\$820
		Per Diem (meals and incidentals)	\$45/day x 2 persons x 2 days	\$180
			<b>TOTAL</b>	<b>\$2,000</b>

JUSTIFICATION: Travel expenses are required for two people to attend the Grantee Conference in Washington, DC.

### **D. Equipment**

**None**

### **E. Supplies**

#### **FEDERAL REQUEST**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
(1) General Office Supplies	\$289.83/month x 12 months	\$3,478
(2) Telephones	Mobile devices (\$5,000) and plan (\$400/year x 50 persons)	\$25,000
	<b>TOTAL</b>	<b>\$28,478</b>

JUSTIFICATION:

- (1) General office supplies are needed for the general operation of the project, including printing, postage, paper, pens, and chargers, etc.
- (2) Mobile Devices with data plans are needed for the operation of the project. 50 phones at \$100 each (\$5000). 50 phones @ \$33.33 monthly cost of data plan for 12 months (\$20,000).

## **F. Contract**

### **FEDERAL REQUEST**

<b>Name</b>	<b>Service</b>	<b>Rate</b>	<b>Other</b>	<b>Cost</b>
(1) Phoenix Houses of New York	Grant Partner	\$20,000	Year One Sub-contract	\$20,000
(2) To Be Selected	Evaluator	\$20,000	\$100/hour x 200 hours	\$20,000
(3) To Be Selected	IT Consultant Developing APP for ETMHSAP and providing training and technical support	\$30,000	\$75/hour x 400 hours	\$30,000
			<b>TOTAL</b>	<b>\$70,000</b>

### **JUSTIFICATION:**

(1) Phoenix Houses of New York will provide expert input into the Smartphone APP focused on recovery needs of individuals with co-occurring disorders; develop and offer substance-abuse and recovery-related educational content in a virtual, online medium; and accept and expedite referrals for Fountain House members for comprehensive assessments and referrals to Phoenix House or other substance abuse treatment programs.

(2) Evaluator is provided by an experienced individual with research and evaluation skills, will analyze and report on GPRA data and the initiative and is knowledgeable about the population of focus and substance abuse.

(3) IT Consultant will create the App that will be used by the project participants to access web-based services, peer support groups and educational information; train clients in its use and enable them to manage their health care needs for recovery and wellness.

## **G. Construction (Not allowed)**

## **H. Other**

**None**

**\*FOR REQUESTED FUTURE YEARS**

1. Personnel salaries and commensurate benefits will increase in Years 2 and 3 for a total salaries of \$122,946 and \$126,634, respectively. Benefits will be \$36,884 for Year 2 and \$37,990 for Year 3. Raises are based on performance.
2. Evaluator's fee will increase to \$30,000 in Year 2 and \$30,754 in Year 3 based on increased workload related to 6 month and discharge evaluations of project participants and extensive performance analysis and reporting.
3. IT Consultant's fee will cover APP Development in Year 1, declining to \$25,000 in Year 2 and \$20,000 in Year 3, based on reduced expenses for development but ongoing need for technical, training and maintenance support.
4. Supplies expenses will remain approximately the same, with a slight decrease to \$26,649 in Year 2 and \$26,099 in Year 3.



## Dayhoff, Sarah (SAMHSA)

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**From:** Kathleen Fiess [KFiess@fountainhouse.org]  
**Sent:** Monday, June 03, 2013 5:19 PM  
**To:** Dayhoff, Sarah (SAMHSA)  
**Subject:** RE: TI024737 TI13-008 TCE-TAC- Fountain House  
**Attachments:** Form HHS-690 from Fountain House.pdf; Fountain House - revised checklist.pdf

Sarah,  
Attached is a revised checklist and the Assurance of Compliance, which has been sent to the Dept of Health and Human Services. Please let me know if there is anything else you need.

Best,  
Kathy

**KATHLEEN FIESS**  
**Director of Individual Giving**  
**Fountain House**  
425 West 47th Street  
New York, NY 10036-2304  
T. 212.582.0341, ext.1182

[www.fountainhouse.org](http://www.fountainhouse.org)  
[www.facebook.com/fountainhousenyc](https://www.facebook.com/fountainhousenyc)

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**From:** Dayhoff, Sarah (SAMHSA) [<mailto:Sarah.Dayhoff@samhsa.hhs.gov>]  
**Sent:** Friday, May 31, 2013 2:36 PM  
**To:** Kathleen Fiess; Kenn Dudek; Joseph Shaffer  
**Cc:** Foster, Alania (SAMHSA)  
**Subject:** TI024737 TI13-008 TCE-TAC- Fountain House

Hello,

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

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

While reviewing your application, I noticed a discrepancy on the HHS Checklist. Part A, #2 need to be marked completely and have the dates indicated. If your organization has never filed these assurances with an HHS agency please submit them to us at this time. Please submit a revised checklist to me via email no later than C.O.B, Tuesday, June 4, 2013.

Thank you,

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

240-276-1430 (Fax)

**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) .....	<input checked="" type="checkbox"/>	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....	06/03/2013	
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....	06/03/2013	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....	06/03/2013	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....	06/03/2013	
3. Human Subjects Certification, when applicable (45 CFR 46) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

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

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

## ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:


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

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

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

June 3, 2013  
Date

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

  
Signature of Authorized Official  
Kenneth F. Dudek, President  
Name and Title of Authorized Official (please print or type)  
Fountain House  
Name of Healthcare Facility Receiving/Requesting Funding  
425 West 47<sup>th</sup> Street  
Street Address  
New York, NY 10036-2304  
City, State, Zip Code

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

04/09/2013

4. Applicant Identifier:

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:

Fountain House

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

13-1624009

\* c. Organizational DUNS:

0649611540000

### d. Address:

\* Street1:

425 West 47th Street

Street2:

\* City:

New York

County/Parish:

\* State:

NY: New York

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

10036-2304

### e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

\* First Name:

Kathleen

Middle Name:

\* Last Name:

Fiess

Suffix:

Title: Director of Individual Giving

Organizational Affiliation:

\* Telephone Number:

212-582-0341 ext. 1182

Fax Number:

212-977-5396

\* Email:

kfiess@fountainhouse.org

## Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Substance Abuse & Mental Health Services Adminis.

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

93.243

CFDA Title:

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

### \* 12. Funding Opportunity Number:

TI-13-008

\* Title:

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

### 13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Recovery through technology-assisted care for people with co-occurring mental health and substance-abuse disorders

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant b. Program/Project 

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

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

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

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

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

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

If "Yes", provide explanation and attach

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

☒ \*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

# BUDGET INFORMATION - Non-Construction Programs

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

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity  (a)	Catalog of Federal Domestic Assistance Number  (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	\$ 280,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 280,000.00
2.						
3.						
4.						
5. Totals		\$ 280,000.00	\$	\$	\$	\$ 280,000.00



### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
(1)	(2)	(3)	(4)		
Substance Abuse and Mental Health Services Projects of Regional and National Significance					
<b>a. Personnel</b>	\$ 110,000.00	\$	\$	\$	\$ 110,000.00
<b>b. Fringe Benefits</b>	33,000.00				33,000.00
<b>c. Travel</b>	2,000.00				2,000.00
<b>d. Equipment</b>	0.00				
<b>e. Supplies</b>	28,478.00				28,478.00
<b>f. Contractual</b>	70,000.00				70,000.00
<b>g. Construction</b>	0.00				
<b>h. Other</b>	0.00				
<b>i. Total Direct Charges (sum of 6a-6h)</b>	243,478.00				\$ 243,478.00
<b>j. Indirect Charges</b>	36,522.00				\$ 36,522.00
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 280,000.00	\$	\$	\$	\$ 280,000.00
<b>7. Program Income</b>	\$ 0.00	\$	\$	\$	\$

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Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	N/A	\$	\$	\$	\$
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	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	N/A	\$ 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: 243478	22. Indirect Charges: 36522
23. Remarks:	

Additional Program/Project Congressional Districts:

NY-005 (partial)

NY-006

NY-007

NY-008

NY-009

NY-010

NY-011

NY-012

NY-013

NY-014

NY-015

NY-016

NY-017 (partial)

## ABSTRACT

**The e-Supported Sobriety and Recovery (ESSyR Access)** project will enhance and expand access to recovery supports and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention.

The project will target the 60% of Fountain House members and Phoenix House referrals who have COD, as many as 780 individuals, many of whom are disengaged from care due to the complex impairments related to their substance abuse, serious mental illness (SMI) and, frequently, other medical and chronic health conditions. The population is 32% African American, 14% Hispanic, 45% Caucasian, 5% Asian, 1% Native American and 2% other; 60% male, 40% female; 50% of Fountain House clients are 21-50 years old. The average income is approximately \$8,000 per person per year. At least 80% fit the criteria of being chronically homeless, now currently living in supported living facilities or dedicated shelters. Sixty percent (60%) of members have a COD and 95% of Fountain House members take psychotropic medication to treat: schizophrenia (50%), bi-polar disease (35%), major depression (10%) and other psychoses (5%). Fountain House and its partner, Phoenix House will: 1. engage people not presently accessing services by using web-based technology; 2. demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients; and 3. demonstrate quality of life and overall functionality improvements as a result of their use of the new electronic system of expanded care. The project will provide e-technology recovery-oriented services as a complement to on-site traditional substance abuse treatment for those clients in need of treatment services. Fountain House expects the following outcomes: 1. Increased engagement of persons in treatment and in their health care; 2. Increased ability to track the health status of individuals and intervene more quickly in the event of crisis; 3. Improvement in recovery and resiliency rates among target population, particularly an increase in measure of social connectedness; and 4. The ability to share effective treatment models, strategies, and results among like providers in order to replicate the proposed ESSyR ACCESS model of care. The virtual peer support and recovery-oriented peer group access will address a vital need for off-hour intervention and connection to care for those with COD. The project will serve 100 individuals with COD in year one, 100 in year two, and 100 in year three, for a total of 300 over the life of the project.

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## **Section A: Population of focus and Statement of Need**

### **Comprehensive Demographic Profile for Target Population:**

Fountain House, a psychosocial Clubhouse, proposes to partner with Phoenix House, a licensed substance abuse treatment provider, in order to utilize technology to expand and enhance access to substance abuse treatment for individuals who have fallen out of care due to issues related to their co-occurring substance abuse disorders and serious mental illness in NYC. This population has been historically underserved based on their inability to access recovery-oriented continuum of care that is Appropriate to their complex needs.

The following demographic profile describes the current Fountain House membership:

Race/ethnicity: 45% Caucasian, 32% African American, 14% Hispanic, 5% Asian, 1% Native American and 2% other.

Language: Ten percent of the Fountain House population are non-English speaking.

Gender: 60% male, 40% female

Age: Fountain House members must be at least 16 years of age, with no upper limit. Currently 80% of Fountain House clients are 21-50; and 15% are over age 50. The average age is 48.

Socioeconomic status: Virtually all Fountain House members are living below the established federal poverty level and receive public support, usually Social Security Supplemental Income (SSI) and Medicaid; or Social Security Disability Income (SSDI) and Medicare. The average income is approximately \$8,000 per person per year. At least 80% fit the criteria of being chronically homeless, now currently living in supported living facilities or dedicated shelters.

Literacy: : It is estimated that at least 60% of Fountain House's present clients can read at least a fifth grade level.

Sexual Orientation: Although Fountain House does not collect data on this measure, anecdotally we can say that approximately 5% of our population is LGBTQ.

Illness and Disability: Consistent with the literature, the majority have 2 or more co-morbid medical problems or chronic health conditions. Of the 278 members evaluated, 18% have type 2 diabetes, 46% have hypertension, and 48% are morbidly obese. Comparatively, the National Center for Health Statistics (CDC) reports that in the general population the incidence of type 2 diabetes is 6%; hypertension is at 30%, and obesity is 30%. Additionally, ~~(10%)~~ of Fountain House clients have a physical disability in addition to their mental illness.

Geography: The Fountain House service area encompasses all of New York City, including the boroughs of Manhattan, Queens, Brooklyn, Staten Island and Bronx,.

### **Relationship of the target population to the overall NYC population:**

Fountain House has a membership, 60% of whom meet the criteria for a co-occurring substance use disorder. Within NYC, 44% of the non-crisis discharges from New York State-funded substance use treatment programs involved patients with co-occurring mental health disorders (OASAS Client Data System, 2009). According to the NYC Department of Health and Mental Hygiene, 6.4% (512,500) of adult New Yorkers suffer from nonspecific psychological distress (NPD), or serious mental illness, and 7.5% (600,621) from a major depressive disorder.

Substance abuse rates within the general New York population are approximately 13%.

According to New York Drug Abuse Statistics (2013), 1.8 million New York State adults (13.0 %) reported using illicit drugs in the past year. Marijuana and hashish were the most commonly used drugs, reported by 1.4 million persons (10.0 %), followed by the nonmedical use of

prescription drugs, which was reported by 570,000 persons (4.2 %). About 2.1% of adult residents reported using cocaine, and 2.8% used other types of drugs, including heroin, hallucinogens, and inhalants in the past year. The highest prevalence rates of any illicit drug use were found among adults aged 18 to 25 (36.9%) (New York Drug Abuse Statistics, 2013) In contrast, among Fountain House members, 100% have a serious mental illness. Ninety five percent of Fountain House members take psychotropic medication to treat: schizophrenia (50%), bi-polar disease (35%), major depression (10%) and other psychoses (5%). And sixty percent (60%) of them have a co-occurring substance use disorder. Our *Population of Focus* is the 60% of Fountain House clients who are dually diagnosed with SMI and an SUD. To compare our population of focus to the geographic catchment area, we have provided data from the communities of origin for the majority of our current Fountain House members, neighborhoods identified by the NYC Department of Health and Mental Health as having the highest rates of psychosocial need in NYC: Harlem, Washington Heights and Inwood in Upper Manhattan; the south Bronx; the Brooklyn communities of Brownsville, Bedford-Stuyvesant, East New York and Crown Heights; and the South Jamaica neighborhood of Queens.

According to the NYC Department of Health and Mental Hygiene (2005) in these areas:

- the poverty rate is approximately 17.5% ; for Fountain House members the collective poverty rate is 34.4% . Virtually all Fountain House members receive public assistance.
- The diabetes prevalence among all New Yorkers is 9.7%, while in high-need communities it is 13%; a study done several years ago found that 18% of Fountain House members have type2 Diabetes.
- The prevalence of arrest is higher with adults with mental illness than among adults without (SAMHSA CBHSQ, 2012). Although Fountain House does not collect data on this measurement, anecdotally we can say that 90% of our client base has historically had some degree of criminal justice involvement.
- The unemployment rate is 17.5% compared to 8.0% for the rest of NYC (New York City Department of Mental Hygiene, 2011). Among Fountain House clients, employment rates are exceedingly low; less than 10% of Fountain House clients have attained or maintained stable employment.

The above data points to a population largely disenfranchised: by the complexities of their substance abuse issues, economics; poor health; and mental health issues. This population is difficult to both access and motivate. The proposed e-technology project, called “E-Supported Sobriety and Recovery” (or ESSyR Access) will provide access to care and recovery support for those unable to connect with face-to-face treatment.

### **Nature of the Problem, Service Gaps and Extent of the Need**

*Experience of SUD among those with SMI:* Those suffering from SMI and SUD have a dual issue: 1. They are often using substances to medicate their mental health symptoms, yet that same use of substances erodes the effectiveness of their medication, exacerbating both problems; 2. There is an inherent distrust among this population that makes it difficult for them to engage in treatment services. The substances used and abused by this population are primarily alcohol in combination with either cannabis or “crack” cocaine. On their own, these substances are not only

addicting, but can create psychotic symptoms. A major issue in treating those with co-occurring conditions is in sorting the drug effects from the symptomatology of the mental illness. This becomes compounded by the limitations of the traditional substance abuse treatment system, which has been ill prepared to address co-occurring conditions effectively. For these reasons, more than ***half of all persons with a co-occurring disorder (COD) are not receiving mental health or substance abuse treatment*** services (Office of Applied Studies, 2006). Consequently, multiple studies have documented their over-utilization of Psychiatric ER services and their rates of hospitalization are high, especially when presenting with a COD (Owens et al., 2007, Dilornado and Coffey, 2008). A recent report published by AHRQ based on the HCUP Nationwide Emergency Sample (NEDS) noted that, of the 95 million visits made to the emergency department (ED) by adults in the U.S. during 2007, ***12.0 million (12.5 percent) were related to mental health and substance abuse issues (MHSA). Nearly 41 percent (4.8 million visits) of these MHSA-related ED visits resulted in hospital admission—an admission rate that is over two and a half times that for ED visits related to other conditions.***

#### *Common Barriers to Substance Abuse Treatment*

Stigma, transportation barriers, poor self-management, and poor mental health treatment retention, are all present barriers to care for those who are self-medicating with drugs and alcohol; co-occurring medical and chronic health conditions further complicate care access. People with mental illness typically do not seek out primary medical care, and often ignore early symptoms of medical illness when they occur. This population experiences a complex array of psychosocial and socioeconomic problems that increase their risk for ***chronic health problems*** while further reducing their access to care (Kim et al, 1995). Prevalence estimates of adults with SMI who have a co-morbid medical illness are as high as 74% and as high as 50% for two or more co-morbid medical diagnoses. Consequently, individuals with SMI die nearly 25 years before their peers and largely from diseases, which are treatable (Torgovnick, 2008).

*Homelessness is another confounding factor in this picture. One third of **homeless persons** have co-occurring disorders (COD) (North, 2001) and 25 percent have some form of disabling health condition (CMHS). The number of homeless single adults is higher than any other time since 2005 (an average of 8,382 homeless single men and women in City shelters each night) (Coalition for the Homeless). In addition to these factors, limited options exist for integrated care (SAMHSA). When treatment does occur, **separate treatment silos for** mental health, substance abuse and primary care services create a fractured system in which co-occurring disorders and co-morbid conditions are overlooked, ignored, or addressed separately and ineffectively; **service integration has lagged.***

#### *Treatment of Co-occurring Disorders*

Co-occurrence of substance abuse and mental health problems requires an integrated treatment approach and focus on mood disorders (depression, bipolar disorder), personality disorders, anxiety disorders, and the consequences of trauma, including PTSD, is critical. Left untreated, these co-factors impede treatment efforts; exacerbate symptomatology; and have a destructive sequelae. Research indicates that consumers with two or more psychiatric, substance abuse and medical disorders frequently receive inadequate psychiatric and/or medical care and must also cope with needs related to extreme poverty, homelessness and recent prison release, which exacerbate their impairment (Smith and Burgos, 2010).



*The Fountain House Service Continuum—Addressing the Gap in Care*

Access to sobriety support needs to be provided quickly; available 24-7, and in an environment free of stigma. Fountain House provides Supported Sobriety services within its continuum of trauma-informed, fully integrated and comprehensive care. The Fountain House Wellness Center programs are intended to address and reverse the numerous negative health trends facing Fountain House members, providing resources and education so members can make healthy life-choices including the choice of sobriety. The key objectives of the program are to increase physical activity, connect more members to early medical intervention and treatment, reduce smoking rates, teach members about healthy nutrition, educate the overall Fountain House community about preventative care in terms of chronic illness, and provide access to recovery support in the form of “Double Trouble” groups designed for those with co-occurring disorders seeking sobriety/recovery from alcohol and substance abuse issues. These services are limited to daytime hours and restricted to the center’s on-site setting. Often, those with COD cannot sufficiently use their ‘tools’ to access support, particularly early intervention in the case of a relapse. This is the gap Fountain House hopes to fill with the use of electronic methods. Implementing the new e-technology project would enhance the goals of the Wellness Center by adding the immediate access to support when members are unable to physically connect with the Center itself.

SAMHSA recently defined recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011). Fountain House was founded on the principle of promoting self-direction and achievement of full potential for those with serious mental illness. For the majority who have substance use disorders, compassion, respect, and belief in patients’ ability to achieve healing through recovery-oriented services is especially critical. Recovery-oriented services include management of patients’ symptoms and distress, meeting patients’ needs, promoting rehabilitation, and protecting patients’ rights and personal safety (Anthony, 1993; Jacobson & Greenley, 2001). “Recovery” is seen as operating on a continuum, beginning with becoming aware of problems that need to be addressed and culminating in seeking tools to maintain sobriety and good health. Our proposed e-technology approach will allow members to move at their own pace; create and monitor their recovery goals; and join recovery-oriented web-based groups that fully support the idea of self-directed care. E-technology is an effective means to address the above gaps in service; Fountain House has the expertise to address the issues; and through its linkage to care with various providers in the community, all aspects of the needs of the SMI with an SUD can be addressed. Through the use of e-technology, Fountain House can remain linked with clients and provide access to care when they are off site or initially engaged in the program; to intervene early in a crisis situation; to monitor the client if a mental health or chronic medical issue prevents the client from physically accessing care; and to move the client to another service provider, in this case a substance abuse treatment provider when appropriate.

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

### **Purpose, Goals, and Objectives**

The purpose of the proposed project is to improve access to recovery-oriented substance abuse treatment, and integrated health and primary care for those with COD by utilizing technology to allow members to communicate with both service providers and peers in recovery, and assist service providers in communicating with and tracking and monitoring clients' recovery efforts. Use of the TCE-TAC funds will allow Fountain House to contain cost, enhance quality and promote increased patient involvement in care. Fountain House is proposing to employ the use of web-based services by issuing smart phones to a pre-selected population of clients who have been recruited, screened, and oriented to the ESSyR ACCESS goals and objectives; and to provide support for e- sessions with their partner provider, Phoenix House, to provide electronically delivered educational services to better support those clients enrolled in care with Fountain House by providing more frequent and off-hour contact with clinicians. This enhanced use of technology tools will complement Fountain House's existing EHR, allowing for better monitoring of clients' progress; expand patient-centered care; manage treatment crises more efficaciously; make treatment adjustment in situ; and better support recovery and resiliency efforts among this population to further promote wellness and achieve better treatment outcomes for the target population. Expanded use of technology will increase Fountain House's clients' access to and the availability of substance abuse treatment services, thus facilitating a larger number of persons in treatment through the use of technology assisted care. Currently Fountain House estimates that 60% of its 1300 clients have a co-occurring SUD. Fountain House hopes to expand this number by 100 people currently underserved and not receiving services from Fountain House each funded year through the access of e-technology methods. This population will be recruited from Fountain House's membership and from their substance abuse co-provider, Phoenix House and will access e-technology relapse prevention and recovery oriented web-based services. Overall, each funded year of the ESSyR ACCESS, 100 clients will demonstrate an improved quality of life and overall functionality as a result of their use of their electronic system. Additionally, Fountain House's partner, Phoenix House, as a result of their participation in the ESSyR ACCESS will see an expansion of their capacity to serve persons with a co-occurring disorder who have previously been underserved because of lack of access to treatment in their immediate community due to transportation concerns, financial constraints, and overriding issues that have resulted in isolation.

Project goals are:

- Increase access to substance abuse support and treatment services by expanding Fountain House's capacity to delivery web-based clinical care to 300 people presently disconnected from the Clubhouse due to isolation and impairment related to substance use disorders;
- Make e-technology clinical service available first to a sample of Fountain House clients;
- Expand the Fountain House recovery model and support programs to include access to substance abuse treatment with Phoenix House who is partnering with Fountain House to provide web-based clinical/educational substance abuse treatment and/or intervention;
- Enhance ESSyR ACCESS participants' ability to fully participate in all aspects of Fountain House's service delivery model despite disabilities that might prevent them from using "brick and mortar" facilities;
- Facilitate person-centered treatment planning and decision making by proving long-distance intervention and easy access to EHR;

- Monitor clients' progress and use of e-technology and issues that might affect their care and recovery;
- Thoroughly evaluate the model of care and make adjustments as needed to the methodology;
- Integrate this less costly model into the changing landscape of funding for health care.

As a result we will anticipate the following objectives/outcomes:

- Improve engagement in recovery-oriented substance abuse services
- Develop individual, customized EHR's developed that include treatment plans for co-occurring substance abuse psychiatric, and medical health issues;
- Coordinate centrally all medical, substance abuse, and psychiatric services, eliminating duplication of services;
- Increase early detection and prevention of crisis care;
- Reduce the relapse rate for participating members;
- Deliver consumer driven support services resulting in increased participant satisfaction with treatment and services;
- Improve members' social interaction as demonstrated by social connectedness measure and utilization of e-technology measures;
- ESSyR ACCESS participants will experience periods of abstinence and will express satisfaction with their personal recovery status

### **Proposed EBP and Justification for the Targeted Population:**

#### ICCD Member Clubhouse Intervention:

The first choice of evidence-based practice will be the Fountain House, Inc. "ICCD Member Clubhouse Intervention", a practice included in the National Registry of Evidence-based Programs and Practices. The "ICCD Member Clubhouse Intervention", is an outpatient biopsychosocial model that effectively empowers people to improve their overall health, enables them to reintegrate into society and achieve their life goals. The ICCD (International Center for Clubhouse Development) Clubhouse Model is a program for rehabilitating adults diagnosed with a mental health problem. The goal of the program is to contribute to the recovery of individuals through use of a therapeutic environment that includes responsibilities within the Clubhouse (e.g., clerical duties, reception, food service, transportation, financial services), as well as through outside employment, education, meaningful relationships, housing, and an overall improved quality of life. Fundamental elements of their participation include openness and choice in type of work activities, choice in staff, and a lifetime right of reentry and access to all Clubhouse services. Each individual is welcomed, wanted, needed, and expected each day and is considered a critical part of a community engaged in important work. A core component of the program is the "work-ordered day," the structure around which daily activity is organized. The day-to-day operation of the Clubhouse is the responsibility of members and staff, who work side by side in a rehabilitative environment. Other core components include transitional, supported, and independent employment through which members can secure jobs at prevailing wages in the wider community; access to community support, such as housing and medical services; assistance in accessing educational resources; "reach-out" to maintain contact with all active members; participation in program decision making and governance; and evening, weekend, and holiday social programs. Clubhouses are certified and coordinated internationally through the

ICCD. Clubhouse staff, who function as generalists, maintain a caseload, including managing employment placements, housing issues, and access to community supports. They also are responsible for the ongoing work of the Clubhouse and help organize and participate in social activities. Staff have diverse life experiences and backgrounds in a variety of disciplines, including psychology, counseling, social work, and education. Clubhouse members do not pay dues or membership fees. Their attendance is voluntary, and they can participate as little or as much as they choose. Members operate program services and support one another in recovery. E-Supported Sobriety and Recovery” (or ESSyR Access) will include access to immediate intervention in the case of substance use related crisis; support for client-centered recovery goals; will provide e-based access to peer support groups; and facilitate access to formal treatment through Fountain House’s partner, Phoenix House of New York. As noted on SAMHSA’s registry the Clubhouse intervention model is effective for those with COD (SAMHSA National Registry)<sup>i</sup>.

#### Cognitive Behavioral Therapy (CBT):

Fountain House’s ESSyR ACCESS partner, Phoenix House, is a substance abuse treatment program that provides recovery-oriented education, skills training, and psycho-education tools to help those in recovery from substance abuse to manage every day stress and pursue personal goals. Learning opportunities built into the fabric of consumers’ lives throughout treatment help them acquire and practice interpersonal, self-care, and coping skills. This methodology will easily be adapted to the e-based technology methods being proposed and will be especially helpful to Fountain House’s target population who often are prevented from accessing needed services because of over-riding issues such as economics, ill health, or mental health symptomatology that can cause them to be housebound for days or weeks at a time. The education and assessment portion of the EBP can be administered on-line, in a “chat room” (described below) created for this purpose. This model will be used in the formal treatment setting.

#### Illness Management and Recovery (IMR):

This EBP teaches people with severe mental illness how to manage their disorder in collaboration with professionals and significant others in order to achieve personal recovery goals. The use of e-technology will provide the additional means for furthering this collaboration in a population frequently marginalized because of the confounding issues of substance abuse, mental health concerns, and chronic health problems. The education component of IMR adapts well to the e-technology setting Fountain Houses is proposing to provide with their co-provider, Phoenix House. IMR will be coupled with the Clubhouse principles of self-directed, supported care. IMR offers a holistic and completely individualized Approach to behavioral and physical health, offering clients tools to manage every day stress and pursue personal goals. An important component of IMR is personal health literacy. Education is provided to clients on the symptoms of the individual's diagnoses, effects and side effects of medications, the principles of recovery, management of stress, and early warning signs of relapse. These learning opportunities for the ESSyR ACCESS population will be via Phoenix House’s on-line educational seminars, or the E-ACCESSS that will be developed for this purpose.

#### Comprehensive Case Management for Substance Abuse Treatment-CCM: (SAMHSA TIP 27):

CCM is effective in assisting persons with co-occurring disorders. CCM will be one of the

ESSyR ACCESS tools for individualized services planning at the point of intake into the ESSyR ACCESS, in order to engage and motivate clients from inception. Once the ESSyR ACCESS client has been identified, CCM will be used to link clients with the appropriate level of care. Support for the use of CCM with the co-occurring population is derived, from both clinical practice and empirical observation. The need to link clients to services addressing these needs is critical. Data suggest that persons with co-occurring disorders who receive attention for these problems will see improvement in occupational and family function and lessening of psychiatric symptoms as well as substance use (McClelland et al, 1992; Moos & Lemke, 1996; Siegel et al, 2006). A secure EHR will be opened at the time of admission with treatment planning notes. ESSyR ACCESS participants will be assigned a Smartphone at this time, and trained to access the varieties of e-based technology supports being utilized by ESSyR ACCESS to extend the care currently being provided by Fountain House. Proposed clients will be screened by the ESSyR ACCESS Intake Coordinator and a service plan including training in the use of apps and other technology will be conducted.

#### Substance Abuse Treatment Approach

The ESSyR ACCESS project will be utilized to engage those with COD in recovery oriented activities including engagement with formal treatment provided by Phoenix House. Phoenix House is committed to the use of evidence-based practices and clinical excellence; its training department plays a key role in staff development and ensuring fidelity to program models such as cognitive-behavioral treatment. Training efforts are reinforced by clinical supervision and an ongoing Quality Assurance Review process, which ensures that evidence-based approaches and curricula continue to be implemented with fidelity. Among others, staff are well-versed in evidence-based practices such as the client-centered *Motivational Interviewing* to enhance internal client motivation; cognitive-behavioral skills building and relapse prevention curriculum; and *Seeking Safety*, designed for individuals who have experienced past and current trauma. All of these curricula have been recognized as evidence-based and effective with adult populations and are on the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Administration's National Registry of Evidence-Based Programs and Practices (NREPP, 2008). Phoenix House staff receive regular training and supervision in the delivery of these evidence-based treatment practices.

#### **How the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:**

The ESSyR ACCESS Advisory Committee will add their expertise, as recovering members of the affected population. By selecting staff well versed in treating this population, and providing needed services, the e-technology project will be responsive to the following factors in both the design of the project and the selection of its EBP:

*Culture, race and ethnicity:* Approximately half of our members are African American and Latino and the diversity within our members is reflected in among our staff and via our peer supports. Cultural and linguistic considerations and racial and ethnic concerns in recovery and related to care access will be accommodated by the project's materials and it's approach to outreach and engagement.

*Language and Literacy:* Materials and apps developed for the project will capitalize on opportunities to use pictographic cues and video content rather than written text. Written and videotaped material, as well as live connections, will be provided for those with low literacy and

made available in both Spanish and English. Each individual plan will reflect the language and literacy needs of the individual member for whom it is developed.

*Sexual Identity:* Participants who are LGBTQ, roughly 8% of the targeted population, face issues of stigma and social isolation and typically report a preference for receiving care within a cohort that is sensitive to the unique needs and issues of those who are LGBTQ. The project will offer specialized recovery support and educational materials that will help those who have been disconnected from the Clubhouse to connect to the LGBTQ activities and programs that we routinely offer. This bridge to care, community, and recovery will be extended via the app's materials and group access.

*Disability:* All Fountain House members have one or more disabilities: 780 (the targeted cohort from which participants will be selected) have a co-occurring substance use disorder; 100% have serious mental illness, the vast majority have a medical or chronic health condition, and 10% have a physical disability. Remote access to recovery support and treatment engagement and tools will open a new bridge to care for this often isolated population of need.

*Socioeconomic Status:* Economic barriers as addressed in Section A, are specifically accommodated by this project's unique design. Needs related to poverty and homelessness critically impede service access for many members and the planned e-access portals will facilitate a connection to care for those whose limitations relate to transportation, distance, and competing priorities such as obtaining food and housing. Each individual will be carefully screened to ensure that they can safely manage a smart phone and utilize the project to effectively access care.

#### **How EBP will address disparities in subpopulations:**

To promote ease and flexibility, accessibility and consumer choice, the proposed Approach establishes a new, low threshold, and compelling option for obtaining recovery support, engaging in Fountain House services remotely, accessing integrated care and obtaining substance abuse treatment. Fountain House is proposing to add the ability for ESSyR ACCESS clients to access e-Access and web-based Approaches to augment their care and eliminate certain disparities: that of social disablements, including stigma and discrimination; a disproportionately high incidence of relapse among those with COD, further complicating the health and well-being of Fountain House's target population; treatment gaps and co-factors that deter people from seeking traditional treatment, including inability to plan and organize, exacerbating mental health symptoms and fear of being hospitalized. The methodology being employed will address disparities in the subpopulations identified for care by providing the technology that will link the ESSyR ACCESS participants to care from any location, at any time, bypassing the normal constraints of "bricks and mortar" service delivery. This is especially important in a population marginalized not only by poverty, but by the symptoms of their mental illness that isolates them and hinders on-going intervention and recovery-oriented care. ESSyR ACCESS will bring needed services to the participants, allowing for self-determination, support, and social connectedness. The sub-population to be addressed by this project would be the chronically homeless ESSyR ACCESS participants. Homelessness is a chronic problem among those with co-occurring disorders and the process of becoming homeless only fuels the person's sense of dislocation. The use of e-technology with the ESSyR ACCESS participants residing in our housing programs will serve to keep this sub-population of participants connected regardless of their living situation and will also serve to alert clinical staff of the issue immediately which will facilitate an earlier intervention and the locating of a place of domicile.

## **Modifications to the EBP**

N/A

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

### **Plan to support SAMHSA's Strategic Initiative #6 Health Information Technology (HIT) in treating substance using populations:**

Entry into the proposed ESSyR ACCESS begins with presenting the ESSyR ACCESS to the staff, members and clients at both Fountain House and Phoenix House. Potential participants will be referred either by staff or by self-referral. Members who have been disconnected from care and are suspected to have current SUD will be identified for the project and helped to re-engage in the Clubhouse and in substance abuse treatment, as needed, via the project. After referral, clients electing to participate in the ESSyR ACCESS will be administered the Brief Addiction Severity Index (ASI) to determine the presence of an SUD. If screened and found appropriate, the next step will be a more comprehensive assessment outlining service needs; risk assessment; living situation; and any other factors that might impede their ability to fully participate in the ESSyR ACCESS. This can be accomplished by: a review of clients' existing EHR that includes a psychiatric assessment and diagnosis; overall health screening; and a progress plan of goals and objectives for client to achieve throughout his/her contact with Fountain House; or by conducting such an assessment and opening an EHR for new participants. At the time of entry into ESSyR ACCESS, clients will also be administered the baseline GPRA. The Locator forms will be completed with comprehensive contact information collected. Appropriate consent forms will also be signed at this time, and clients will be oriented to the ESSyR ACCESS: its goals, objectives, and expectations for participants. At this time, ESSyR ACCESS participants will be selected to receive Smartphone's with e-technology already installed. These participants will be trained in the use of the Smartphone and will be given a passcode. The passcode and locking feature on the Smartphone along with the built in geo-locator will serve as anti-theft devices. The ESSyR ACCESS participants will be selected based on several variables: their clinician's view of their ability to learn e-technology; properly utilize e-technology; and retain their Smartphone for the life of this project. Many of Fountain House clients, being assessed as severely mentally ill to the point of disability, are often living in marginal circumstances and are frequently un-domiciled, in addition to being current substance abusers. This has to be factored into the decision to elect to give ESSyR ACCESS participant a Smartphone. While e-technology methods might be the most useful to a participant in this situation, providing immediate access to care and intervention, Smartphones are items having real value in the "street" sub-culture. For over 30 years, researchers have described the unmet need of patients with mental illness for personal safety, safety from abuse and victimization (Krauss & Slavinsky, 1982; Lehman & Linn, 1984; Perese, 1997) with Teplin, McClelland, Abram, and Weiner (2005) reporting victimization rates of 25% to 38% for those diagnosed with schizophrenia. Fountain House in no way wants to place their members in jeopardy by giving them an item that would make them an additional target for theft or violence. ESSyR ACCESS participants will be provided with training on ways to secure their electronic devices and the importance of protecting their passcodes. Those clients found to be in current need of substance abuse treatment and willing to access traditional substance abuse treatment will be referred to Fountain House's partner provider, Phoenix House for substance abuse recovery support services. Phoenix House will create or amend the clients EHR; will conduct a bio psychosocial assessment and a corresponding treatment plan; and will provide on-

going treatment and incorporate progress notes while the ESSyR ACCESS client is in treatment with Phoenix House and will electronically transfer this information into the clients personal EHR for access throughout their aftercare recovery process. As part of the ESSyR ACCESS participants' aftercare plan, the client will be re-connected to on-line recovery e-tools. ESSyR ACCESS participants will be able to access this technology from a computer at home or in the community, as well as via the Fountain House assigned Smartphone.

The ESSyR ACCESS participants will receive training on e-technology. Those clients who have their own smartphones or access to computer-based services will receive personalized access to the newly designed e-Access. All ESSyR ACCESS participants will be trained on accessing e-Access, entering recovery-oriented "chatrooms", and participating appropriately in on-line groups. All sub-sets of ESSyR ACCESS participants will have access to their personalized EHR and will be trained by the ESSyR ACCESS IT consultant. Fountain House clinical staff will be available to explain how to read the personal EHR; what the diagnostic findings mean; and how to excerpt or amend their personal EHR and use it as a recovery tool to address their mental health, substance abuse and/or medical issues. ESSyR ACCESS participants will be encouraged to utilize appropriate e-technology support groups; and all participants will be supported in their efforts to use e-technology assisted care. It is anticipated that there will be various levels of improvement with each and all of these hard to reach groups. Having access to e-technology assisted recovery support groups will enhance their recovery; will provide them with needed support; and most importantly will increase their sense of social connectedness. This last point is particularly crucial in this population. Social connectedness, the reciprocal relationships that individuals have with others, provides support and a sense of belonging and is associated with health and well-being (Ware et al. 2007; Social Connectedness: Social Report 2008). Social connectedness develops from the roles that individuals play in life as partners, friends, teammates, workers, and participants in community and spiritual activities. Among patients with schizophrenia, social connectedness has been found to be a strong predictor of positive response to treatment (Harvey, Jeffreys, McNaught et al. 2007) and patients believe that social connectedness is a key factor in promoting recovery from both mental illness and substance abuse (HAccessell, 2008). SAMHSA (2011) in defining their National Outcome Measures, listed four domains that focus on resilience and sustaining recovery from an SUD. These areas include getting and keeping a job or enrolling and staying in school, decreasing involvement with the criminal justice system, finding safe and stable housing, and improving social connectedness to others in the community. This last point will be a measure included in the ESSyR ACCESS evaluation. Fountain House already employs the use of EHR's and will incorporate their use in the ESSyR ACCESS. Information regarding screening, treatment planning, and enrollment in the ESSyR ACCESS, and information obtained from Fountain House's co-provider Phoenix House will also be incorporated. Privacy measures and confidentiality issues are addressed in the e-technology development. ESSyR ACCESS clients, once enrolled and given smartphones to access the technology assisted care, will be apprised of the security measures in place to protect them, their information, and their privacy.

**Experience using technology in the treatment of substance using populations, as well as their successes, challenges, and outcomes:** In addition to the EHR, Fountain House and their co-provider, Phoenix House also have many years of experience using other technologies that enhance treatment delivery and program administration such as teleconferencing, electronic



client data capture, automated billing procedures, and Lawson financial tools. Phoenix House has also successfully participated in federally-funded research for computer-based cognitive-behavioral interventions for youth and young adults. Fountain House has explored the use of technology-assisted access to self-help groups. Fountain House has been using e-technology for the past three years.

**Current Capacity in Technology Assisted Care:** Both Fountain House and their co-provider, Phoenix House use EHR's for linking clients to care across clinical practice areas; transferring information seamlessly; and improving patient care. In addition, Fountain House provides virtual access to 12-step meetings and Harm Reduction group support.

**How current infrastructure enhances or limits the quality of care your organization provides and how it enhances or limits your efficiency as an organization:**

*Organizational factors:* The use of e-technology currently has resulted in an increase in administrative efficiencies; a decrease in paperwork; and improved patient health. This new project will not have any direct impact on organizational factors.

*Provider training and competence factors:* Fountain House staff has embraced technology and have been trained by Fountain House's IT provider in proper use of e-technology. The ESSyR ACCESS IT consultant will train the ESSyR ACCESS staff and clients in how to use Smartphones and how to access e-technology tools being created for this project.

*Relationship factors between provider and persons in treatment:* The enhanced use of e-technology will greatly improve the relationship between Fountain House and the ESSyR ACCESS participants by linking ESSyR ACCESS clients to care quickly; facilitating a recovery-oriented continuum of services with or without daily face-to-face contact; and allowing for greater monitoring of the progress of the clients' recovery. The expected result will be enhanced retention in care and improved outcomes.

*Technical factors requiring additional staff or consultants:* Fountain House is hiring (1) IT consultant for support maintenance, operation of the system, and technology development including ESSyR ACCESS application with pictograms for those with literacy issues. Fountain House is also hiring (1) Intake Coordinator who will screen clients for eligibility and enroll in the ESSyR ACCESS. (2) ESSyR ACCESS Social Workers will also be hired to provide for on-going requested care.

*Financial factors:* It is expected that costs for maintaining the ESSyR ACCESS will be lower than the costs for initial start-up. Fountain House is seeking corporate sponsorship for coverage of ongoing hardware upgrades and maintenance, and software maintenance, beyond the 3-year award period.

**Obtaining and Tracking Consent:**

The ESSyR ACCESS Project Director will establish policies and procedures to ensure that, for disclosures of information that occur on a routine and recurring basis, reasonable efforts are made to limit disclosures to the minimum necessary to accomplish the intended purpose of the

disclosure, including developing criteria designed to limit the information it discloses to the information reasonably necessary to accomplish the purpose for which disclosure is sought. These policies and procedures will ensure that requests to other entities subject to the Privacy Rule for information are limited to information which is reasonably necessary to accomplish the purpose for which the request is made. Part 2 requires programs to maintain reasonable and appropriate administrative, technical and physical safeguards to protect the privacy of clients' records whether paper or electronic. The issue of security has been addressed in more detail through a separate Security Rule issued by HHS on February 20, 2003 that established the physical and technical security standards required to guard the integrity, confidentiality and availability of confidential information that is electronically stored, maintained or transmitted. Fountain House will be in compliance with this regulation, working with their IT provider to provide for electronic safeguards such as firewalls, passwords, and passcodes. Fountain House's partner in care, Phoenix House, will provide similar compliance with Part 2 as they have extensive experience with protecting patient confidentiality and being in compliance with the HIPAA Privacy Rule. Select ESSyR ACCESS clients will be screened for eligibility and intaked into the ESSyR ACCESS via a face-to-face interview. At this time, the goals and objectives of ESSyR ACCESS will be explained; confidentiality issues discussed; and Confidentiality Releases for information signed, and their Smartphone will be issued. As part of enrollment, ESSyR ACCESS clients will receive a tutorial on the use of the phone itself, and the e-Access that has been developed for this project. As part of the overall ESSyR ACCESS Policies and Procedures, mechanisms will be in place for ESSyR ACCESS clients to report any confidentiality breaches. The ESSyR ACCESS IT Consultant will be notified and provisions will be made to address the breach. Risks to confidentiality and identifying subjects as drug abusers via information disseminated from other than the project staff is inherent in any service unit. Similar risks are inherent in community-based treatment settings, and are not specifically risks of e-technology or technology-assisted care *per se*. Every effort will be made to protect confidentiality. All data collection instruments will be encoded by number and will contain no other identifying information. Written materials will be maintained in locked filing cabinets or storage boxes, and any computer spreadsheets or electronic medical records will be saved in password protected files. Fountain House as well as their treatment partner, Phoenix House, complies with all federal and state regulations for ensuring proper and safe handling of all potential risks to client safety including medical and psychiatric emergencies, allegations of child abuse and/or neglect, client grievances, record keeping and client confidentiality. Both Fountain House and Phoenix House are HIPAA compliant, and staff receives annual training on these procedures immediately upon hire and periodically thereafter. The only potential risk to client confidentiality that the ESSyR ACCESS presents to participants is in conducting intervention, referral and virtual group practice directly in the community. All efforts will be taken to maintain confidentiality standards established by state licensing authority governing the provision of assessment and treatment services. Fountain House staff, including ESSyR ACCESS staff, are first and foremost client advocates and will be well versed in contingency planning in the event that any adverse effects appear as a result of a client's participation with the ESSyR ACCESS. Staff has at its disposal a wide range of services including: social services, mental health, emergency shelter, legal and medical to be able to address any contingency or potential harmful situation that may occur.

## **Meaningful and Relevant Results**

The use of technology, including web based services, smart phones, and behavioral health electronic applications (e-Access), will expand the ability of Fountain House to effectively communicate with persons in treatment and to track and manage their health care to ensure treatment and services are available where and when needed; facilitate referrals to needed services; and allow for expanding the resources available to those beginning their recovery process from SUD.

Expected outcomes:

1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in recovery and in their health care overall.
3. Increased monitoring and tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Cost-effectiveness in terms of less use of the ER because of fewer crises.

### **Plan to Screen and Assess for COD and then plan appropriate care**

All project participants will have a COD, with or without presenting medical concerns. ESSyR ACCESS project staff will include a Social Worker who will provide clinical assessment and assist with case monitoring. All potential ESSyR ACCESS participants will be screened for the presence of COD using standardized assessment instruments such as the Addiction Severity Scale or the Alcohol Use Disorders Identification Test. Fountain House clients all receive a psychiatric assessment as part of their intake process and this information will also inform the decision-making as to the best course of treatment and appropriateness of inclusion in ESSyR ACCESS. Clients found to have a SUD can be referred to our treatment partner Phoenix House for care and will remain with Fountain House for continued participation in the ESSyR ACCESS. Fountain House members are routinely provided with a plan of care including recommendations for medication compliance and recovery-oriented skills development. This information forms the basis of the clients personalized EHR that will be part of this e-technology project.

**Time line for the entire project period showing key activities, milestones and responsible staff:** To ensure that service delivery can begin by the project's 4<sup>th</sup> month, the following implementation schedule will be maintained:

<b>Task</b>	<b>Month</b>	<b>Person(s) Responsible</b>
Develop ESSyR ACCESS technology and tools	1-3	Project Director and IT Consultant
Set up evaluation database, file system & consent procedures	1-3	Project Evaluator
Hire & assign e-technology treatment team	1-3	Project Director
Train appropriate staff for EBPs and e-technology methodology	3-4	Project Director
Train all ESSyR ACCESS staff on GPRA administration	3-4	Project Evaluator

Present ESSyR ACCESS to project partners and prospective participants	2 and on-going	ESSyR ACCESS staff
Complete all assessments on potential participants, enroll first ESSyR ACCESS participants	4 <sup>th</sup> & ongoing	Project Director Care Coordinator
Deliver IMR protocols	4 <sup>th</sup> & ongoing	ESSyR ACCESS staff
Deliver case management, substance abuse treatment, wellness services, and other needed services	4 <sup>th</sup> & ongoing	ESSyR ACCESS staff Per se treatment staff
Monitor delivery of service including adherence to interventions and fidelity to project model	4 <sup>th</sup> & ongoing	ESSyR ACCESS Project Evaluator
Enroll first client and input GPRA into SAIS	4 <sup>th</sup>	ESSyR ACCESS Project Evaluator
Provide GPRA follow-up training to project staff	5 <sup>th</sup>	ESSyR ACCESS Project Evaluator
Begin GPRA 6-month follow-ups	8 and ongoing	ESSyR ACCESS staff
Input GPRA and local instrument scores on SPSS	5 <sup>th</sup> and ongoing	Project Evaluator
Convene Project Advisory Board	6 <sup>th</sup> & semi-annually	Project Director
Commence discharge GPRAs detailing exact number/ types of services rendered	9 <sup>th</sup> & ongoing	ESSyR ACCESS Project Evaluator
Submit reports to SAMHSA	Bi-Annually	Project Director ESSyR ACCESS Project Evaluator
Attend SAMHSA grantee meetings	Annually	Project Director ESSyR ACCESS Project Evaluator Clinical Supervisor
Provide booster training sessions in EBPs and GPRA administration	As needed	Project Director Project Evaluator
Conduct client focus groups and satisfaction surveys and integrate findings into Bi-Annual Report	Annually	Project Evaluator
Analyze all data & present reports to Advisory Board and SAMHSA as requested	Ongoing	Project Evaluator

**Identifying the population of focus:** The population of focus is the 780 individuals who are diagnosed with the co-occurring substance abuse and mental illness within Fountain House’s overall membership or through referral by Phoenix House. The project will particularly target members who have previously been engaged in Clubhouse services and recovery supports but have become isolated and disconnected from care due to their use of alcohol and other drugs. The case management staff will identify these individuals throughout our different program

divisions. Additionally, members may self-refer to be part of the ESSyR ACCESS or will be recommended by Fountain House, Phoenix House or ESSyR ACCESS staff member(s). Fountain House receives referrals from every community-based organization in New York City and the surrounding boroughs who encounter persons with major mental illness. Fountain House accommodates as many referrals as possible each month. Upon notice of funding award, Fountain House will do outreach to their network of referring agencies to publicize the ESSyR ACCESS project, to raise awareness about the ability to serve clients who may have previously not been viewed as sufficiently motivated.

**Recruitment:** Entry into the proposed ESSyR ACCESS will begin with presentation of the ESSyR ACCESS to the staff at both Fountain House and Phoenix House, and to the individual members. Members electing to participate in ESSyR ACCESS will be administered the Brief Addiction Severity Index (ASI) to determine the presence of an SUD. If screened and found appropriate, the next step will be a more comprehensive assessment of the proposed participant outlining service needs; risk assessment; living situation; and any other factors that might impede their ability to fully participate in the ESSyR ACCESS. This can be accomplished in two ways: a review of clients' existing EHR that includes a psychiatric assessment and diagnosis; overall health screening; and a progress plan of goals and objectives for the client to achieve throughout his/her contact with Fountain House; or by conducting such an assessment and opening an EHR for new participants.

**Retention:** It is anticipated that use of e-technology assisted recovery support approaches to enhance the quality of life for ESSyR ACCESS participants will have nested results: that the enhanced services will result in better engagement that will translate to better retention; and that better retention in care will result in improved recovery and, particularly, an increase in the ESSyR ACCESS participants' social connectedness. This integrated model is unique and may require modifications of practice not currently anticipated. For this methodology to succeed, the ESSyR ACCESS client must become an active participant in the treatment process. Clearly, persons with serious and persistent mental illness can choose better health options; can elect to recover from their SUD; can sustain stable housing; can manage their mental health issues; and, in this case, can learn and use technology supported services to enhance positive outcomes and avoid crisis care. As part of the ESSyR ACCESS evaluation, the amalgam of EBP, traditional face-to-face service delivery, and e-technology as method will be evaluated. The ESSyR ACCESS evaluation will document: length and type of e-technology used, outcomes, improvement in physical health, medication compliance, access to SUD intervention, relapse rates and duration for both SUD and COD symptomatology for future analysis and information-sharing.

**Addressing language, culture, values, and beliefs in outreach, engaging and delivering programs to this population, e.g. collaborating with community gatekeepers:**

As indicated earlier the population is diverse, with the vast majority of members living below the poverty line. The Fountain House culture of diversity is fully reflected in both staffing and approach to service delivery. All signage, forms and printed materials at Fountain House are produced and available in both Spanish and English. Every member sees a provider who speaks his or her language, or who is assisted by a rehabilitation team member conversant in that language. It is fully recognized that while serious barriers to wellness occur as a result of mental illness, equally serious barriers are created by poverty and culture. Since the population of focus

is largely Fountain House members, it is appropriate to discuss that population in the context of the deeply integrated culture of Fountain House, where the day is structured so people are working together and that becomes the focus of their relationships. Participation in diversity trainings are a criteria for employment (paid or volunteer) at Fountain House. Diversity trainings are held frequently; staff and members participate in and often lead trainings together. Members have reported that sharing their LGBTQ status with staff has been a significant support to wellness and recovery.

**Plan to ensure input of clients in assessing, planning, and implementing the project:**

The members (clients) of Fountain House have always been an integral part of developing, implementing and evaluating every project at Fountain House. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. For example focus groups of clients pointed out the need for e-technology to increase and maintain member involvement while highlighting the increased e-technology knowledge base of its members. In addition, an ESSyR ACCESS Peer Advisory Committee will be created within the first three months of notification of funding. This Peer Advisory Committee will be comprised of Fountain House members drawn from the population of focus. This Advisory Committee will be selected on a voluntary basis and will meet quarterly though the life of the ESSyR ACCESS. The Project Director and or the Evaluator will facilitate these meetings and findings will be verbally reported to the Committee by the ESSyR ACCESS Evaluator. This five (5) member committee will review project policies and procedures to ensure that client interests are being best represented. This Advisory Committee will also be apprised of the progress of the project by the ESSyR ACCESS Evaluator bi-annually and will make recommendations for effective utilization of project resources. In addition, an ESSyR ACCESS Client Satisfaction Survey will be conducted annually, seeking both a review of e-technology access and innovations and also the overall benefit that clients' perceive. The results of this survey will be included in the bi-annual reports to the funder and will be reported to both the Program Director and the Peer Advisory Committee, and ESSyR ACCESS staff.

**Other organizations that will participate in the proposed project, their roles and responsibilities and commitment to the project:**

Phoenix Houses of New York (PHNY) will be the collaborating agency with Fountain House on this project. Phoenix House will provide on-site substance abuse treatment services for those participants who engage in recovery via the project's e-tech approach. PHNY is a member of the larger family of Phoenix House programs across the country. Since its founding in 1967 in New York City, Phoenix House has provided and expanded a continuum of substance abuse treatment and recovery services to men, women, adolescents and families in need. Now operating more than 120 programs in 11 states, Phoenix House has held NYS licenses to provide substance abuse treatment services for more than 30 years and is currently licensed by OASAS to provide residential and outpatient substance abuse treatment services, ambulatory detoxification, primary health care services and mental health services. Key to the success of this process is the integration of web-based technology into current service provision; monitoring outcomes; and effectively linking clients in need with Fountain House's care partner, Phoenix House, for provision of treatment for a substance abuse disorder (SUD) in an e-technology mode; and to provide linkage to aftercare and web-based recovery services to those clients from Phoenix

House who would benefit from Fountain House’s proposed Approach to recovery and intervention . See letter of support in Attachment 1.

**Unduplicated number of individuals to be served, including subpopulations (annually and over the entire project period)**

At least 100 individuals will be serviced annually, and a minimum of 300 unduplicated individuals will receive e-technology enhanced services over the life of the project.

<b>Direct Service:</b>	Total	FY1	FY2	FY 3
	300	100	100	100
<b>Sub-populations</b>				
<b><i>By Race/Ethnicity</i></b>				
African American 32%	96	32	32	32
American Indian/Alaska Native	unknown	unknown	unknown	unknown
Asian 5%	15	5	5	5
White 45%	135	45	45	45
Hispanic/Latino 14%	42	14	14	14
Two or more Races	unknown	unknown	unknown	unknown
<b><i>By Gender</i></b>				
Female 40%	120	40	40	40
Male 60%	180	60	60	60
Transgender	unknown	unknown	unknown	unknown
<b><i>By Sexual Orientation/Identity Status</i></b>				
Lesbian	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown
<b><i>By age</i></b>				
16-20 5%	15	5	5	5
21-50 80%	240	80	80	80
Over 50 15%	45	15	15	15

**Types of services and anticipated outcomes, by race, ethnicity, and gender:**

Types of Services	Services Provided/ Consumers Served over 3 Yrs	Anticipated Outcomes	By Race				By Gender	
			AA	Hispanic	White	Other	Male	Female
GPRA, local screening and	300	Information for consumers, case						

assessment instruments		managers, treatment professionals to enhance education and wellness outcomes	96	42	135	15	180	120
EBP	300	Reduction in symptomatology	AA	Hispanic	White	Other	Male	Female
			96	42	135	15	180	120
Assessment for SUD	300	Reduction in SUD symptomatology Prevention and treatment of HIV	AA	Hispanic	White	Other	Male	Female
			96	42	135	15	180	120
Medication Maintenance	300	Relapse prevention via medication	AA	Hispanic	White	Other	Male	Female
			96	42	135	15	180	120
Comprehensive Case Management,	20 sessions per client	Improved mental and physical health, reduction in substance abuse, improved health literacy	AA	Hispanic	White	Other	Male	Female
			1920	840	2700	300	3600	2400
Receipt of e-technology tools and training	300	Improved retention in project and community, and improved relapse prevention, Reduced social isolation	AA	Hispanic	White	Other	Male	Female
			96	42	135	15	180	120

**Provide a per-unit cost for this program.** Considering the total cost of the project over the lifetime of the grant (\$280,000 x 3=840,000) minus 20% for data and performance assessment (\$168,000)=\$672,000 divided by 300=\$2240 per unit cost.

**Plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.**

Fountain House's approach to care is recognized as effective and promising as an EBP that is both successful and cost-effective. The addition of e-technology assisted care is both innovative and consistent with the quality of care for which Fountain House has become known. Also the use of a Peer Advisory Board to assist with implementation and on-going review, coupled with a hands-on approach to the evaluation of the ESSyR ACCESS ensures both the provision and improvement of services delivered through the life of the contract. CQI plans and sharing



information at the yearly SAMHSA meetings also ensures the maintaining and improvement of services. In order to ensure Continuous Quality Improvement, *fidelity to project models* will be maintained. The ESSyR ACCESS evaluator has selected two specific staff rating instruments to be used on a yearly basis, as they prove useful for staff feedback on project performance: 1) *Monitoring Client Outcomes Survey*, 2) *General Organizational Index for Evidence-Based Practices* (EBP). All instruments have been developed by SAMHSA's Center for Mental Health Services (CMHS). The instruments assist organizations in implementing evidence-based models of care in real world settings. In addition, we have chosen to measure and track *staff cultural awareness* through use of the *Multicultural Counseling Knowledge and Awareness Scale* (MCKAS), a 45 item self-report scale developed by Ponterotto, et al. in 1996. The ESSyR ACCESS Evaluator will meet with ESSyR ACCESS staff on a weekly basis, either in-person or via teleconference. At these meetings individual client results will be reported by the Evaluator so as to confirm diagnoses at intake, and to report outcome results from intake (baseline) to six-month follow-up. Lessons learned in the project evaluation will reinforce effective strategies for continuous and on-going enhancement as the project becomes institutionalized by the end of the grant cycle.

#### **Section D: Staff and Organizational Experience Capacity and Experience with Similar Projects and Populations**

The first program of its kind in the United States, Fountain House has pioneered and developed extensive programs for facilitating the social and vocational adjustment of men and women following hospitalization in public and private mental hospitals and has served more than 20,000 individuals at its New York City headquarters. In 1978 Fountain House received funding from the National Institute of Mental Health to replicate its consumer-centered model for recovery. In 1979 it was one of the original support models recognized and funded by SAMHSA. There are now approximately 200 Fountain House Model Programs in the United States and in close to 40 countries around the world. Fountain House was the world's first "Clubhouse" 60 years ago and its Approach is recognized as an evidence-based model by SAMHSA's *National Registry of Evidence-based Programs and Practices*. The model has been replicated in hundreds of locations in 32 countries, assisting tens of thousands of men and women globally. As the originator of the model, Fountain House is committed to its further growth and development through research, education and training to promote innovative solutions for a challenging population. Its community-based, not-for-profit wellness and resiliency center includes a comprehensive continuum of education, employment, housing and integrated health and behavioral health programs for people living with serious mental illnesses (SMI), including those with a co-occurring substance abuse disorder (SUD). Each year we serve Approximately 1,300 men and women who are referred to as "members." Fountain House membership is limited to those who have been diagnosed with a serious mental illness, i.e. schizophrenia, bipolar disorder, schizoaffective disorder and/or major depression. Both Fountain House and their co-provider, Phoenix House use EHR's for linking clients to care across clinical practice areas; transferring information seamlessly; and improving patient care. In addition, Fountain House provides virtual access to 12-step meetings and Harm Reduction group support.

Fountain House has received numerous awards for its work over the years. In 1996 the National Alliance for the Mentally Ill gave Fountain House its Rehabilitation program of the Year award. The American Psychiatric Association presented Fountain House with its prestigious 1999 Gold Award for exemplary community programming. In 2001 Fountain House received the Lilly

Reintegration Award for first place in the category of Social Support and Rehabilitation. In 2011 Fountain House received the Productive Lives Award from the Brain & Behavior Research Foundation.

Phoenix House:

With its long history in New York, PHNY has developed particularly deep roots and strong connections in the state. Phoenix House has held NYS licenses to provide substance abuse treatment services for more than 30 years, and is currently licensed by OASAS to provide residential and outpatient substance abuse treatment services, ambulatory detoxification, primary health care services (Department of Health), and mental health services (New York State Office of Mental Health). Phoenix House has extensive experience successfully managing federal, state and local grants, and they are continuously improving their services by implementing evidence-based practices and expanding our continuum of care. They have received and successfully managed several SAMHSA grants; most recently they completed a grant that allowed them to open the first Recovery Center in New York City, and they are subcontractors to the Brooklyn Veterans Treatment Court, where they will provide SAMHSA-funded trauma-informed care coordination and recovery support for veterans. Dedicated to leading individuals, families and communities affected by addiction from disrupted to productive lives, Phoenix House offers a holistic approach to services; its programs focus not only on substance use disorders, but rather the whole person.

Fountain House's connections to the SUD services system, recovery community, and other grassroots providers : Fountain House staff and Board have a long history of involvement with the SUD service system as in-service trainers on issues of those with COD, and as Board members of other community-based organizations that provide care to the Fountain House population.

**List of staff positions showing the role of each and their level of effort and qualifications**

Project Director: Joe Shaffer, MSW, will serve as the ESSyR ACCESS Project Director. Joseph Shaffer, MSW, earned his B.A. in art history and archaeology from Washington University in St. Louis in May 2005 and has been an employee of Fountain House since January 2006. He began as a program staff of the Reception Unit and was soon promoted to the Coordinator of the Young Adult Program, a position he held for 4 years. In September 2010 Joe was asked to sustain and further develop Fountain House's health and wellness programming as part of the required internship for his Masters Degree. Joe successfully completed this internship and earned his MSW from Columbia University in May 2011. Joe has overseen the development and opening of the new Adam & Peter B. Lewis Wellness Center and has served as the Wellness Unit Leader since July 2012.

Intake Coordinator: Will have the responsibility of recruiting, screening, and enrolling ESSyR ACCESS clients into the project. The person in this position will also administer the baseline, six-month follow-up and discharge GRPA's and will work closely with the project evaluator. S/he will serve as the liaison between the IT Consultant and the ESSyR ACCESS participants.

IT Consultant: This person will be responsible for the development of the e-technology packages: e-APP; virtual "chatrooms" and self-help group access; and access to personalized EHR. This person will also provide the training to ESSyR ACCESS participants in use of Smartphones and technology, and proper security and privacy measures.

Social Worker: One full-time social worker with a specialty in the co-occurring disorders of SMI and substance use will be responsible for monitoring and screening consumers as circumstances

dictate, providing counseling, coordinating care, and working closely with “Double Trouble” group and peer leaders.

Evaluator: The Evaluator will be responsible for quality control, ensuring that HIPPA requirements are met including client confidentiality; and that data instruments are implemented properly and in a timely fashion. S/he will be responsible for supervising the GPRA administration and input same on the SAIS database, and helping to complete bi-annual reports to SAMHSA.

**How key staff have demonstrated experience in serving the population of focus and their familiarity with the cultures and languages of the population of focus:**

Demonstrated experience with COD: Because such a large percentage of Fountain House clients experience COD, key Fountain House staff have been cross-trained in dual methodologies useful for addressing the needs of this sub-population. Fountain House staff has also shared trainings with Phoenix House, and Fountain House encourages staff to attend ongoing employee / staff /volunteer trainings on special topics, such as relapse prevention and psychopharmacology issues with COD.

Familiarity with cultures and languages of population: Fountain House is an Equal Opportunity Employer and recruits employees who can speak languages other than English, including Spanish, Chinese, Korean and Russian. Because Fountain House has established similar programs on every continent in the world and conducted international training programs, we have a highly developed multi-cultural, multi-linguistic staff. To help meet the cultural needs of its population, Fountain House has instilled a policy that any cultural holiday will be celebrated, if at least three people (Members and/or Staff) initiate and coordinate the event. The structure of Fountain House is such that the staff and peers are very involved with all of the members who are served at Fountain House. Members themselves serve as receptionists and workers at Fountain House. Most importantly, Fountain House is enmeshed in the diverse community it serves. An appreciation for and connection to the members is an expectation for all Fountain House staff; this is fully embedded in the Fountain House culture and tradition. Fountain House is incorporated and all primary health and psychiatric providers are licensed in accordance with the laws of New York City and New York State.

**Section E: Performance Assessment and Data**

**Ability to collect and report on the required performance measures; Plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.**

The aim of the ESSyR ACCESS evaluation is to document the successful accomplishment of the three major goals that Fountain House hopes to achieve as a result of expanding their ability to deliver e-technology services: 1. Establish improved access to substance abuse treatment for Fountain House clients; 2. Reach and engage people not presently accessing services through the use of web-based technology; and 3. Demonstrate improved quality of life and overall functionality for a portion of Fountain House clients, as a result of their use of the new electronic system of expanded care. To document the attainment of these three goals, data will be collected in three domains: 1. Use of each element of the newly implemented e-technology tools, including personal electronic health records, e-Access, and web-based virtual recovery group sessions, 2. Documentation of treatment completion with Phoenix House, and entry into recovery-based e-care as appropriate; and 3. Improved functionality as evidenced by changes in

baseline and six-month follow-up GPRA's for current substance use; degree of social connectedness; use of emergency rooms for care (in the last 30 days); and mental health symptomatology.

ESSyR ACCESS will employ an objective, Independent Program Evaluator who will provide training and support to project staff who will collect the evaluation data and enter it into the SAIS database and an SPSS database to manage, analyze, and report information that can be used by the project to make continuous improvements. Baseline GPRA's will be collected through an individual, confidential in-person interview with the participant, within three days of service initiation. The data will be collected by the dedicated Fountain House ESSyR ACCESS Intake Coordinator who, in addition to receiving training and support from the Evaluator, will also attend necessary training sessions provided by CSAT.

For all data collection related to this project, the Intake Coordinator will fully explain the project and complete the informed consent process as an initial step in the face-to-face interview. After all of the data questions are asked, the ESSyR ACCESS staff member will gather extensive contact and collateral information, such as alternate phone numbers, e-mail addresses, and addresses for the client. This information will be recorded on the Locator Form to facilitate contacting the project participant for the required six month follow-up interview. The Locator Form was designed for tracking purposes, and its use has resulted in meeting and exceeding SAMHSA follow-up requirements of 80%. The ESSyR ACCESS staff and participant will establish a time for the six month follow-up during the baseline interview. These interviews will be scheduled at a time and location that is convenient to the participant.

The Independent Program Evaluator and Intake Coordinator will input the GPRA information into the CSAT SAIS database and the local evaluation information into an SPSS14 database. GPRA data will be input into the CSAT SAIS database within seven business days after each interview. Once collected, paper copies of the data will be stored in locked file cabinets within a secure office. Identifying information, such as signed consent forms, will be stored in a separate locked cabinet. Electronic data will be stored in password-protected files accessible only by authorized program staff. All data will be stored under conditions that maintain participant confidentiality via HIPPA regulations. The Evaluator will analyze all data to determine project efficiency and effectiveness. To monitor the creation of the comprehensive e-technology assisted care project, several elements will be monitored, including development of electronic health record (EHR) system to compile a personal health record for each ESSyR ACCESS client over the course of participation in Fountain House's technology assisted care project, as well as the frequency, duration, and result of each use of e-technology, including use of e-Access and virtual recovery-focused groups. Each ESSyR ACCESS activity with each patient will be quantified. Using this database, participation statistics may be obtained for various units of analysis (per patient, per type of service, etc.). For any individual client, key statistics, such as numbers of service referrals, visits to "chatrooms," attendance at virtual groups, linkages to services, advocacy phone calls, etc., will be collected and monitored throughout the duration of the client's engagement in the program. Occurrence of all such activities and time spent on them will be logged into the computerized record. This process will enable the Evaluator to calculate various key participation statistics for each client from this raw data, including length of course in each service; intensity of service; participation status (e.g., referral only; ongoing participation; drop out, as defined by the service provider); and others. It will also be possible to categorize individual clients' patterns of (non) participation in each service (e.g., as early attendee/late absentee; early absentee/late attendee; consistent attendee, etc.). This database will

enable the project team to obtain aggregate statistics on clients in key categories by type of service, by client characteristic, or by other factors.

In order to assess the extent of client (dis)satisfaction with the project and to ensure that the project addresses the cultural values, norms, and beliefs of our population, clients will be asked to complete an annual client satisfaction survey to rate perceptions of helpfulness and cultural appropriateness of services they are receiving at least every six months. The fidelity of the project will be conducted by two independent audits using a Fidelity Scale consisting of ratings of implementation levels (from 5=full implementation to 1=no implementation) for each of the project components. All outcome and process evaluation findings will be enumerated in a performance assessment report, which will be submitted as part of the mandatory, semi-annual report to CSAT. Results will also be disseminated to all stakeholders and interested parties.

In addition to collecting the CSAT-required GPRA data and that related to client satisfaction, the ESSyR ACCESS staff and Evaluator will have access to the participants' EHR and will be able to note participants' mental health and substance abuse diagnoses, presenting symptomatology, any past or current crisis situation, and current status of the SUD. This data will also be collected and entered into the SPSS database for further analysis. The Evaluator will analyze these data to examine treatment efficiency and effectiveness.

Fountain House is excited at the prospect of integrating technology assisted care directed toward recovery from substance abuse for their SMI population. This is an innovative method of serving a currently underserved population of clients in need who have been absent from the traditional treatment and recovery milieu. A key component of this project will be Fountain House's ability to document the process and outcome measures, allowing for replication. The proposed e-technology assisted care model is a unique use of technology, one that has the potential to vastly improve recovery for all substance abusing clients. The overall purpose of the ESSyR ACCESS is to improve and expand treatment opportunities for persons who may not have access due to socioeconomic and or psychosocial issues. Technology assisted care, including access to personal health records and related e-therapy tools like virtual groups or web-based applications that can assessed from Smartphones, home, or elsewhere in the community, is an ideal approach to address the needs of hard to reach populations who are inherently marginalized and often disconnected from care. This is particularly true for the seriously mentally ill substance abuser. Fountain House is proposing to improve the quality of their existing electronic system in several ways, including: 1. Implementing a personal health record system, which will provide persons in treatment access to their personal health records and instruct them on its meaning, such as how to use the information to increase communication with their care providers, particularly their substance abuse treatment provider; 2. Creating a communication portal so that a feedback loop between the person in treatment and the various care providers is created to maximize care; and 3. Providing smartphones to a subset of Fountain House's client population so that web-based applications, including web-based support groups, can be accessed that will support treatment services.

Globally, as a result of implementing the ESSyR ACCESS, the expected outcomes are:

1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in treatment and in their overall health care.
3. Increased tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Dissemination of information about the model for replication

In terms of specifics, the ESSyR ACCESS will:

- Increase access to behavioral health (substance abuse and mental health) and physical health services by expanding Fountain House's capacity to deliver web-based clinical care to an additional 50 people annually over the life of this project;
- Make e-technology clinical services available to a sample of Fountain House clients who are diagnosed with co-occurring mental health and substance abuse disorders;
- Expand the Fountain House recovery model and support programs to include 50 people annually from Fountain House's substance abuse treatment partner, Phoenix House, who will provide web-based clinical/educational substance abuse treatment and/or intervention;
- Enhance ESSyR ACCESS participants' ability to fully participate in all aspects of Fountain House's service delivery model despite disabilities that might prevent them from using "brick and mortar" facilities;
- Facilitate person-centered treatment planning and decision making by providing easy access to EHR;
- Monitor clients' progress, use of e-technology and issues that might affect their care and recovery;
- Thoroughly evaluate the model of care and make adjustments as needed to the methodology;
- Integrate this high-quality, patient-centered, cost-effective model into the changing landscape of funding for health care.

As a result we anticipate the following objectives/outcomes:

- The development of individual, customized EHRs that include treatment plans for substance abuse, psychiatric, and medical health issues;
- Reduction in both clients' rate of relapse and length of hospital stays;
- Documented improvement in the physical and mental health of all participants;
- Provision of consumer driven support services resulting in increased participant satisfaction with treatment and services;
- Improvement in members' social interaction demonstrated by social connectedness measure and utilization of e-technology measures.

**How data will be used to manage the project and ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. How information related to process and outcomes will be communicated to project staff:**

In order to ensure Continuous Quality Improvement, *fidelity to project models* will be maintained. The ESSyR ACCESS evaluator has selected two specific staff rating instruments to be used on a yearly basis, as they prove useful for staff feedback on project performance: 1) *Monitoring Client Outcomes Survey* and 2) *General Organizational Index for Evidence-Based Practices* (EBP), both of which have been developed by SAMHSA's Center for Mental Health Services (CMHS). These instruments assist organizations in implementing evidence-based models of care in real world settings.

In addition, we have chosen to measure and track *staff cultural awareness* through use of the *Multicultural Counseling Knowledge and Awareness Scale (MCKAS)*, a 45 item self-report scale developed by Ponterotto, et al. in 1996. The scale uses a 7 point Likert type format to measure staff knowledge, skills, and awareness with responses ranging from "not at all true" to "totally true." This scale allows project staff to increase their cultural competency by comparing the evaluation data for participants of varying races, ethnic backgrounds, and ages to identify differences between sub-populations and make adaptations. The ESSyR ACCESS Evaluator will

meet with program staff on a weekly basis, either in-person or via teleconference. At these meetings individual client results will be reported by the Evaluator so as to confirm diagnoses at intake, and to report outcome results from intake (baseline) to six-month follow-up. From a qualitative perspective, this procedure has anecdotally increased the motivation of staff to continue to work with the population, and can result in a quantitative reduction in staff turnover rate.

The primary measure of efficiency will be the extent to which participants received the elements of the evidence-based practices proposed for this proposal, i.e. the “clubhouse” model, and are utilizing each aspect of the e-technology proposed via technology logs that annotate technology used and duration of use. Descriptive data will provide information on the types of e-technology services that were used, and chi-square analyses will be conducted to identify the demographic and psychosocial variables that are significantly associated with the likelihood of utilizing each type of e-technology service. Treatment entry for an SUD will be documented through review of clients’ EHR, where treatment services and treatment planning are annotated. Clients’ improved functionality will be assessed by changes in the GPRA outcome measures for current substance use, degree of social connectedness, accessing emergency rooms for care (in the last 30 days), and presence and severity of mental health symptomatology, from baseline to six-month follow-up using t-tests with dependent samples. The Evaluator will prepare monthly reports that include the analyses of outcome and process findings. This information will be presented to the ESSyR ACCESS’s Peer-Led Advisory Board and the ESSyR ACCESS Project Director and staff. The Advisory Board will review the reports to ensure that evaluation data is presented in a culturally competent manner. This information will be used to provide feedback that the project staff can use to improve the project in the following ways: 1) *Improve implementation* – compare projected number of participants and their amount of service they have received with the actual number and level of service, and make adjustments as needed. 2) *Improve outcomes* – compare the actual outcomes in the targeted areas with the project’s goals and objectives, and make modifications as needed. 3) *Increase cultural competency* – compare the evaluation data for participants of varying races, ethnic backgrounds, and ages, to identify differences between sub-populations, and make adaptations or modifications as needed to ensure positive outcomes for all participants. 4) *Ensure cost effectiveness* – monitor the cost per participant to ensure that it does not exceed SAMHSA cost bands. 5) *Strengthen capacity of Fountain House to deliver e-technology services* – monitor number of e-technology tools used and client participation in e-technology trainings. Fountain House will be able to report results based on the National Outcome Measures (NOMs), i.e., the number of persons in treatment who have access to and are using technology tools, e-Access, web-based programs and services; the number of persons in treatment trained on how to effectively use technology tools, e-Access, web-based programs and services; and the number of expanded or enhanced technologies integrated into the provider infrastructure.

**Plan for conducting the performance assessment as specified in Section I-2.3 of this RFA; ability to conduct the assessment.**

The GPRA will be collected by the ESSyR ACCESS staff, at three time points: baseline, 6 months post-intake, and discharge from the project. Client data gleaned from the clients’ EHR will be input into the SPSS-14 database by the Evaluator, as well as substance abuse treatment indices and outcome. This data will be subject to statistical analysis such as t-tests with dependent samples, and univariate and multivariate analysis of repeated measures to test for durable effects, and to gauge data point changes across time for each outcome. In addition,

analysis of covariance and multiple regression analysis will reveal individual factors (gender, age, race, etc.), as well as ESSyR ACCESS-specific factors associated with outcomes. Evaluation progress and outcome findings will be reported on a semi-annual basis to CSAT. These reports will include data on numbers of clients recruited for study on a monthly basis, extent of instrument administration, demographic information for clients in each group, use of e-technology tools, and outcome results. Ongoing results, such as trend analyses on each outcome variable, will be reported at CSAT annual project evaluation meetings. Utilizing a detailed, comprehensive, computerized electronic health record system, Welligent or AWARDS to compile a health record for each ESSyR ACCESS program client over the course of treatment, the type, frequency and other features of each project e-technology activity for each ESSyR ACCESS client will be quantified. Using this database, participation statistics may be obtained for various units of analysis (per patient, per type of service, etc.). For any individual client, key statistics—such as utilization of e-services, linkages requested and made, visits to web-based groups and chatrooms, access to additional substance abuse treatment, and numbers of other services provided throughout the course of treatment activities—will be collected. Occurrence of all such activities and time spent on them will be logged into the computerized record. This process will enable the Evaluator to calculate various key participation statistics for each client from this raw data, including: length of course in each service; intensity of service; participation status (e.g., referral only; ongoing participation; drop out, as defined by the service provider); and others. It will also be possible to categorize individual clients' patterns of (non) participation in each service (e.g., as early attendee/late absentee; early absentee/late attendee; consistent attendee, etc.). This database will enable the project to obtain aggregate statistics on clients in key categories (e.g., client participation status categories) by type of service, individual staff member, by client characteristic, or by other factors. In order to assess the extent of client (dis)satisfaction with the project, and to ensure that the project addresses the cultural values, norms and beliefs of our population, clients will be asked every year to complete a client satisfaction survey to rate perceptions of helpfulness and cultural Appropriateness of services they are receiving. The fidelity to practice of the ESSyR ACCESS will be conducted by two independent audits using a Fidelity Scale consisting of ratings of levels of implementation (from 5=full implementation to 1=no implementation) for each of the project components. Ratings will be averaged to determine levels of fidelity of each component. All outcome and process evaluation findings will be enumerated in a performance assessment report, which will be submitted as part of the mandatory semi-annual report to CSAT. The ESSyR ACCESS Evaluator hired for this evaluation will periodically review the performance data they report to SAMHSA and assess Fountain House's progress. The information collected will be used to measure outcome including utilization of e-technology and establish how that benefits this marginalized population. Additionally this will allow Fountain House to improve management of the ESSyR ACCESS, particularly focused on whether Fountain House is achieving the goals, objectives, and outcomes intended, and whether adjustments need to be made.

## **Section F: Electronic Health Records**

### ***Electronic Health Record System***

Fountain House currently uses AWARDS as their certified EHR system. Phoenix House, Fountain House's co-provider currently has contracted with Welligent to be its EHR provider. Welligent meets the requirements of the Office of the National Coordinator for Health Information Technology-Authorized Testing and Certification Bodies (ONC-ATCBs) and is widely used in the substance abuse treatment field. Welligent supplies the software that



facilitates connected care. Both Phoenix House and Fountain House have adopted e-technology to manage client-level clinical information and will use this technology for the clients' intake as part of the proposed ESSyR ACCESS. Automating key clinical functions and sharing the data with other departments can provide exponential process improvements to Fountain House's ability to provide integrated SUD and COD care. The generation of quality clinical information will impact care by increasing the efficiency of clinical staff; providing Fountain House with clinical, demographic, and utilization data instantly to manage projects more effectively; meeting all HIPAA requirements including the HIPAA Privacy Rule, which gives patients the right to get and amend (correct) their medical records. See copy of EHR vendor contracts in Attachment 5.

**Plan to acquire an EHR system:** N/A

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## Appendix H - Budget and Justification

### A. Personnel

#### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	Joseph Shaffer	\$45,000	100%	\$45,000
(2) Social Worker	To Be Selected	\$35,000	100%	\$35,000
(3) Intake Administrator	To Be Selected	\$30,000	100%	\$30,000
			TOTAL	\$110,000

#### JUSTIFICATION:

- (1) Project Director will provide overall management oversight and have responsibility for the program; coordinate and oversee the work of project partners; recruit and oversee training or staff; establish policies and procedures to ensure client confidentiality
- (2) Social Worker will be responsible for providing case management; coordinating clinical assessments and care plans with psychiatrists, physicians and substance abuse treatment providers; developing a plan of care including recovery-oriented skills development; and write ongoing progress notes
- (3) Intake Administrator will conduct confidential in-person interviews with the 300 clients served under this project; administer comprehensive needs assessment and the baseline GPRA; ensure Locator forms and consent forms are signed and clients are oriented to ETMHSAP; and maintain the EHR system and collect all data required for reporting and performance/outcome measurement

### B. Fringe Benefits

#### FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$110,000	\$8,415
Health Insurance, Other non-mandatory	22.35%	\$110,000	\$24,585
		TOTAL	\$33,000

JUSTIFICATION: Fringe benefits reflect current rates for agency.

**C. Travel**

FEDERAL REQUEST

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Grantee Conference	Washington, DC	Airfare	\$500/flight x 2 persons	\$1,000
		Hotel	\$205/night x 2 persons x 2 nights	\$820
		Per Diem (meals and incidentals)	\$45/day x 2 persons x 2 days	\$180
			<b>TOTAL</b>	<b>\$2,000</b>

JUSTIFICATION: Travel expenses are required for two people to attend the Grantee Conference in Washington, DC.

**D. Equipment**

None

**E. Supplies**

FEDERAL REQUEST

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
(1) General Office Supplies	\$289.83/month x 12 months	\$3,478
(2) Telephones	Mobile devices (\$5,000) and plan (\$400/year x 50 persons)	\$25,000
	<b>TOTAL</b>	<b>\$28,478</b>

JUSTIFICATION:

- (1) General office supplies are needed for the general operation of the project.
- (2) Mobile Devices with data plans are needed for the operation of the project.

**F. Contract**

FEDERAL REQUEST

<b>Name</b>	<b>Service</b>	<b>Rate</b>	<b>Other</b>	<b>Cost</b>
(1) Phoenix Houses of New York	Grant Partner	\$20,000	Year One Sub-contract	\$20,000
(2) To Be Selected	Evaluator	\$20,000	\$100/hour x 200 hours	\$20,000
(3) To Be Selected	IT Consultant Developing APP for ETMHSAP and providing training and technical support	\$30,000	\$75/hour x 400 hours	\$30,000
			<b>TOTAL</b>	<b>\$70,000</b>

**JUSTIFICATION:**

(1) Phoenix Houses of New York will provide expert input into the Smartphone APP focused on recovery needs of individuals with co-occurring disorders; develop and offer substance-abuse and recovery-related educational content in a virtual, online medium; and accept and expedite referrals for Fountain House members for comprehensive assessments and referrals to Phoenix House or other substance abuse treatment programs.

(2) Evaluator is provided by an experienced individual with research and evaluation skills, will analyze and report on GPRA data and the initiative and is knowledgeable about the population of focus and substance abuse.

(3) IT Consultant will create the App that will be used by the project participants to access web-based services, peer support groups and educational information; train clients in its use and enable them to manage their health care needs for recovery and wellness.

**G. Construction (Not allowed)**

**H. Other**

**None**

**\*FOR REQUESTED FUTURE YEARS**

1. Personnel salaries and commensurate benefits will increase in Years 2 and 3 for a total salary of \$113,300 and \$116,699, respectively. Benefits will be \$33,990 for Year 2 and \$35,010 for Year 3. Raises are based on performance.
2. Evaluator's fee will increase to \$30,000 in Year 2 and \$35,000 in Year 3 based on increased workload related to 6 month and discharge evaluations of project participants and extensive performance analysis and reporting.

3. IT Consultant's fee will cover APP Development in Year 1, declining to \$25,000 in Year 2 and \$20,000 in Year 3, based on reduced expenses for development but ongoing need for technical, training and maintenance support.
4. Supplies expenses will decrease to \$14,188 in Year 2 and \$14,769 in Year 3 as mobile devices have been paid for in Year 1. General office supplies will remain at \$3,478 in Year 2 and increase slightly to \$4,059 in Year 3. The data plans will decline to \$10,710 in Year 2 and Year 3.

## Section G: Literature Citations

Center for Mental Health Services. (CMHS) (2003). Blueprint for change: Ending chronic homelessness for persons with serious mental illnesses and/or co-occurring substance use disorders (DHHS Publication No. SMA-04-3870). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved November 29, 2005, from <http://www.nrchmi.samhsa.gov/pdfs/publications/Blueprint.pdf>

Coalition for the Homeless: Homeless Single Adult Population Continues to Increase, <http://www.coalitionforthehomeless.org/blog/entry/homeless-single-adult-population-continues-to-increase/>

Dilornado J., Coffey, R. *Inpatient Utilization for Persons with Co-occurring disorders*, 2008 Psychiatric Services, 59: 4

Drake, R. E., MercerMcFadden, C., & Mueser, K. T. (1998). A review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophrenia Bulletin*, 24, 589–608.

Druss et al: *Arch Gen Psychiatry* 2007; 58(9):861-8.

HAccessnell, B. (2008). Determining the effectiveness of mental health services from a consumer perspective: Part 1: Enhancing recovery. *International Journal of Mental Health Nursing*, 17, 116-122.

Harvey, C., Jeffreys, S. E., McNaught, A. S., Blizard, R. A. & King, M. B. (2007). The Camden Schizophrenia Surveys III: Five-year outcome of a sample of individuals from a prevalence survey and importance of social relationships. *International Journal of Social Psychiatry*, 53(4), 340-356.

Krauss, J. & Slavinsky, A. (1982). *The Chronically Ill Patient and the Community*. Boston, MA: Blackwell Scientific Publishers.

Kim, et al Kim, S., Kibel, B., Williams, C., and Hepler, N. (1995). Evaluating The Success Of Community-Based ATOD Prevention Efforts: Blending Old And New Approaches And Methods, CSAP Monograph 4: Advanced Methodological Issues in Culturally Competent Evaluation, Washington, D.C. : GPO, DHHS.

Lehman, A. & Linn, L. (1984). Crimes against discharged mental patients in board-and-care homes. *American Journal of Psychiatry*, 141, 271-274.

McLelland, A. T., Altman, A. I., Woody, G. E., et al (1992). Treatment services review. Philadelphia, PA, University of Pennsylvania Press.

Moos, R. H. and Lemke, S (1996). Evaluating residential facilities: The multiphasic environmental assessment procedure. Thousand Oaks, CA, Sage Publications.

Mueser, K.T., Bennett, M., and Kushner, M.G. (1995). Epidemiology of substance abuse among persons with chronic mental disorders. In Double jeopardy: Chronic mental illness and substance abuse, A.F. Lehman and L. Dixon (Eds), 9-25. New York: Harwood Academic Publishers.

New York City Department of Health and Mental Health; Community Health Survey; 2006

New York City Department of Homeless Services, Prevalence Data; 2005.

New York State Drug Abuse Statistics

New York City Department of Health and Mental Hygiene Bedford-Stuyvesant Neighborhood Profile.

New York City Department of Health and Mental Hygiene. Community Transformation Grant (CFDA 93.531) Category B: Implementation. 2011. p.1-8

North, C. S., Eyrich, K. M., Pollio, D. E., & Spitznagel, E. L. (2001). Are rates of psychiatric disorders in the homeless population changing? Unpublished draft.

NREPP- SAMHSA's National Registry of Evidence-based Programs and Practices ICCD Clubhouse Model. <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=189>; Mowbray, C. T., Woodward, A. T., Holter, M. C., MacFarlane, P., & Bybee, D. (2009) Characteristics of users of consumer-run drop-in centers versus Clubhouses. *Journal of Behavioral Health Services and Research*, 36(3), 361-371.

Owens P.L., Mutter R., Stocks C. *Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007*. HCUP Statistical Brief #92. July 2010. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>

Office of Applied Studies (2006). Results from the 2005 National survey on drug use and health: National findings (NSDUH Series H-30, DHHS Publication No. SMA 06- 4194). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Parks, J. et al., Morbidity and Mortality in People with Serious Mental Illness, NASMHPD Technical Report, Alexandria, VA, October 2006

Perese, E. (January/February 1997). Unmet needs of persons with chronic mental illnesses: Relationship to their adaptation to community living. *Issues in Mental Health Nursing*, 18(1), 18-34.

SAMHSA's National Registry of Evidence-based Practices  
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=189>

SAMHSA-CMHS (2003). Co-occurring Disorders: Integrated Dual Disorder Treatment, Implementation Resource Kit. Rockville, MD.

SAMHSA's Co-occurring Center For Excellence. Integration of Services, Overview Paper 6. 2005

Sanchez, D. Treating the Person Not a Diagnosis, SAMHSA ADS Center, 9/16/2008.

Shen C, Sambamoorthi U, Rust G. Co-occurring mental illness and health care utilization and expenditures in adults with obesity and chronic physical illness. *Dis Manag* 2008 Jun; 11(3):153-60

Siegel, C.E., Samuels, J., Tang, J., Berg, J., Jones, K. and Hoper, C.E. (2006). Tenant outcomes in supported housing and community residences in NYC. *Psychiatric Services*, 57, 982-991.

Smith, T., Burgos, J. *Best Practices for improving engagement of consumers in a clinic setting*, 2010 *Psychiatric Services* 61:343–345

Social Connectedness: Social Report 2008 (2008). Ministry of Social Development.  
<http://www.socialreport.msd.govt.nz/social-connectedness>. Retrieved on 9 17 2009.

Teplin, L. A., McClelland, G. M., Abram, K. M. & Weiner, D. A. (2005). Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey. *Archives of General Psychiatry*, 62(8), 911-921.

Torgovnick, K. (2008) 'Why Do the Mentally Ill Die Younger?' Time Magazine. December.

US Vital and Health Statistics: Summary Health Statistics for U.S. adults: National Health Interview Survey, 2004. Series 10, 228.

Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., & Fisher, D. (2007). Connectedness and citizenship: redefining social integration. *Psychiatric Services*, 58(4), 469-474.



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

### **Project Director – Joseph Shaffer**

Joseph Shaffer, MSW, earned his B.A. in art history and archaeology from Washington University in St. Louis in May 2005 and has been an employee of Fountain House since January 2006. He began as a program staff of the Reception Unit and was soon promoted to the Coordinator of the Young Adult Program, a position he held for 4 years. In September 2010 Joe was asked to sustain and further develop Fountain House's health and wellness programming as part of the required internship for his Masters Degree. Joe successfully completed this internship and earned his MSW from Columbia University in May 2011. Joe has overseen the development and opening of the new Adam & Peter B. Lewis Wellness Center and has served as the Wellness Unit Leader since July 2012.

Responsibilities include:

- Develop detailed project service protocols and training plans in an ETMHSAP Policies and Procedures Manual;
- Hire and assign appropriate e-technology treatment team members;
- Train appropriate staff for EBPs and e-technology methodology;
- With case manager, complete all assessments on potential participants, enroll first ETMHSAP participants;
- With Project Evaluator, submit reports to SAMHSA, attend SAMHSA grantee meetings and provide booster training sessions in EBPs and GPRA administration;
- Establish policies and procedures to ensure that the HIPAA Privacy Rule is followed to maintain client confidentiality;
- Work closely with partner organizations to integrate service delivery and technology applications;
- Maintain relationships with community-based organizations to facilitate collaborative relationships

Qualifications:

- MSW or equivalent
- Minimum 5 years experience working with people with serious mental illness
- Supervisory role with professional and peer mental health workers
- Experience working with clients with co-occurring mental illness and substance abuse disorders
- Ability to work collaboratively with community-based organizations and partners to serve the client base

### **Social Worker – Kate Moyer**

Kate Moyer, LMHC, earned her B.A. in psychology in May 2007 from Muhlenberg College in Allentown, PA. Upon graduation, she entered the M.A. program for Forensic Psychology at John Jay College for Criminal Justice in New York City. She earned her M.A. in Forensic Mental Health Counseling in May 2009. She obtained her License in Mental Health Counseling (LMHC) for New York State in September 2011. She has been an employee of Fountain House since August 2009. She started as a program staff of the Reception Unit and moved to the Wellness Unit in December 2011. In the Wellness Unit, she serves as the Co-coordinator for the UNITY Project, a young adult mentoring program, and Co-coordinator for the Supported Sobriety Program.

Responsibilities include:

- Coordinate clinical assessments, including Fountain House psychiatric assessments;
- Maintain progress notes for project participants;
- Provide case management, health literacy and needs assessments;

## Fountain House TCE-TAC E-Supported Sobriety and Recovery (ESSYR ACCESS)

- Coordinate care with psychiatrists, physicians and substance abuse treatment providers that include recommendations for medication compliance;
- Develop a plan of care including recovery-oriented skills development;
- Supervise and work closely with “Double Trouble” group and peer leaders

### Qualifications:

- MSW or equivalent
- Minimum 3 years experience working with people living with serious mental illness
- Demonstrated expertise working with individuals with substance abuse disorders

### **Intake Coordinator – To Be Selected**

#### Responsibilities include:

- Recruit, screen and enroll ESSyR ACCESS clients into the project and conduct confidential in-person interviews;
- Assess the presence of SMI and an SUD using criteria identified by Fountain House and Phoenix House;
- Administer comprehensive needs assessments and the baseline GPRA;
- Ensure Locator forms and consent forms are signed and clients are oriented to ETMHSAP;
- Maintain the EHR system and collect all data required for reporting and performance measurement, including descriptive information, health outcome indicators by individual and service outcome indicators
- Work closely with the Evaluator and serve as liaison between the IT Consultant and the ESSyR ACCESS participants

### Qualifications:

- Bachelor’s Degree required
- 2-5 years of experience working with individuals with substance abuse disorders required
- CASAC preferred

### **Evaluator – To Be Selected**

#### Responsibilities include:

- Set up evaluation database, file system & consent procedures;
- Train all ETMHSAP staff on GPRA administration;
- Monitor delivery of service including adherence to interventions and fidelity to project model;
- Enroll first client and input GPRA onto SAIS;
- Provide GPRA follow-up training to project staff;
- Input GPRA and local instrument scores on SPSS;
- Track staff cultural awareness improvement;
- Meet with project staff on a weekly basis to confirm diagnoses at intake and report outcome results from baseline to six-month follow up;
- Commence discharge GPRAs detailing exact number/types of services rendered;
- With Project Director, submit reports to SAMHSA, attend SAMHSA grantee meetings and provide booster training sessions in EBPs and GPRA administration;
- Conduct client focus groups and satisfaction surveys and integrate findings into Bi-Annual Report;
- Create performance assessment reports semi-annually for CSAT;
- Analyze all data & present reports to SAMHSA as requested;

## Fountain House TCE-TAC E-Supported Sobriety and Recovery (ESSYR ACCESS)

- Manage relationship with independent auditors responsible for the Fidelity Scale

### Qualifications:

- Ph.D required
- Familiarity with process and outcome deliverables required
- Experience evaluating SAMHSA grants preferred
- SPSS expertise required

### **IT Consultant – To Be Selected**

#### Responsibilities include:

- Develop e-technology packages: e-APP; virtual “chat rooms” and self-help group access and access to personalized EHR
- Provide the training to ESSyR ACCESS participants in the use of Smartphones and technology and ensure proper security and privacy measures are observed
- Work with Phoenix House to ensure their expert input into the design and customization of the e-APP

### Qualifications:

- Advanced degree in computer science required
- Experience developing applications and telehealth programs and training individuals to use new technology required
- Experience working with individuals with substance use disorders preferred

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

### **1. Protecting Clients and Staff From Potential Risks:**

Fountain House does not foresee any physical, medical, social, legal risks to participants as a result of the ESSyR ACCESS Project itself or any data collection activity. There are two primary sources of potential risk associated with this project. They are: (1) risks of discomfort from participating in the service delivery provided by the ESSyR ACCESS and evaluation measures that ask personal questions; and (2) risks to confidentiality. The risks of participation in the evaluation should be minimal. Subjects may experience transitory psychological discomfort resulting from testing results and issues arising from the Interventions; and some mild psychological discomfort from completing evaluation measures that deal with emotionally laden material. The ESSyR ACCESS Project leadership will train staff to assist subjects on such occasions. The risks to confidentiality will be addressed below. Fountain House considers that the risk to participation in this method of service delivery is minimal. E-technology as a methodology for service delivery is “new territory” with aspects as yet unexplored. Fountain House will create protocols and monitoring mechanisms to remain in contact with ESSyR ACCESS participants to intervene in the event that use of e-technology precipitates any crisis.

### **Professional Intervention in the Event of Adverse Effects:**

Fountain House will have clinical staff available to assist any project subjects who experience more than transitory emotional discomfort from any part of the ESSyR ACCESS service delivery. Subjects will presumably be at greatest risk at Intake, particularly during baseline interviews when they will still be worried and unsure of their course of action. ESSyR ACCESS staff will be trained to identify greater-than-normal stress and there will be procedures in place for emergency situations. The clinical staff will offer appropriate counseling and intervention without diluting the motivating trigger for the client to take action. If symptoms of distress persist, subjects will receive more specialized psychological counseling and/or psychiatric care. Fountain House has years of experience testing, counseling and working with clients with serious mental illness and other medical problems, and will make available any personnel necessary to assist clients.

Risks to confidentiality and identifying subjects as substance abusers via information disseminated from other than the project staff is inherent in any service unit. Similar risks are inherent in community-based treatment settings, and are not specifically risks of an evaluation protocol *per se*. Every effort will be made to protect confidentiality. All evaluation materials will be encoded by evaluation number and will contain no other identifying information. Written materials are maintained in locked filing cabinets or storage boxes, and any computer spreadsheets or electronic medical record will be saved in password protected files.

Fountain House complies with all federal and state regulations for ensuring proper and safe handling of all potential risks to client safety including medical and psychiatric emergencies, allegations of child abuse and/or neglect, client grievances, record keeping and client confidentiality. Fountain House is HIPAA compliant, and staff receives annual training on these procedures immediately upon hire and periodically thereafter. The only potential risk to client

confidentiality that the ESSyR ACCESS presents to participants is in conducting intervention, referral and follow-up directly in the community. All efforts will be taken to maintain confidentiality standards established by state licensing authority governing the provision of treatment services.

Project staff are, first and foremost, client advocates and will be well versed in contingency planning in the event that any adverse effects as a result of the clients' participation in the project. Staff has at its disposal a wide range of community-based services including: social services, mental health, emergency shelter, legal and medical.

## 2. Fair selection of Participants:

The target population for the ESSyR ACCESS are those clients selected from the Fountain House population. Fountain House ESSyR ACCESS participants will be identified by the ESSyR ACCESS team members. Project participants will be approached and encouraged to enroll in the ACCESS Project. Project participants will be assessed for eligibility in the ESSyR ACCESS. The EBP protocol will be delivered in the same manner as to any other client, through established channels, and ESSyR ACCESS clients will receive access to the same comprehensive services that Fountain House has been providing for many years in its licensed program. Since the proposed services is an enhancement of existing services for Fountain House, the target population is the potential client base currently in receipt of partial services and in need of continuing care and support including substance abuse treatment services. It is thought that they will resemble the current racial/gender/age breakdown of Fountain House clientele as described in Section A. Clients will receive services regardless of gender, sexual orientation, language, or race/ethnicity. Clients must be age 18 or older to receive services by ESSyR ACCESS and, anticipating that ESSyR ACCESS Project participants will mirror the present Fountain House population being served. We will not be providing services to anyone under the age of 18 and will only enroll client 18 and older. It is considered that all of those served by the project are particularly vulnerable to relapse; counseling and follow-up will be a vital part of the services offered. Potential ESSyR ACCESS clients must be capable of giving an informed consent when agreeing to join the ESSyR ACCESS and will be informed of procedures.

The safety of clients and staff is safeguarded through Fountain House's rules excluding from admission to treatment any individual deemed a physical threat – *e.g.*, history of sexual violence or arson. Violence or the threat of violence may result in immediate expulsion from the project. Fountain House will take all possible precautions to protect clients and staff in the event of a situation requiring police intervention.

The ESSyR ACCESS staff will make the necessary determination that the participant meets the requirements to be in receipt of services from Fountain House. For admission to the project clients must meet latest DSM criteria for a co-occurring disorder, based on bio-psycho-social assessments. In order to participate ESSyR ACCESS clients must have a co-occurring disorder. The ESSyR ACCESS staff will make the necessary determination that the participant meets the requirements to be in receipt of services funded by this proposed project.

### 3. Absence of Coercion:

Participation in Fountain House/ESSyR ACCESS protocol will be voluntary, as is participation in the ESSyR ACCESS interventions. Clients are free not to participate in services offered, though participation will be strongly encouraged. Clients' refusal to participate in any aspect of the project will in no way affect the services they receive at Fountain House. Fountain House maintains an "open door" policy. Neither the proposed project, nor its evaluation component, will affect this policy. Incentives will be offered as part of the follow-up data collection protocols to enhance likelihood of compliance. Incentives will be in the form of meal tickets or metro-cards versus cash because of the potential that access to cash has for interfering with treatment. All project participants will be informed that they may receive services whether or not they decide to participate in the ESSyR ACCESS protocol, and whether or not they decide to participate in, or complete, the follow-up data collection component of this project. This will be emphasized as appropriate at each point of interaction with the client. The project participants will be informed that they may receive services even if they do not complete the follow-up data collection components of the project. As the GPRA will be administered as part of the intake procedure, per se participation on the part of the client is unnecessary. Also the clients will understand that the follow-up protocols are an extension of the service-delivery model and there is benefit to be derived from their participation. Consent to participate in the evaluation is not required to access the enhanced intervention being proposed. At project entry, clients will be asked to sign separate consent forms for participation in the evaluation. They will be told that, if they agree to participate in the evaluation, their project records will be available to evaluation staff and that evaluation participation will not expose them to risk.

### 4. Data Collection and Interview Procedures:

Data will be collected from the project participants at inception of project. Client information records are maintained routinely by Fountain House and contain data on clients' histories (substance abuse, medical, legal, housing, employment, education, etc.). This information is collected at intake, and is collected vis-à-vis face-to-face interviews with the client. Subjects will take part in baseline interviews of Accessroximately one and one-half hours in length starting as soon as contact has been made with the client and with the client's permission. Follow-up interviews will be conducted six months post-baseline and at discharge.

### Data Collection and Evaluation Materials:

This study will also use the required GPRA Client Outcome Measure for Discretionary Projects. This information will be gathered using the CSAT GPRA Adult Consumer Outcome Measure for Discretionary Projects. This instrument will be administered at client intake stage, 6 months post-Intake, and at discharge. (Note: Discharge for this project is defined as: 1) client receives desired IT training and completes the ESSyR ACCESS protocol; 2) client receives proscribed substance abuse referral to care and refuses to participate in ESSyR ACCESS protocols; 3) client indicates their desire to terminate contact with ESSyR ACCESS without completing any of the proscribed protocols.) This measure will prove invaluable as a separate assessment of how well the project is working and a measure of project objectives achieved or not met. Samples of Fountain House's ESSyR ACCESS consent forms are included in the Attachment 3 of this proposal.

### Follow-up Procedures:

Subjects will complete GPRA at Intake, 6 months post-Intake, and at discharge. At intake subjects will also complete an ESSyR ACCESS Locator Form to facilitate follow-up. The ESSyR ACCESS Locator Form will inquire about such information as subjects' place(s) of residence, usual “hangout(s)”, alias or “street names”, and the names and addresses of at least five friends, relatives or other contact persons, as well as their current phone number and e-mail address. These forms will be up-dated at every subsequent interview. ESSyR ACCESS staff may also inquire about locator information whenever they learn that a subject's place of residence is changing.

In order to reach those project clients who have completed only the intake, project staff will use the telephone or will leave letters in the care of third parties that client has provided, scheduling an appointment for the client to make contact with the ESSyR ACCESS staff. Project staff will not identify themselves or their affiliation with Fountain House to any person other than the subject or individuals who are specifically listed on the locator form as permissible contact persons. Once the subject is reached, he/she will be asked to come to the program to update locator forms and do the follow-up interview.

### 1. Privacy and Confidentiality

Strict confidentiality rules apply to all client information material, both the collection of it, the release of it, and the storage of it, whether it is hard copy material or computer based. Fountain House complies with all federal and state mandates for client record keeping, including **Title 42 of the Code of Federal Regulations, Part 2**. Fountain House takes the confidentiality of client information very seriously and takes every precaution to ensure that there is no unauthorized disclosure of information. Any disclosure of information must have an accompanying signed Consent for Release of Information Form. Fountain House has a written policy on clinical case file confidentiality. The Provider will not disclose any information about a client's identity, diagnosis, prognosis, or treatment to outside parties without a client's written consent or unless exceptions detailed below. Information may only be disclosed to outside parties with the client's written consent, but only to the extent necessary to accomplish the goal sought. Potential project clients will be notified of necessary disclosure for perceived harm to themselves or another party. Recording of disclosures must include: the name of the person, organization or entity to which the disclosure was made, and the need for the disclosure. Written requests for information should generally be forwarded to Fountain House's Corporate Compliance Department for handling and/or advice on how to proceed. Information may be disclosed without a client's/legal guardian's written consent only if one of the following limited circumstances Accessly:

1. An appropriate Court Order and Subpoena are presented.
2. Disclosure to medical personnel in a medical emergency.
3. Disclosure to qualified personnel for conducting scientific evaluation, management audits, financial audits or project evaluation. However, the individual client may not be directly or indirectly identified in such reports.
4. Communications from staff to law enforcement officers which (a) are directly related to a client's commission of a crime on the project premises or against project

personnel, or a threat to commit such a crime, and (b) are limited to the circumstances of the incident including the status of the client committing the crime, name, and last known whereabouts.

5. Disclosures to an outside organization, which needs the information to provide some service to the project, provided an agreement prohibiting further disclosure is signed.

In addition participants smartphone will be password protected and participants will be instructed in the use of security measures. The bulk of the information to be obtained from the client will be gathered by the project staff members. At intake an individual electronic health record will be started, forming the base of the clients' case record. If an EHR already exists, new ESSyR ACCESS information will simply be added to existing record. Clients' case records are routinely screened by clinical staff for completeness and compliance with federal, state, and local regulations regarding the delivery of chemical dependency treatment services. To implement the necessary follow-up, extensive collateral information will be collected as outlined in the methodology. Clients' on-going progress is annotated in case notes done by mental health and substance abuse providers, case managers, and ESSyR ACCESS staff. In the case of the ESSyR ACCESS clients, these notes will be reviewed by the ESSyR ACCESS Program Director and subject to clinical review as needed.

Several precautions will be taken to protect privacy and confidentiality. In keeping records on subjects, all hard copy evaluation data will be kept in locked files, encoded with an identifying number. Names that correspond to these identification numbers will be kept in a separate, locked file with limited staff access. Computer-based data will be protected by proper e-technology security measures and passcodes that only ESSyR ACCESS staff and client can access. Adherence to these procedures in previous evaluation by the investigators has proved highly effective in preserving confidentiality. All interview material will be coded solely by number with no other identifiers. Efforts to contact clients during the course of follow-up will make no mention of the project until it is established that the subject herself has been reached. Project staff will be thoroughly trained in the importance of avoiding all mention or discussion of personal information learned in an interview with any other ESSyR ACCESS participant, staff member, family member, or friend of a subject. In any necessary interviews with subjects' collaterals, in particular, ESSyR ACCESS staff will be trained to probe for detailed information without indicating in any way what responses to questions the in-treatment subject may have given.

#### Treatment Data Collection:

Fountain House maintains a database with a large amount of detail on the extent and quality of each patient's participation in various aspects of treatment. Consent forms for the project's participants will request permission for project staff and project consultants to gain access to each subject's records as is necessary, and copy information to facilitate analysis of relationships between involvement in the ESSyR ACCESS service delivery model, and outcomes. The project design calls for such information to be entered into the evaluation database periodically. The practical effect will be similar to access to clinical records in evaluation studies. All the project's standards for protection of subject confidentiality will apply to data collected.



At each service site, a separate, locked room has been designated for files, which are kept in locked metal cabinets inside the room. Written records are maintained in a secure locked storage cabinet; cabinets and individual files are clearly marked "confidential." Computer-generated files are passcode protected with e-technology security measures such as "firewalls" implemented. Case files cannot be removed or accessed without proper authorization; internal access is limited to staff members whose job duties require access, as designated by the ESSyR ACCESS Program Director, and are tracked by a sign out system. Those having access to the ESSyR ACCESS client files are: ESSyR ACCESS Project Director and clinical treatment staff providing ancillary services. Files will also be made available as appropriate for referral of ESSyR ACCESS client to Fountain Houses substance abuse treatment parent Phoenix House, who employs similar, federal state and city regulated security measure to protect client confidentiality. On occasion, the files also are made available to auditors from the state licensing agencies (OMH and OASAS for example) for purposes of monitoring Fountain House and Phoenix House's compliance with state rules and regulations governing delivering of mental health and substance abuse treatment services. ESSyR ACCESS client may be able to view their personal EHR and may challenge information she/he believes to be erroneous. Exceptions include:

1. Information received from other agencies under conditions where the agency is not allowed to disclose it without prior approval.
2. Psychological reports and information unless disclosed in person by the psychiatrist, psychologist, social worker, or licensed therapist.
3. Information from third parties where disclosure could present a danger to the third party.

In cases where an outside case manager or other agency representative or provider is involved, a copy of all relevant information (initial assessment data, etc.) will be provided once an information release form is signed. For the GPRA, coded numeric identifiers will be used to protect clients' confidentiality.

To date, electronic record keeping has not fully replaced hard copy charting. OMH and OASAS do not yet audit electronic records solely. Fountain House and Phoenix House adhere to guidelines provided by licensing agencies with regard to the use of both hard copy charts and electronic records.

#### 6. Adequate Consent Procedures:

Clients will be given an overview of the results of the assessments that are done and recommendations made. Confidentiality forms will be signed. ESSyR ACCESS Project staff will also share with the clients the results of the data collected including information on clients' histories: substance abuse, medical, legal, housing, employment, education, etc. and diagnoses made. This information is collected at intake, forms the basis of the clients personal EHR, and informs the course of treatment provided as well as measuring client outcomes. The GPRA data collection instrument will be added to the information gathering process and results will be included in client's electronic health record. Additionally, to implement the required follow-up, extensive collateral information will be collected as outlined in the methodology for collecting GPRA follow-up information.

To protect the interests of project subjects, the project will observe all of these standard elements of the consent process and will train staff in the areas of content that must be covered in consent forms; the requirement that all subjects have the capacity to provide voluntary and informed consent; that every subject read (or have read to him or her) the full consent form before being asked to sign; that all of the subject's questions about the project and consent form be answered before the form is signed; that the subject be aware of the alternatives before signing; that the signature or other means of consent not be in any respect coerced; and that the signing of consent forms be witnessed. The ESSyR ACCESS staff that will be obtaining the consent of subjects will be thoroughly trained in the consent process and will receive periodic updates to the standard training. In particular, the ESSyR ACCESS staff will be trained in providing full information about the project to prospective participants, in reading and explaining the consent form to prospective subjects, and in explaining the rights of subjects to possible project participants. The principle that participation is always fully voluntary will also be emphasized as well as the benefits of participation.

Subjects will be free to enroll in the project or not, and they will be free subsequently to remain in the project or to withdraw. Similarly, they will be free at the start of the project to progress to the primary phase of the intervention(s) or to leave the project, and they will remain free to withdraw from the project at any time. Project staff will collaborate with all relevant Fountain House staff to ensure that all Project participants are free from coercion at all times. If release of personal information pertaining to a client may be required for any reason in the course of follow-up interviews, release forms adhering to federal guidelines, containing appropriate prohibition of re-disclosure clauses, and including specific end dates for permission to release information, will be used. **The project will strictly adhere to all Accessible state and federal confidentiality regulations (e.g., 42 CFR §§ 2.1 *et seq.*; 71 Pa. Stat. Ann. §§ 1690.101 *et seq.* [Purdon 1990 & Supp. 1993]).**

Information found in the ESSyR ACCESS Client Case Files:

1. Initial assessment data and any further assessment information (*e.g.* assessments related to family relationships, educational status, vocational history).
2. Signed agreement and consent forms, including Consent for Release of Information.
3. Any relevant legal documents.
4. E-technology contract information.

Information found in ESSyR ACCESS Client's Personal Electronic Health Record:

1. Individual Biopsychosocial assessment and Treatment Plan, including treatment goals, and any Plan updates.
2. Progress reports and chronological chart notes.
3. Attendance for various EBP sessions and e-based support groups
4. Scheduled appointments

At intake, ESSyR ACCESS staff members will obtain clients' signature on several consent/release forms. All forms are thoroughly explained to all appropriate parties. For those with limited reading skills, the forms may be read aloud. For those who are Spanish speaking and

do not use English as their first language, the form will be presented in Spanish. Translation services for other languages are available.

All project participants will be informed about the mission of the project, the types of interventions that they will be able to access. The ESSyR ACCESS staff will explain possible risks of participation in this project, such as potential distress from addressing substance abuse issues, and how ESSyR ACCESS staff plans to protect clients from these risks. Individuals who have difficulty with English will have access to bilingual staff that will explain the risks and provide an outline in their native language of the steps the project will take to protect the individual under duress. People who have limited reading skills will have access to staff who will verbally explain the consent forms, and the project's mission, procedures, potential adverse effects of the proposed intervention. In instances where there is a lack of clarity about the client's understanding of informed consent, staff will ask prospective participants a series of questions to be sure they understand the forms they are signing. Other consent forms that may be obtained, specifically Consent for Release of Information to Phoenix House for treatment.

#### 7. Risk/Benefit Discussion:

The risks discussed to subjects are reasonable in relation to the anticipated benefits to project participants. Clearly, individuals who have a history of abusing alcohol or other substances are at greater risk for medical illness and exacerbation of their co-occurring disorders if they are not successfully engaged and motivated to participate in a continuous manner in this project. However, as indicated, both the proposed technology and the vast array of treatments for mental illness, substance abuse, as well as medical care, are available to address any adverse effects on project participants. Benefits will be derived directly by the consumer participants in terms of access to this vast array of services and to the project providers in terms of learning and an experience base for subsequent related endeavors.

**Attachment 1: Identification of Mental Health and Substance Abuse Provider**

**Phoenix House - Treatment provider - substance abuse treatment services**

Phoenix Houses of New York (PHNY) will be the collaborating agency with Fountain House on this project. Phoenix House will provide on-site substance abuse treatment services for those participants who engage in recovery via the project's e-tech approach. PHNY is a member of the larger family of Phoenix House programs across the country. Since its founding in 1967 in New York City, Phoenix House has provided and expanded a continuum of substance abuse treatment and recovery services to men, women, adolescents and families in need. Now operating more than 120 programs in 11 states, Phoenix House has held NYS licenses to provide substance abuse treatment services for more than 30 years, and is currently licensed by OASAS to provide residential and outpatient substance abuse treatment services, ambulatory detoxification, primary health care services, and mental health services. Key to the success of this process is the integration of web-based technology into current service provision; monitoring outcomes; and effectively linking clients in need with Fountain House's care partner, Phoenix House, for provision of treatment for a substance abuse disorder (SUD) in an e-technology mode; and to provide linkage to aftercare and web-based recovery services to those clients from Phoenix House who would benefit from Fountain House's proposed Accessroach to recovery and intervention .

## Appendix D – Statement of Assurance

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

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

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.



Signature of Authorized Representative



Date



Phoenix House  
Rising Above Addiction

April 5, 2013

Kenneth J. Dudek, President  
Fountain House  
425 W. 47th St.  
New York, NY 10036

Re: SAMHSA RFP # TI-13-008, Letter of Commitment

Dear Mr. Dudek:

Phoenix Houses of New York, Inc. is pleased to offer our commitment to collaborate with Fountain House regarding your proposal to the Substance Abuse and Mental Health Services Administration for Grants to Expand Care Coordination through the Use of Health Information Technology. We are excited to provide our substance abuse expertise to help Fountain House to engage more of its members with co-occurring disorders in interventions that address their use and abuse of alcohol and drugs. The project's focus on using emerging technologies to provide education, engagement, and recovery support services to hard-to-reach adults and young adults with substance use disorders and psychiatric disorders is timely and urgent.

Founded in 1967 and operating more than 120 programs in ten states, Phoenix House has a longstanding, successful history of providing a full continuum of care to individuals, families, and communities struggling with substance use and addictions. In addition to a full range of residential and outpatient treatment programs, we also offer prevention and long-term recovery support services. We also operate specialized programming for our clients with psychiatric co-morbidities.

To serve Fountain House's *Technology-Assisted Care for Substance Abuse Treatment* project, we expect to develop a subcontract with Fountain House to provide the following services:

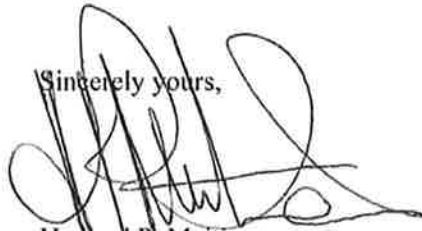
- 1) Expert input into the design or customization of a Smartphone App that is specifically responsive to the recovery needs of individuals with co-occurring disorders. We will work with the App content team to ensure that the App features appropriate substance abuse recovery content and support functions.
- 2) We will develop and offer substance abuse and recovery-related educational content in a virtual, online medium, accessible to Fountain House and Phoenix House members. Content and format will be directed at educating participants on the dangers of drug and alcohol use, opportunities and resources for recovery, coping skills, and harm reduction such as the prevention of infectious diseases.
- 3) We will accept and expedite any referrals for Fountain House members for comprehensive assessments and referrals to appropriate Phoenix House or other substance abuse treatment programs.

Phoenix House intends to assist the Fountain House project team in the implementation of all phases of the project, and to assume a subcontractor role. This effort includes:

- Ensuring that all project staff designated to work on this project will be fully qualified and trained, and receive appropriate supervision;
- Participating in all project quality assurance processes; and
- Collaboration with the data collection needs of the project evaluation.

Phoenix House encourages SAMHSA to fund the *Technology-Assisted Care for Substance Abuse Treatment* project proposed by Fountain House. As a key member of the project team, we are excited about the proposed project's proposal to utilize new technology to better serve individuals with co-occurring disorders, and improve their behavioral health status and quality of life.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'H. Meitiner', written over the 'Sincerely yours,' text.

Howard P. Meitiner  
President and Chief Executive Officer



**The Sidney R. Baer Center  
347 West 37<sup>th</sup> Street  
New York, NY 10018**

April 5, 2013

Kenneth J. Dudek, M.S.W.  
President  
Fountain House  
425 W. 47th St.  
New York, NY 10036

Re: SAMHSA RFP # TI-13-008, Letter of Commitment

Dear Mr. Dudek,

The Sidney R. Baer, Jr. Center, Fountain House and St. Luke's-Roosevelt Hospital's Department of Psychiatry have been collaborating to meet the behavioral and psychosocial needs of clients for over two decades. As Medical Director of the Center, I have worked closely with Fountain House to provide integrated medical and psychiatric services to its members - people living with mental illness; some are also compromised by substance abuse disorders. Recognizing the importance of providing care that takes into account the specific health challenges facing people living with serious mental illness and the stigma that often accompanies treatment, the Baer Center builds trust with its clients as it provides holistic and integrated services to them.


The Baer Center refers its clients to Fountain House for case management, developing critical self-care skills and engaging in wellness activities at its Wellness Center as they take responsibility for improving their own health. Through Fountain House, they gain access to housing, education and employment programs that help them achieve their life goals. By integrating the Baer Center's physical and behavioral services with Fountain House's community support program and wellness initiatives, Fountain House creates an environment in which adults with mental illness are motivated to seek treatment and commit to recovery and wellness.

I am happy to participate in Fountain House's efforts to expand care coordination through the use of technology-assisted care. This will enhance what we offer as it provides immediate and ongoing virtual access to therapeutic caregivers and services for clients who are offsite and unable due to a variety of reasons -- inability to travel, social isolation or dislocations due to crises -- to be physically present at the Center. The Baer Center will also be responsible for identifying appropriate people to participate in this project by diagnosing clients with co-occurring disorders. It will be the locus for the administration of GPRA, including the collection of data and assessment and evaluations. In addition,

its certified EHR, Practice Fusion, will provide data on participant's health, medications and history of substance abuse.

We welcome the opportunity to assist in this project that has the potential to improve the lives of hundreds of our clients while establishing the efficacy of e-technology's contribution to recovery and wellness for people with co-occurring mental health and substance abuse disorders.

Sincerely,



Dr. Ralph Aquila  
Medical Director

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

### Data Collection and Interview Protocols:

Data will be collected from the ESSyR ACCESS participants both at point of initiating contact with project staff, and later, upon entry into the outpatient program if needed. Client information records are maintained routinely by Fountain House and contain data on clients' histories (substance abuse, medical, legal, housing, employment, education, etc.). This information is collected at intake, and is collected vis-à-vis face-to-face interviews with the client. Subjects will take part in baseline interviews of approximately one and one-half hours in length starting as soon as contact has been made with the client and with the client's permission. Follow-up interviews will be conducted six months post-baseline and at discharge. Three types of follow-up interviews will be conducted. 1) Interviews with subjects retained in the project. These interviews will focus on data collection and a reassessment of engagement strategies. 2) Interviews with those clients who initially opt to participate in the ESSyR ACCESS Project and leave against clinical advice. Interviews with this population will focus on the psychosocial factors that may have affected their progress in recovery. Both these interviews will focus on two types of outcomes: abstinence from or use of illicit substances and alcohol; and implementation of risk reduction practices.

This study will also use the required GPRA Client Outcome Measure for Discretionary Programs (adult) OMB No. 0930-0208. This instrument will be administered at client intake stage, as well as 6 months post service delivery, and at discharge. (Note: discharge for ESSyR ACCESS Project participants is defined as: 1) client receives desired services, results of protocols implemented, and completes ESSyR ACCESS Project without participating in further recovery-oriented services; 2) client receives proscribed assessment and treatment services; enters the specialized treatment track at the Phoenix House outpatient program; 3) client indicates their desire to terminate contact with the ESSyR ACCESS Project without completing the proscribed protocols.) This measure will prove invaluable as a separate assessment of how well the program is working and a measure of program objectives achieved or not met. At the follow-up interviews with subjects in treatment, the local instruments will be re-administered, and ESSyR ACCESS Locator forms will be updated. As indicated in the RFA, samples of the GPRA are not included in this package.

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

#### **Fountain House ESSyR ACCESS**

#### **Program Evaluation Studies Informed Consent Form**

##### **Introduction**

Fountain House is a private, non-profit organization dedicated to providing housing, mental health/psychiatric care and support service to those in need. As part of doing this, we often conduct evaluations of our many programs to determine their effectiveness. If you agree to participate in any study, your participation is completely voluntary. Your participation in any study will not affect your drug treatment in any way. If you withdraw after the study has begun, there will be no other consequences from withdrawal.

##### **Selection of Participants in the Study**

Every client enrolled in Fountain House programs has an equal opportunity to participate in a program evaluation study. No client will be excluded from these studies because of their race, gender, age, religion, medical and/or HIV status, or country of origin. To participate in any study, we will ask you to complete a series of questionnaires and/or surveys. We will also be conducting interviews with you from time to time. All information we collect throughout the study is standardized. This means that the questions in surveys, questionnaires, and interviews you receive are the same as the questions all other participants receive. The surveys and questionnaires may ask for information about your family, living situation, prior drug abuse treatment and criminal justice history.

##### **Confidentiality**

All information we collect is confidential. No one other than Fountain House evaluation staff will know that you agreed to participate in any study. No one other than Fountain House's evaluation staff will know the answers to the questions you give, and we will not share your answers with anyone. Fountain House evaluation staff can and will refuse any requests to disclose this information. However, Fountain House reserves the right to use this information for in-house clinical purposes. We will assign you a code number and your name will not be stored with information collected on any of the surveys, questionnaires, or interviews; your name will never appear in any reports from any study. All evaluation information will be kept in locked metal or computer files accessible only to professional evaluation staff. All written and published information will be reported as group data, with no reference to individuals.

##### **Potential Benefits of Participation in the ESSyR ACCESS Program**

You will receive assessment, access to e-technology support services, and/or referral for therapy for substance abuse, mental health, and medical care as needed.

**Potential Risks of Participation in the ESSyR ACCESS**

A minor risk is that some of the questions we ask you on interviews, questionnaires or surveys may cause you some embarrassment in order to respond to them. The major risk is that your self-reports about drug use contained in the interviews, surveys and questionnaires you complete might become known to others. To avoid this from happening interviews, questionnaires and surveys are only identified by code numbers. No names or other identifying information are placed on the interviews, questionnaires or surveys. All data are kept in locked metal or password protected computer file cabinets. There are no medical or other risks to participation. No provision has been made to pay any subject for harm which may result from participation, but nothing in this consent limits your right to seek payment for any harm resulting from your participation. Again, no harm of any kind is anticipated.

**Compliance with Evaluation Protocol**

Because we are studying clients with a COD, it is important that you give us accurate and honest answers, and that you do not change the way that you participate in treatment as a result of participating in any study. Your participation or lack of participation in studies will not affect the services you receive at Fountain House or its partner in care, Phoenix House in any way.

Your participation in any study is, again, completely voluntary. Usually, there is monetary compensation for your time. However, in order to qualify for any compensation you must complete all evaluation activities during the cycle honestly and to the best of your ability. You can quit the study at any time. If you have any questions, you may ask the person presenting this to you. Any other questions may be directed to the ESSyR ACCESS Program Evaluator, Fountain House ESSyR ACCESS Program.

**Program Evaluation Studies  
Informed Consent Signature Form**

I have read all the items on the information sheet, and all questions about the study have been answered to my satisfaction.

I understand the following:

My participation is voluntary;

I can discontinue participation at any time without penalty;

My name will not appear on interview or other data collection forms: only a code number will be used;

All information will be kept in locked or password protected files accessible only to professional evaluation staff;

All written and published information will be reported as group data, with no reference to individuals.

Services will be provided to me regardless of whether or not I decide to take part in the evaluation component of the program.

I agree to take part in the ESSyR ACCESS Program Evaluation at Fountain House.

\_\_\_\_\_  
Participant's name (typed/printed)

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

Code Number \_\_\_\_\_

Fountain House  
**ESSyR ACCESS PROGRAM**

**CONSENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize  
(Name of Client)

\_\_\_\_\_  
(Name of person or organization who is making the disclosure)

to disclose to:

\_\_\_\_\_  
(Name of person or organization to which disclosure is to be made)

the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Nature of information, as limited as possible)

The purpose of the disclosure authorized herein is to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and in any event this consent expires automatically as follows:

**Until 30 Days After Discharge**

---

Client's Signature

---

Date

---

Signature of parent, guardian or authorized  
Representative when required

---

Signature of Witness

**Prohibition on Re-disclosure of Information Concerning Client in Alcohol or Drug Abuse Treatment Statement**

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





Foothold Technology, Inc. # 9225  
 36 East 12th Street  
 5th Floor  
 New York, NY 10003


# Invoice

DATE	INVOICE #
12/1/2012	15818

<b>BILL TO</b>
Fountain House Kenn Dudek 425 West 47th New York, NY 10036

50% Dec 15 2012  
 Final 50% Feb 15 2013  
 Ar  
 S/W Greenburg 12/13/12 3:00 PM  
 Okayed it on his calendar

TERMS	DUE DATE
	1/1/2013

ITEM	RATE	SERVICED	QTY	DESCRIPTION	AMOUNT										
50 Users Legac...	2,200.00	12/31/2013	12	Fifty Concurrent User License 100-1216-000	26,400.00										
Escrow Fees	1,000.00	12/31/2013		Escrow fees per agreement 210-6035-299	1,000.00										
Data Backup F...	800.00	12/31/2013		Data Backup-Annual Fee 210 6035-299	800.00										
 11/19/12															
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Posted on <u>12/11/12</u>	By <u>AP</u>														
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Fin appr. <u>[Signature]</u>	Date <u>12/12</u>														
Check # <u>77038</u>	Date <u>11/13</u>														

E-mail Marlowe Greenberg at marlowe@footholdtechnology.com with questions.

**Total**

\$28,200.00

Payment is due on the due date given at the top of the invoice. Late fees are assessed 30 days after the due date at 1% of the total owed per month.

Due 12/15/12

**Attachment 4: Letter to SSA**

Not required



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248454921

Mar. 26, 2010 LTR 4168C E0

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00015198

BODC: TE

FOUNTAIN HOUSE INC  
% ACCOUNTING DEPARTMENT  
425 W 47TH ST 4TH FLR  
NEW YORK NY 10036



004191

Employer Identification Number: \*\*-\*\*\*4009  
Person to Contact: MS. EVANS  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Mar. 17, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JULY 1949.

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

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

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

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

## 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: Fountain House

DUNS Number:

\* Street1: 425 West 47th Street

Street2:

\* City: New York

County:

\* State: NY: New York

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 10036-2304

\* Project/ Performance Site Congressional District: NY-008

### 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: Phoenix Houses of New York

DUNS Number:

\* Street1: 164 West 74th Street

Street2:

\* City: New York

County:

\* State: NY: New York

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 10023-2301

\* Project/ Performance Site Congressional District: NY-010

### 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

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="Fountain House"/> * Street 1 <input type="text" value="425 West 47th Street"/> Street 2 <input type="text"/> * City <input type="text" value="New York"/> State <input type="text" value="NY: New York"/> Zip <input type="text" value="10036"/> Congressional District, if known: <input type="text" value="NY-008"/>		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>   		
<b>6. * Federal Department/Agency:</b> <input type="text" value="Department of Health and Human Services"/>	<b>7. * Federal Program Name/Description:</b> <input type="text" value="Substance Abuse and Mental Health Services_Projects of Regional and National Significance"/> CFDA Number, if applicable: <input type="text" value="93.243"/>	
<b>8. Federal Action Number, if known:</b> <input type="text"/>	<b>9. Award Amount, if known:</b> \$ <input type="text"/>	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.  * Signature: <input type="text" value="CARLOS DELOS REYES II"/> * Name: Prefix <input type="text" value="Mr."/> * First Name <input type="text" value="Kenneth"/> Middle Name <input type="text" value="J."/> * Last Name <input type="text" value="Dudek"/> Suffix <input type="text"/> Title: <input type="text" value="President"/> Telephone No.: <input type="text" value="212-582-0340 ext. 300"/> Date: <input type="text" value="04/09/2013"/>		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**CHECKLIST**

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

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

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

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE) .....	<input checked="" type="checkbox"/>	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
<input type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....		
<input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....		
<input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....		
<input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....		
3. Human Subjects Certification, when applicable (45 CFR 46) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

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

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

HHS Checklist (08-2007)

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

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

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

Previously Filed with: (Agency)

on (Date)



## INVENTIONS

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

## EXECUTIVE ORDER 12372

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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